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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
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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: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                       |

|         |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                      |
| 1a      | Name of plan<br>SAG-AFTRA HEALTH PLAN                                                                                                                                                                                                                                                                                                                           | 1b Three-digit plan number (PN) ▶ 501                                                                                                                                |
|         |                                                                                                                                                                                                                                                                                                                                                                 | 1c Effective date of plan<br>02/01/1960                                                                                                                              |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BOARD OF TRUSTEES, SAG-AFTRA HEALTH PLAN<br><br>3601 WEST OLIVE AVENUE<br>SUITE 300<br>BURBANK, CA 91505 | 2b Employer Identification Number (EIN)<br>95-2110997<br><br>2c Plan Sponsor's telephone number<br>818-954-9400<br><br>2d Business code (see instructions)<br>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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 34095                                                                                                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 22176<br><b>6a(2)</b> 23745<br><b>6b</b> 11146<br><b>6c</b> 1140<br><b>6d</b> 36031<br><b>6e</b><br><b>6f</b><br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b> 9999                                                                                                                                                                                                                                     |

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

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

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 4
- (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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                    |                                                      |     |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024         |                                                      |     |
| A Name of plan<br>SAG-AFTRA HEALTH PLAN                                                            | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES, SAG-AFTRA HEALTH PLAN | D Employer Identification Number (EIN)<br>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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
CARELON BEHAVIORAL HEALTH, INC

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 54-1414194 | 62199         |                                       | 240                                                                         | 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 |
| 0                                    | 0                             |

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 |                       |
|                                               |                                 |             |                       |

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

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

---

(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

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**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) ▶ **EAP PROGRAM**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 7231 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |      |

**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. ▶

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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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<br>SAG-AFTRA HEALTH PLAN                                                            | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES, SAG-AFTRA HEALTH PLAN | D Employer Identification Number (EIN)<br>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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
DELTA DENTAL OF CALIFORNIA

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 94-1461312 | 00000         | 19182                                 | 993                                                                         | 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 |
| 0                                    | 0                             |

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 |                       |
|                                               |                                 |             |                       |

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 359721 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |        |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                    |                                                      |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024         |                                                      |
| A Name of plan<br>SAG-AFTRA HEALTH PLAN                                                            | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES, SAG-AFTRA HEALTH PLAN | D Employer Identification Number (EIN)<br>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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

|                                                                      |
|----------------------------------------------------------------------|
| (a) Name of insurance carrier<br>METROPOLITAN LIFE INSURANCE COMPANY |
|----------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-5581829 | 65978         | 0103921                               | 25242                                                                       | 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 |
| 0                                    | 0                             |

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 |                       |
|                                               |                                 |             |                       |

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

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

---

(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 |                       |
|                                               |                                 |             |                       |

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(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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 2157414 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |         |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                    |                                                      |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024         |                                                      |
| A Name of plan<br>SAG-AFTRA HEALTH PLAN                                                            | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES, SAG-AFTRA HEALTH PLAN | D Employer Identification Number (EIN)<br>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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
VISION SERVICE PLAN

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 94-1632821 | 00000         | 12103007                              | 20063                                                                       | 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 |
| 0                                    | 0                             |

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 |                       |
|                                               |                                 |             |                       |

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

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

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

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 54468 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |       |

**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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>SAG-AFTRA HEALTH PLAN                                                                                                                                                                                                      | B Three-digit plan number (PN) ▶                                                                                                                                                                                            | 501                                     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES, SAG-AFTRA HEALTH PLAN                                                                                                                                           | D Employer Identification Number (EIN)<br>95-2110997                                                                                                                                                                        |                                         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Service Provider Information (see instructions) |
| <p>You must complete this Part, in accordance with the instructions, to report the information required for <b>each person</b> 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 <b>only</b> 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.</p> |                                                 |
| <b>1 Information on Persons Receiving Only Eligible Indirect Compensation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |
| <b>a</b> 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)..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                         |                                                 |
| <b>b</b> If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).                                                                                                                                                                                                                                                                                                                                                                |                                                 |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |

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

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

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

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

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

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

BLUE CROSS OF CALIFORNIA

95-3760980

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 50                  | NONE                                                                                              | 7516309                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NIGRO, KARLIN, SEGAL & FELDSTEIN

95-3632775

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 16 50 70            | NONE                                                                                              | 1064738                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

COGNIZANT WORLDWIDE LIMITED

13-3924155

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 924738                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

VALUEOPTIONS, INC. / BEACON HEALTH

95-4297571

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 50                  | NONE                                                                                              | 873257                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

DELTA DENTAL OF CALIFORNIA

94-1461312

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 50                  | NONE                                                                                              | 781881                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HUB INTERNATIONAL INSURANCE SERVICE

33-0315047

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 23 53                  | NONE                                                                                              | 738830                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

VECTOR RESOURCES, INC.

95-4154511

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 468607                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

RX SAVINGS LLC

26-3642434

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 50 49               | NONE                                                                                              | 438872                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001553

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 429743                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

COHEN, WEISS AND SIMON, LLP.

13-1592323

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 427189                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BDO

13-5381590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 400011                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MILLIMAN, INC.

91-0675641

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 340160                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

TRANSCARENT INC.

84-3296541

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 50                  | NONE                                                                                              | 338977                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TEKSYSTEMS, INC.

38-3858542

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 330458                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ENCLOUD SERVICES LLC.

83-2016902

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 314230                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000195

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 312827                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EVEREST COMPUTERS INC.

58-2125198

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 289458                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HITACHI DIGITAL SERVICES LLC

93-4210031

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 274354                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

NEXUSTEK

84-1432041

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 254848                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001568

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 247598                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GARTNER, INC.

04-3099750

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 243686                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000319

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 241216                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000397

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 224859                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000315

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 223220                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000126

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 217332                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TURNER TECHTRONICS, INC.

95-4101994

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 209623                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WITHUMSMITH + BROWN

22-2027092

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 209412                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 001059

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 208010                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NTH GENERATION COMPUTING, INC.

33-0451285

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 201236                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000264

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 199987                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 193206                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THRIVE OPERATIONS, LLC

81-4498230

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 192436                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000347

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 182179                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000335

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 171460                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CSC COVANSYS, CORP.

38-2606945

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 166839                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 050202

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 159588                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000356

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 156524                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000284

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 155977                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000213

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 155458                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000459

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 154646                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000351

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 153749                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001006

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 148189                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000426

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 145872                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WAGENER LAW, A PROESSIONAL CORPORAT

45-2708684

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 139476                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000371

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 135398                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000415

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 133507                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001293

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 132172                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BUSH GOTTLIEB, A LAW CORP.

95-2956616

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 126908                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000175

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 124021                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PROGRESS SOFTWARE, CORP.

04-2746201

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 123631                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001574

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 123605                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000352

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 123202                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000441

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 119874                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000428

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 118413                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000136

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 117905                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000159

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 117246                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000362

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 116527                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

SCALA STUDIO LLC

87-1616114

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 16 50                         | NONE                                                                                                     | 115932                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

THE SEGAL COMPANY (WESTERN STATES)

94-1503999

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 12 50                         | NONE                                                                                                     | 115115                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

EMPLOYEE FILE NUMBER 001308

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 114485                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

ATACCAMA CORP

99-0361800

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 111247                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000338

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 110461                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000454

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 108069                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 001538

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 107422                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000401

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 107124                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000384

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 104609                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17 27 50               | NONE                                                                                              | 103250                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000451

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 102474                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000372

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 101304                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000299

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 99123                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000277

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 97693                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000436

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 96183                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 001365

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 93501                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ALLEGRO SOLUTIONS, INC.

45-2216372

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 92850                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001110

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 92653                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000367

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 92522                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000337

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 92018                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GREENBERG GLUSKER

95-2161045

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 85707                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

AMERICAN ARBITRATION ASSOCIATION

13-0429745

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 85604                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001131

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 82302                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000408

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 82293                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000348

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 81992                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

EMPLOYEE FILE NUMBER 000140

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 81383                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

EMPLOYEE FILE NUMBER 000430

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 81360                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

EMPLOYEE FILE NUMBER 000444

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 77100                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001534

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 76499                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000304

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 75599                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 001101

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 75400                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001292

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 74400                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MANAGED CARE SYSTEMS, INC.

86-0887023

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 74048                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000236

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 73902                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001216

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 72602                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HELMER FRIEDMAN LLP CLIENT TRUST AC

95-4803794

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 71407                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 001433

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 71347                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001427

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 71104                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000283

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 70611                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000358

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 69633                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

EMPLOYEE FILE NUMBER 000364

3601 W OLIVE AVENUE  
BURBANK, CA 91505

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

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

EMPLOYEE FILE NUMBER 000317

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 67209                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

EMPLOYEE FILE NUMBER 000439

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 66216                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000291

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 65592                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000259

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 63289                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

THE HARTFORD

06-0294398

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 22 23 50               | NONE                                                                                              | 62184                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000435

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 61747                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000296

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 61039                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000127

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 60780                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001239

3601 W OLIVE AVENUE  
BURBANK, CA 91505

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

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

EMPLOYEE FILE NUMBER 000100

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 59995                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 001175

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 59992                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000460

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 59392                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AZUL CONSULTING, INC.

46-5489534

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 58968                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000113

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 58963                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000182

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 58454                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000452

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 57897                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000084

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 57705                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

EMPLOYEE FILE NUMBER 000268

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 57443                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

EMPLOYEE FILE NUMBER 000238

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 57323                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

EMPLOYEE FILE NUMBER 000266

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 56982                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000246

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 56917                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

VISION SERVICE PLAN

94-1632821

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 50                  | NONE                                                                                              | 56438                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000449

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 56074                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000466

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 56030                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000312

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 55219                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000360

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 55020                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000117

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 54407                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000062

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 52832                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 001359

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 51487                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000249

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 50472                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

UKG INC.

65-0694077

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 50                  | NONE                                                                                              | 50466                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000402

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 50427                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000323

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 50389                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000200

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 50242                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000379

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 49982                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001219

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 49924                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000288

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 49693                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000219

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 49290                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000230

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 48477                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000151

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 47172                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000276

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 47036                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000208

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 46397                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000278

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 46385                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000350

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 46280                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000357

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 45934                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000310

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 45902                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000383

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 44861                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000153

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 44205                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000263

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 43940                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 001380

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 43931                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

EMPLOYEE FILE NUMBER 000409

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 43766                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

EMPLOYEE FILE NUMBER 000464

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 43337                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

EMPLOYEE FILE NUMBER 000446

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 43332                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000443

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 43269                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000324

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 43215                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000447

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 41929                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000455

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 41410                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000270

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 41033                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000177

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 40410                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EVOLVE SECURITY, LLC.

47-5647392

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 40181                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000232

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 39079                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 001355

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 38861                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

EMPLOYEE FILE NUMBER 000193

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 38505                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

EMPLOYEE FILE NUMBER 000146

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 38308                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

EMPLOYEE FILE NUMBER 000271

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 37913                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000229

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 37744                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000406

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 37579                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 001479

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 37258                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001111

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 37192                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001400

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 37007                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 36758                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000440

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 36679                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001551

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 36454                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000470

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 36389                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

EMPLOYEE FILE NUMBER 000069

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 35879                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

EMPLOYEE FILE NUMBER 000458

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 30 50                         | EMPLOYEE                                                                                                 | 35794                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

EMPLOYEE FILE NUMBER 001541

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 35280                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001408

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 35067                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CLOUDFLARE, INC.

27-0805829

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 35040                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000445

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 34448                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000410

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 34405                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000438

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 34383                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000463

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 31518                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000308

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 31455                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000456

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 31229                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

KLDISCOVERY ONTRACK, LLC

81-0787151

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 31116                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 001346

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 28535                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE FILE NUMBER 000467

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 28117                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE FILE NUMBER 000327

3601 W OLIVE AVENUE  
BURBANK, CA 91505

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 27737                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CONSIDINE & ASSOCIATES INC.

82-3383419

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 50 99               | NONE                                                                                              | 27625                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

KIPI.BI LLC

87-2638575

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 26509                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

DUC TRAN, MD.

4410 ROCKMERE WAY  
LA CANADA FLINTRIDGE, CA 91011

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 25313                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THERMAL CONCEPTS, INC.

71-1043751

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 24665                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BAKER & HOSTETLER LLP

34-0082025

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 24354                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

SOLOMON LAW, APC

26-3139189

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29 50                         | NONE                                                                                                     | 23893                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

MOD OP, LLC

47-4320236

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 49 50 51                      | NONE                                                                                                     | 23319                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

GORDON REES SCULLY MANSUKHANI, LLC

94-1617026

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29 50                         | NONE                                                                                                     | 23260                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 49 50                         | NONE                                                                                                     | 22788                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

CISTERA NETWORKS, INC.

91-1944887

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 49 50                         | NONE                                                                                                     | 20225                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

DAVID WEISSMAN

95-2110997

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

**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>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 49 50                         | NONE                                                                                                     | 18250                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

DANIEL J. EDELMAN, INC.

36-2368817

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29 50                         | NONE                                                                                                     | 15270                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

CAPITAL GROUP RETIREMENT PLAN SERVI

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

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 16 50                         | NONE                                                                                                     | 15016                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29 50                         | NONE                                                                                                     | 14827                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

KIM STEVENS

95-2110997

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

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

STACY K. MARCUS

95-2110997

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 20 50                         | TRUSTEE                                                                                                  | 13160                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

TEVORA BUSINESS SOLUTIONS, INC.

91-2185654

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 11596                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CBRE, INC.

95-2743174

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 11485                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LINKEDIN, CORP.

47-0912023

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 11139                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

JIM BRACCHITTA

95-2110997

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 20 50                  | TRUSTEE                                                                                           | 8454                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NED VAUGHN

95-2110997

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

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

JOHN T. MCGUIRE

95-2110997

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 20 50                  | TRUSTEE                                                                                           | 8021                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

CPRIME, INC.

26-1293000

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 49 50                         | NONE                                                                                                     | 7687                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

NDS

81-2485203

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 49 50                         | NONE                                                                                                     | 7172                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

LINDA POWELL

95-2110997

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 20 50                         | TRUSTEE                                                                                                  | 7041                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

CHARLES RIVER ASSOCIATES

04-2372210

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 7000                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

RANDSTAND RISESMART, INC

20-8536015

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 6570                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

KATHRYN S. MANDATO

50 SANTA BARBARA DRIVE  
RANCHO PALOS VERDES, CA 90049

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

**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)

PRIOS, LLC

81-3641647

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 5536                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

1-800-GOT-JUNK

710 S. GLENWOOD PL  
BURBANK, CA 91506

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 5300                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

RICHARD MASUR

95-2110997

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 20 50                  | TRUSTEE                                                                                           | 5283                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

ENTERTAINMENT PARTNERS LLC

83-4101533

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 5000                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                           |                                                      |     |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                |                                                      |     |
| A Name of plan<br>SAG-AFTRA HEALTH PLAN                                                                   | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES, SAG-AFTRA HEALTH PLAN | D Employer Identification Number (EIN)<br>95-2110997 |     |

|                                                                                |                                                                                                                                                                           |                                                                                                       |  |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|
| Part I                                                                         | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                       |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. TIPS INDX NL COMMON TRUST FUND    |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 02-6138231-001                                                        | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27909151 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. AGGREGATE BOND INDEX NL QP CTF    |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 04-6928341-001                                                        | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7374295  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 (R) INDX NL CTF           |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 04-3393595-001                                                        | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34235637 |  |
| 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 61-6346418-001                                                        | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13698840 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                     |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                       | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                     |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                       | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                     |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                       | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |

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

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

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>SAG-AFTRA HEALTH PLAN                                                            | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES, SAG-AFTRA HEALTH PLAN | D Employer Identification Number (EIN)<br>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       | 52680853              | 89826250        |
| b Receivables (less allowance for doubtful accounts):                                       |          |                       |                 |
| (1) Employer contributions .....                                                            | 1b(1)    | 19716476              | 25919610        |
| (2) Participant contributions .....                                                         | 1b(2)    |                       |                 |
| (3) Other .....                                                                             | 1b(3)    | 23011928              | 18551242        |
| c General investments:                                                                      |          |                       |                 |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....   | 1c(1)    | 15641584              | 14956669        |
| (2) U.S. Government securities .....                                                        | 1c(2)    | 85997927              | 81407720        |
| (3) Corporate debt instruments (other than employer securities):                            |          |                       |                 |
| (A) Preferred .....                                                                         | 1c(3)(A) |                       |                 |
| (B) All other .....                                                                         | 1c(3)(B) | 48853465              | 58374534        |
| (4) Corporate stocks (other than employer securities):                                      |          |                       |                 |
| (A) Preferred .....                                                                         | 1c(4)(A) |                       |                 |
| (B) Common .....                                                                            | 1c(4)(B) | 33997833              | 36200626        |
| (5) Partnership/joint venture interests .....                                               | 1c(5)    | 46804383              | 47295714        |
| (6) Real estate (other than employer real property) .....                                   | 1c(6)    |                       |                 |
| (7) Loans (other than to participants) .....                                                | 1c(7)    |                       |                 |
| (8) Participant loans .....                                                                 | 1c(8)    |                       |                 |
| (9) Value of interest in common/collective trusts .....                                     | 1c(9)    | 63153084              | 83217923        |
| (10) Value of interest in pooled separate accounts .....                                    | 1c(10)   |                       |                 |
| (11) Value of interest in master trust investment accounts .....                            | 1c(11)   |                       |                 |
| (12) Value of interest in 103-12 investment entities .....                                  | 1c(12)   |                       |                 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) .....        | 1c(13)   | 54204787              | 54588883        |
| (14) Value of funds held in insurance company general account (unallocated contracts) ..... | 1c(14)   |                       |                 |
| (15) Other .....                                                                            | 1c(15)   | 54801095              | 44656904        |

| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                              | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                           | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    | 13321748              | 12551693        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....       | <b>1f</b>    | 512185163             | 567547768       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    | 49819000              | 45183000        |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 27507687              | 39026367        |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....                                           | <b>1j</b>    | 53419654              | 32256141        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 130746341             | 116465508       |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                  | <b>1l</b>    | 381438822             | 451082260       |

**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.

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 425229483  |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 53153312   |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 478382795 |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| <b>(1) Interest:</b>                                                                                       |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 299826     |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 2973641    |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 2615952    |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 2905041    |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 8794460   |
| <b>(2) Dividends:</b>                                                                                      |                 |            |           |
| <b>(A)</b> Preferred stock.....                                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 487697     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 2582464    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 3070161   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>                                                              |                 |            |           |
| <b>(A)</b> Aggregate proceeds .....                                                                        | <b>2b(4)(A)</b> | 705871427  |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 708000628  |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -2129201  |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |            |           |
| <b>(A)</b> Real estate .....                                                                               | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 17538620   |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 9538517   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 381501    |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 833499    |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 516410352 |

**Expenses**

|                                                                                             |               |           |           |
|---------------------------------------------------------------------------------------------|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 412667566 |           |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |           |           |
| (3) Other .....                                                                             | <b>2e(3)</b>  |           |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |           | 412667566 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |           |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |           |           |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |           |           |
| <b>i</b> Administrative expenses:                                                           |               |           |           |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  | 11203051  |           |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |           |           |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |           |           |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 209412    |           |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 1985087   |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 56982     |           |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 340160    |           |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 1028354   |           |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |           |           |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> | 145746    |           |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 19130556  |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |           | 34099348  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |           | 446766914 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 69643438 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**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   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> 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.)                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</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.) |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> 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.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> 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.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 5000000  |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> 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?                                                                                                                                       | <input checked="" type="checkbox"/> |                                     | 91700027 |
| <b>h</b> 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?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> 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.)                                                                                     | <input checked="" type="checkbox"/> |                                     |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     |                                     |          |
| <b>n</b> 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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

# SAG·AFTRA HEALTH PLAN

**SAG-AFTRA HEALTH PLAN**  
**Financial Statements**  
**December 31, 2024 and 2023**  
**With Independent Auditor's Report**

**SAG-AFTRA Health Plan**  
**Table of Contents**  
**December 31, 2024 and 2023**

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of  
SAG-AFTRA Health Plan:

### Opinion

We have audited the financial statements of the SAG-AFTRA Health 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 financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects the net assets available for benefits of SAG-AFTRA Health Plan as of December 31, 2024 and 2023, and the changes in its financial status 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 SAG-AFTRA Health 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 SAG-AFTRA Health Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

### Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

#### Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Form 5500, supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 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 SAG-AFTRA Health Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Withum Smith & Brown, PC*

October 7, 2025

**SAG-AFTRA Health Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

|                                                                             | <u>2024</u>               | <u>2023</u>               |
|-----------------------------------------------------------------------------|---------------------------|---------------------------|
| <b>Assets</b>                                                               |                           |                           |
| Investments - at fair value                                                 | \$ 420,698,973            | \$ 403,454,158            |
| Receivables                                                                 |                           |                           |
| Employers' contributions                                                    | 25,919,610                | 19,716,476                |
| Rebates                                                                     | 14,997,300                | 8,603,594                 |
| Accrued interest and dividends                                              | 1,750,916                 | 1,337,458                 |
| Receivable for sale of securities                                           | 1,803,026                 | 12,392,709                |
| Receivable from SAG-AFTRA Producers                                         |                           |                           |
| Industry Advancement Cooperative Fund                                       | -                         | 129,544                   |
| Receivable from SAG-Producers Pension Plan                                  | -                         | 548,623                   |
| Total receivables                                                           | <u>44,470,852</u>         | <u>42,728,404</u>         |
| Cash                                                                        | <u>89,826,250</u>         | <u>52,680,853</u>         |
| Fixed assets - net of accumulated<br>depreciation and amortization          | <u>10,904,983</u>         | <u>10,748,657</u>         |
| Prepaid expenses                                                            | <u>1,646,710</u>          | <u>1,083,157</u>          |
| Operating lease- Right-of-Use assets                                        | <u>-</u>                  | <u>1,489,934</u>          |
| <br>Total assets                                                            | <br><u>567,547,768</u>    | <br><u>512,185,163</u>    |
| <b>Liabilities</b>                                                          |                           |                           |
| Accounts payable and accrued expenses                                       | 25,623,693                | 23,120,931                |
| Deferred participant premiums                                               | 13,183,082                | 14,445,030                |
| Operating lease- liability                                                  | -                         | 1,741,246                 |
| Payable for purchase of securities                                          | 19,073,059                | 37,233,378                |
| Payable to AFTRA Retirement Fund                                            | 5,358,782                 | 4,386,756                 |
| Payable to SAG-Producers Pension Plan                                       | 7,999,685                 | -                         |
| Payable to SAG-AFTRA Producers Industry<br>Advancement and Cooperative Fund | <u>44,207</u>             | <u>-</u>                  |
| Total liabilities                                                           | <u>71,282,508</u>         | <u>80,927,341</u>         |
| <br>Net assets available for benefits                                       | <br><u>\$ 496,265,260</u> | <br><u>\$ 431,257,822</u> |

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

**SAG-AFTRA Health Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2024 and 2023**

|                                                        | <u>2024</u>           | <u>2023</u>           |
|--------------------------------------------------------|-----------------------|-----------------------|
| <b>Additions</b>                                       |                       |                       |
| Investment income                                      |                       |                       |
| Net appreciation in fair value of investments          | \$ 25,329,437         | \$ 20,431,033         |
| Interest and dividends                                 | <u>11,864,621</u>     | <u>10,614,020</u>     |
| Total investment income                                | 37,194,058            | 31,045,053            |
| Investment expenses                                    | <u>(1,881,837)</u>    | <u>(1,420,644)</u>    |
| Net investment income                                  | <u>35,312,221</u>     | <u>29,624,409</u>     |
| Contributions                                          |                       |                       |
| Employers' contributions                               | 425,229,483           | 362,340,012           |
| Participants' contributions                            | <u>53,153,312</u>     | <u>48,588,516</u>     |
| Total contributions                                    | <u>478,382,795</u>    | <u>410,928,528</u>    |
| Other income                                           | <u>833,499</u>        | <u>899,310</u>        |
| Total additions, net                                   | <u>514,528,515</u>    | <u>441,452,247</u>    |
| <b>Deductions</b>                                      |                       |                       |
| Benefit payments                                       | 417,303,566           | 407,299,370           |
| General and administrative expenses                    | <u>32,217,511</u>     | <u>36,469,792</u>     |
| Total deductions                                       | <u>449,521,077</u>    | <u>443,769,162</u>    |
| <b>Net change in net assets available for benefits</b> | 65,007,438            | (2,316,915)           |
| <b>Net assets available for benefits</b>               |                       |                       |
| Beginning of year                                      | <u>431,257,822</u>    | <u>433,574,737</u>    |
| End of year                                            | <u>\$ 496,265,260</u> | <u>\$ 431,257,822</u> |

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

**SAG-AFTRA Health Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**1. PLAN DESCRIPTION AND FUNDING**

The following brief description of the SAG-AFTRA Health 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, as the Screen Actors Guild-Producers Health Plan, to provide health and other benefits for eligible actors and performers. The Plan is primarily a self-insured multiemployer plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Board of Trustees (the “Trustees”) of the Plan, which is comprised of union representatives and contributing employer representatives with equal voting power, is the Plan Administrator.

In June 2016, the Trustees of the Screen Actors Guild-Producers Health Plan and the AFTRA Health Fund agreed to merge the two plans, effective January 1, 2017. Upon merger, the Screen Actors Guild-Producers Health Plan became the sole surviving plan and was renamed the Screen Actors Guild-American Federation of Television and Radio Artists (“SAG-AFTRA”) Health Plan. As a result of the merger, the AFTRA Health Fund was terminated and the Plan assumed all of the assets, liabilities, and obligations (including lease and benefit obligations) of the AFTRA Health Fund.

The Plan covers actors and performers who have performed services in television and theatrical motion pictures, television commercials or other entertainment related areas, such as news media, broadcasting, and other voice media, for an employer under a collective bargaining agreement with SAG-AFTRA that specifically requires contributions to the Plan, as well as Plan Office staff and employees of SAG-AFTRA, AFTRA Retirement Fund (“ARF”) and the SAG-AFTRA Foundation.

**Plan Benefits and Eligibility**

The Plan provides benefits which include life insurance, accidental death and dismemberment, medical, hospital, vision, mental health and chemical dependency, dental and prescription drug coverage for participants and their eligible dependents. Generally, eligibility is based on a rolling twelve-month period, and once established, the twelve-month benefit period begins on the first day of the calendar quarter after the date that the Plan determines that the participant is eligible for coverage.

Existing and new retirees (and their Medicare-eligible spouses) will no longer have coverage under the Plan after December 31, 2020, unless they qualify for active coverage using sessional earnings only. Effective January 1, 2021, health plan coverage is provided through Medicare and the Via Benefits Medicare marketplace providing a range of plans to supplement Medicare coverage as well as Medicare Advantage plans. Retirees may also enroll in Medicare plans through Artists Health Insurance Resource Center (“AHIRC”) and Entertainment Health Insurance Solutions (“EHIS”). In addition, the newly formed SAG-AFTRA Health Plan Senior Performers Health Reimbursement Account Plan (the “HRA Plan”) allows former participants of the nominal Plan who qualify as Senior Performers and their Spouses and Surviving Spouses, as defined in the HRA Plan, to obtain reimbursement of incurred eligible medical expenses, up to the unused amount in the participant’s HRA Account. In no event shall any benefits under the HRA Plan be provided in the form of cash or any other taxable or nontaxable benefit other than reimbursement for health care expenses. Benefits under the HRA Plan will be paid by the Plan out of its general assets. Senior Performers, their Medicare eligible Spouses and Surviving Spouses are also eligible for the catastrophic prescription drug benefit through the HRA Plan.

**SAG-AFTRA Health Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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In addition, individuals eligible for health benefits must pay a premium in order to retain eligibility in the Plan. During 2024 and 2023, premiums followed a tiered structure based on the number of individuals covered. As of December 31, 2020, Plan II was terminated, and the run-out concluded during the year ended 2021. The chart below reflects the monthly rates for single, two-party and family options for each coverage level during the years ended December 31, 2024 and 2023:

|                | <u>Single</u> | <u>Two-Party</u> | <u>Family</u> |
|----------------|---------------|------------------|---------------|
| Coverage level |               |                  |               |
| Plan I         | \$ 125        | \$ 177           | \$ 249        |

**Employers' Contributions**

The bargaining parties have authorized the allocation of contributions, received from producers, amongst the Plan, the SAG-Producers Pension Plan, the ARF and the SAG-AFTRA Producers Industry Advancement and Cooperative Fund (the "IACF"). The Plan is funded by contributions from producers at rates applied to the actors' or performers' 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.

**Participants' Contributions**

Participants' contributions include payments made by eligible members who must remit premium payments in order to retain eligibility in the Plan. In addition, participants' contributions include payments from Plan participants who were no longer eligible to receive benefits but have elected to continue coverage under the Consolidated Omnibus Budget Reconciliation Act ("COBRA"). Please see Plan Benefits and Eligibility for additional details on premium rates for various coverage levels.

**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, postretirement benefit obligations, health claims incurred but not reported ("IBNR"), eligibility credits, claims payable, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

**Investment Valuation and Income Recognition**

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

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

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

**SAG-AFTRA Health Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**Benefits**

Benefits are recognized when paid.

**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 related 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 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 \$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.

**Deferred Participant Premiums**

Participants are required to pay premiums to retain their eligibility in the Plan. Premiums must be prepaid for some or all of the participant's current eligibility period. A participant's current eligibility period begins approximately six weeks after the Plan determines that the participant meets the annual earnings or days of employment requirement for the year. Deferred participant premiums reported on the statements of net assets available for benefits include prepaid participant premiums that relate to earned and eligible benefit periods subsequent to year end.

The Trustees also approved an Extended Career COBRA benefit that would allow participants who lose Earned Eligibility on and after January 1, 2021, have at least 12 Extended Career Credits and have earned at least \$20,000 during their last Base Earnings Period to pay 20% of the COBRA rate for up to 12 months and for up to 18 months if they have at least 20 Extended Career Credits.

**Fixed Assets, Depreciation and Amortization**

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

Depreciation and amortization are generally 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<br/>Life (Years)</u> |
|---------------------------------|-----------------------------------|
| Computer equipment and software | 3-15                              |
| Office equipment and furniture  | 3-10                              |
| Computer licenses               | Term of licenses                  |
| Leasehold improvements          | 10                                |

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**Operating Expenses**

Shared administrative and operating expenses of the Plan, the SAG-Producers Pension Plan, and the IACF are paid first by the SAG-Producers Pension 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 Plans 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. Additionally, the Plan's operating lease agreement expired on October 31, 2024 and was not renewed, therefore, as of December 31, 2024, there is no longer a right of use asset or lease liability. For more information, refer to Note 8.

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 incentives, using a risk-free rate as the discount rate. The weighted average remaining lease term at December 31, 2023 was 1.75. The weighted average discount rate at December 31, 2023 was 3.5%. 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.

**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 no items have come to the attention of management that require recognition or disclosure in these financial statements.

**3. BENEFIT OBLIGATIONS**

**Estimated Health Claims Incurred, but not Reported**

The amount of health claims IBNR is estimated by the Plan's actuary based on applying a combination of lag factors developed from the Plan's actual experience and standardized industry lag factors to actual claims paid information.

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**Estimated Obligation for Accumulated Eligibility Credits**

The reported obligation for accumulated eligibility credits is calculated by the Plan's actuary and represents the present value of the Plan's obligation for health benefits to be provided in future periods arising from prior participant service for which employer contributions have been received and participant contributions have been received or are expected to be received based on estimates and assumptions made by the actuary. The net change in the obligation includes the effect of changes in per capita costs, the number of enrolled participants, and participant and dependent contributions.

**Accumulated Postretirement Benefit Obligation**

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to participants' service rendered to the date of the financial statements reduced by the actuarial present value of premiums expected to be received in the future from current Plan participants attributable to receipt of such future benefits. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated participants and their dependents and (2) active participants and their dependents after retirement from service with participating employers. The total postretirement benefit obligation is the amount that is to be funded by contributions from the Plan's participating employers, participants' premiums and from Plan assets. There is no liability for the Trustees to provide payment over and beyond the amounts collected by the Plan and held for such purpose. The Trustees have the right to change or discontinue the types and amounts of benefits under the Plan and the eligibility rules including the rules for extended or accumulated eligibility, even if such extended eligibility has already been accumulated.

Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is calculated by the Plan's actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, etc.) between the valuation date and the expected date of payment.

The Plan made net benefit payments, including prescription drug benefits, of \$417,303,566 and \$407,299,370 for the years ended December 31, 2024 and 2023, respectively. Prescription drug rebates and Medicare subsidies are netted with benefits paid on the statements of changes in net assets available for benefits. The Plan received \$32,611,279 and \$29,402,793 of prescription drug rebates for the years ended December 31, 2024 and 2023, respectively. The Plan no longer claims the Medicare retiree drug subsidy for 2021 and later years due to the benefit changes and possible costs of compliance (see Note 3 Medicare Part D).

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The following table presents the components of the Plan's benefit obligations as of December 31:

|                                                                      | <b>2024</b>             | <b>2023</b>             |
|----------------------------------------------------------------------|-------------------------|-------------------------|
| Amounts currently payable                                            |                         |                         |
| Claims payable and claims incurred but not reported                  | \$ 45,183,000           | \$ 49,819,000           |
| Postemployment benefit obligations, net of amounts currently payable |                         |                         |
| Accumulated eligibility credits                                      | 483,490,000             | 462,960,000             |
| Postretirement benefit obligations, net of amounts currently payable |                         |                         |
| Current retirees, beneficiaries and dependents                       | 185,428,220             | 204,640,692             |
| Other participants fully eligible for benefits                       | 201,137,531             | 158,724,563             |
| Other participants not yet fully eligible for benefits               | 127,248,079             | 165,499,792             |
|                                                                      | <u>513,813,830</u>      | <u>528,865,047</u>      |
| Total benefit obligations                                            | <u>\$ 1,042,486,830</u> | <u>\$ 1,041,644,047</u> |

Postretirement benefit obligations, net of amounts currently payable, are shown net of expected retiree contributions of \$23,871,393 and \$23,017,802, as of December 31, 2024 and 2023, respectively.

The following table represents the changes in the Plan's benefit obligations for the years ended December 31:

|                                                                      | <b>2024</b>             | <b>2023</b>             |
|----------------------------------------------------------------------|-------------------------|-------------------------|
| Amounts currently payable                                            |                         |                         |
| Balance at beginning of year                                         | \$ 49,819,000           | \$ 53,296,000           |
| Benefits incurred                                                    | 412,667,566             | 403,822,370             |
| Benefits paid to participants                                        | (417,303,566)           | (407,299,370)           |
| Balance at end of year                                               | <u>45,183,000</u>       | <u>49,819,000</u>       |
| Accumulated eligibility credits, net of amounts currently payable    |                         |                         |
| Balance at beginning of year                                         | 462,960,000             | 441,960,000             |
| Net increase in estimated obligation for the year                    | <u>20,530,000</u>       | <u>21,000,000</u>       |
| Balance at end of year                                               | <u>483,490,000</u>      | <u>462,960,000</u>      |
| Postretirement benefit obligations, net of amounts currently payable |                         |                         |
| Balance at beginning of year                                         | 528,865,047             | 501,442,919             |
| Interest cost                                                        | 25,141,390              | 24,821,423              |
| Benefits earned and other changes                                    | (15,321,281)            | (14,122,409)            |
| Plan amendment                                                       | -                       | (3,970,232)             |
| Asner Settlement Obligation                                          | -                       | 4,176,756               |
| Changes in actuarial assumptions                                     | <u>(24,871,326)</u>     | <u>16,516,590</u>       |
| Balance at end of year                                               | <u>513,813,830</u>      | <u>528,865,047</u>      |
| Total benefit obligations                                            | <u>\$ 1,042,486,830</u> | <u>\$ 1,041,644,047</u> |

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For the years ended December 31, 2024 and 2023, the benefit obligation includes an amount related to the *Asner v. SAG-AFTRA Health Fund* settlement. For detailed information regarding the settlement, refer to Note 12.

For measurement purposes, the following health care cost trend rates were assumed in the valuation as of December 31:

|                        | <b>2024</b>                               |
|------------------------|-------------------------------------------|
| Medical                | 9% for 2025, graded to 3.75% in 2071      |
| Rx and Catastrophic Rx | 14% for 2025, graded to 3.75% in 2071     |
| Dental                 | 3.2% for 2025 through 2028, 3% after 2028 |
|                        | <b>2023</b>                               |
| Medical                | 9.4% for 2024, graded to 3.75% in 2071    |
| Rx and Catastrophic Rx | 9% for 2024, graded to 3.75% in 2071      |
| Dental                 | 3.2% for 2024 through 2027, 3% after 2027 |

The effect of a 1% increase in the assumed health care cost trend rates would cause the postretirement benefit obligations at December 31, 2024 to increase by \$31,910,079 to \$545,723,909, and at December 31, 2023 by \$34,160,903 to \$563,025,950.

The following are other significant assumptions used in the valuations as of December 31:

|                                       |                                                                                                                                                                                                                                                       |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discount rate:                        | 5.45% - 2024; 4.80% - 2023                                                                                                                                                                                                                            |
| Administrative expense increase rate: | 3.00% - 2024 and 2023                                                                                                                                                                                                                                 |
| Postretirement mortality rates:       |                                                                                                                                                                                                                                                       |
| Healthy Retirees                      | 2024 and 2023: The RP-2014 Healthy Mortality Table projected to 2016 from the 2006 base year using projection scale MP-2016, with an additional 10 years of projected future mortality improvement from 2020 using projection scale MP-2020.          |
| Disabled Retirees                     | 2024 and 2023: The RP-2014 Disabled Retiree Mortality Table projected to 2016 from the 2006 base year using projection scale MP-2016, with an additional 10 years of projected future mortality improvement from 2020 using projection scale MP-2020. |

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Retiree contribution increase rate:

Retiree contributions for retirees with less than 20 Pension Credits for Senior Performer Plan are expressed as a percentage of benefit costs, so that contribution amount will increase at the health care cost trend rates.

The Senior Performer rate of \$60 per month (\$120 for retiree with spouse under 65) for retirees with 20+ Pension Credits was assumed not to increase.

Active participants' retirement rates for 2024 and 2023:

| <u>Retirement Age</u> | <u>Percent Retiring<br/>Each Year</u> |
|-----------------------|---------------------------------------|
| 55                    | 10%                                   |
| 56-61                 | 5%                                    |
| 62                    | 5%                                    |
| 63                    | 5%                                    |
| 64                    | 7.5%                                  |
| 65-66                 | 22.5%                                 |
| 67-68                 | 15%                                   |
| 69                    | 20%                                   |
| 70                    | 30%                                   |
| 71+                   | 100%                                  |

Inactive participants' retirement rates: 100% of inactive participants were assumed to retire upon attainment of age 85 for 2024 and 2023.

The foregoing 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 the postretirement benefit obligation.

As of December 31, 2024, the discount rate assumption increased from 4.80% to 5.45%, and the medical and prescription drug inflation trend was updated. The increase in discount rate decreased the obligation by approximately \$40.5 million, and the updated inflation trend increased the obligation by \$15.7 million.

As of December 31, 2023, the discount rate assumption decreased from 4.95% to 4.80%, and the medical and prescription drug inflation trend was updated. The decrease in discount rate decreased the obligation by approximately \$9.2 million, and the updated inflation trend increased the obligation by \$7.3 million.

**Medicare Part D**

On December 8, 2003, the Medicare Prescription Drug Improvement and Modernization Act (the "Act") was signed into law. The Act introduced a prescription drug benefit for Medicare-eligible retirees starting in 2006. Beginning with the year ended December 31, 2004 and ending with the year ended December 31, 2021, management of the Plan has determined that the benefits provided by the Plan are actuarially equivalent to Medicare Part D under the Act and the net effect of Medicare subsidies created by the Act has been incorporated in the calculation of post-retirement benefit obligations. The Board of Trustees has decided to stop claiming the Medicare retiree drug subsidy for 2021 and later years due to the benefit changes and possible costs of compliance.

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Benefit costs starting in 2006 were lower as a result of receiving the Medicare prescription drug subsidy from the new Medicare provisions.

The approach used to measure this impact is based on guidance published by the Centers for Medicare and Medicaid Services and relevant guidance from FASB Accounting Standards Codification Topic 715 ("ASC 715") (formerly "FASB Staff Position 106-2").

#### **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 Plan 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.
- *Common Stocks* are valued at the closing price reported on the active market on which the individual securities are traded.
- *Corporate Bonds, Asset-Backed Securities, Bank Loans, and U.S. and Other Government Securities* are valued based on a quoted bid price at year end or 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.
- 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.
- *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.

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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.

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:

|                                               | <b>2024</b>           |                       |                |                         |
|-----------------------------------------------|-----------------------|-----------------------|----------------|-------------------------|
|                                               | <b>Level 1</b>        | <b>Level 2</b>        | <b>Level 3</b> | <b>Total Fair Value</b> |
| Corporate bonds                               | \$ -                  | \$ 25,654,426         | \$ -           | \$ 25,654,426           |
| Asset-backed securities                       | -                     | 32,720,108            | -              | 32,720,108              |
| U.S. and other government securities          | -                     | 81,660,311            | -              | 81,660,311              |
| Registered investment companies               | 54,588,883            | -                     | -              | 54,588,883              |
| Short-term investments                        | 14,956,669            | -                     | -              | 14,956,669              |
| Common stock                                  | 36,200,626            | -                     | -              | 36,200,626              |
| Total investments in the fair value hierarchy | <u>\$ 105,746,178</u> | <u>\$ 140,034,845</u> | <u>\$ -</u>    | <u>245,781,023</u>      |
| Investments measured at net asset value       |                       |                       |                | <u>174,917,950</u>      |
| Total investments at fair value               |                       |                       |                | <u>\$ 420,698,973</u>   |

|                                               | <b>2023</b>           |                       |                |                         |
|-----------------------------------------------|-----------------------|-----------------------|----------------|-------------------------|
|                                               | <b>Level 1</b>        | <b>Level 2</b>        | <b>Level 3</b> | <b>Total Fair Value</b> |
| Corporate bonds                               | \$ -                  | \$ 29,840,801         | \$ -           | \$ 29,840,801           |
| Asset-backed securities                       | -                     | 19,012,663            | -              | 19,012,663              |
| U.S. and other government securities          | -                     | 86,564,764            | -              | 86,564,764              |
| Registered investment companies               | 54,204,787            | -                     | -              | 54,204,787              |
| Short-term investments                        | 15,641,559            | -                     | -              | 15,641,559              |
| Common stock                                  | 33,997,833            | -                     | -              | 33,997,833              |
| Total investments in the fair value hierarchy | <u>\$ 103,844,179</u> | <u>\$ 135,418,228</u> | <u>\$ -</u>    | <u>239,262,407</u>      |
| Investments measured at net asset value       |                       |                       |                | <u>164,191,750</u>      |
| Total investments at fair value               |                       |                       |                | <u>\$ 403,454,158</u>   |

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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 |                      |                          |
| Domestic Equity (a)        | \$ 34,235,578         | \$ -                 | \$ 30,326,724         | \$ -                 | Daily                | None                     |
| International Equity (b)   | 17,333,975            | -                    | 18,861,755            | -                    | Weekly               | 3 days                   |
| Investment Grade Bonds (c) | 30,704,831            | -                    | 27,715,748            | -                    | Daily/Quarterly      | 65 days                  |
|                            |                       |                      |                       |                      | Daily/Monthly/       |                          |
| Credit (d)                 | 42,887,530            | -                    | 52,546,255            | -                    | Quarterly            | 14 to 60 days            |
| TIPS (e)                   | 27,909,151            | -                    | 12,724,002            | -                    | Daily                | None                     |
| Real Estate (f)            | 21,846,885            | -                    | 22,017,266            | -                    | Pro-Rata Basis       | Quarterly                |
|                            | <u>\$ 174,917,950</u> | <u>\$ -</u>          | <u>\$ 164,191,750</u> | <u>\$ -</u>          |                      |                          |

- (a) This fund invests to achieve long-term capital appreciation primarily through investing in equity securities of issuers domiciled, traded or with the majority of their revenues or operations in the United States.
- (b) These funds invest in equity securities or equity-linked instruments of companies outside the United States, including, but not limited to, issuers in emerging market countries.
- (c) These funds invest to generate attractive risk adjusted returns by investing primarily in U.S. residential mortgage-backed securities, U.S. government bonds or U.S. asset-backed securities.
- (d) These funds generally invest in diversified portfolios principally comprised of debt securities across the full maturity and rating spectrum of the U.S. high yield corporate debt markets and emerging markets debt.
- (e) This fund is generally a form of U.S. Treasury bonds designed to help investors to protect against inflation.
- (f) These funds invest in real estate across U.S. and European primary markets seeking potential increase in value opportunities.

## 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 or debt. A futures contract represents a commitment for the future purchase or sale of an asset at a specified price on a specified date. Investments in derivatives contracts are subject to additional risks that can result in the loss of all or part of an investment. The Plan's derivative activity and exposure to derivative contracts are classified by the primary underlying risks: equity index, international equity index and fixed income price risks. The Plan records its derivatives activities at fair value. Gains and losses from derivatives are included in net appreciation (depreciation) in fair value of investments on the statements of changes in net assets available for benefits.

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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:

| <b>2024</b>                               |                        |                      |                        |
|-------------------------------------------|------------------------|----------------------|------------------------|
|                                           | <b>No of Contracts</b> | <b>Maturity Date</b> | <b>Notional Amount</b> |
| <b>Equity Index Futures</b>               |                        |                      |                        |
| S&P500 EMINI Future                       | 3                      | Mar-2025             | \$ 890,363             |
| E-Mini Russell 2000 Future                | 1                      | Mar-2025             | 112,490                |
| Total Equity Index Futures                |                        |                      | <u>1,002,853</u>       |
| <b>International Equity Index Futures</b> |                        |                      |                        |
| MSCI Emg Mkt Future                       | 4                      | Mar-2025             | 214,760                |
| MSCI EAFE Future                          | 4                      | Mar-2025             | 453,500                |
| Total International Index Futures         |                        |                      | <u>668,260</u>         |
| <b>Fixed Income Futures</b>               |                        |                      |                        |
| Future U.S. Treasury Note 5 Year          | 17                     | Mar-2025             | 1,807,180              |
| Future U.S. Treasury Note 2 Year          | 25                     | Mar-2025             | 5,140,235              |
| Future U.S. Treasury Note 10 Year         | 8                      | Mar-2025             | 870,000                |
| Future U.S. Treasury Long Bond            | 5                      | Mar-2025             | 569,219                |
| Future U.S. Treasury Ultra Note 10 Year   | 5                      | Mar-2025             | 556,563                |
| Future U.S. Treasury Ultra Bond           | 4                      | Mar-2025             | 475,625                |
| Total Fixed Income Futures                |                        |                      | <u>9,418,820</u>       |
|                                           |                        |                      | <u>\$ 11,089,933</u>   |
| <b>2023</b>                               |                        |                      |                        |
|                                           | <b>No of Contracts</b> | <b>Maturity Date</b> | <b>Notional Amount</b> |
| <b>Equity Index Futures</b>               |                        |                      |                        |
| S&P500 EMINI Future                       | 6                      | Mar-2024             | \$ 1,446,000           |
| E-Mini Russell 2000 Future                | 2                      | Mar-2024             | 204,770                |
| Total Equity Index Futures                |                        |                      | <u>1,650,770</u>       |
| <b>International Equity Index Futures</b> |                        |                      |                        |
| MSCI Emg Mkt Future                       | 7                      | Mar-2024             | 361,795                |
| MSCI EAFE Future                          | 8                      | Mar-2024             | 900,960                |
| Total International Index Futures         |                        |                      | <u>1,262,755</u>       |
| <b>Fixed Income Futures</b>               |                        |                      |                        |
| Future U.S. Treasury Note 5 Year          | 31                     | Mar-2024             | 3,371,977              |
| Future U.S. Treasury Note 2 Year          | 42                     | Mar-2024             | 8,648,391              |
| Future U.S. Treasury Note 10 Year         | 14                     | Mar-2024             | 1,580,469              |
| Future U.S. Treasury Long Bond            | 10                     | Mar-2024             | 1,249,375              |
| Future U.S. Treasury Ultra Note 10 Year   | 10                     | Mar-2024             | 1,180,156              |
| Future U.S. Treasury Ultra Bond           | 6                      | Mar-2024             | 801,563                |
| Total Fixed Income Futures                |                        |                      | <u>16,831,930</u>      |
|                                           |                        |                      | <u>\$ 19,745,455</u>   |

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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.

As of December 31, 2024, the fair value of futures contracts in the statements of net assets available for benefits is (\$118,704) 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 \$280,888 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 \$588,642 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 \$1,831,83 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                                | \$ 13,336            | \$ 647,951           |
| Office equipment                                | 33,641               | 401,315              |
| Computer equipment, software and licenses       | 26,416,418           | 29,594,632           |
| Leasehold improvements                          | 913,612              | 4,894,183            |
| Projects in progress                            | <u>2,428,854</u>     | <u>1,590,801</u>     |
|                                                 | 29,805,861           | 37,128,882           |
| Less: Accumulated depreciation and amortization | <u>(18,900,878)</u>  | <u>(26,380,225)</u>  |
|                                                 | <u>\$ 10,904,983</u> | <u>\$ 10,748,657</u> |

Total depreciation and amortization expense of \$2,591,102 and \$3,107,819 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**

The SAG-Producers Pension Plan provides administrative services to the Plan.

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

As a result of the merger described in Note 1 and pursuant to a shared services agreement between the Plan and the ARF, the receivable due from the ARF represents their allocable portion of administrative expenses paid by the Plan. The payable due to the ARF represents their allocable portion of contributions received by the Plan. The Plan's receivable from and payables to the related parties as of December 31, 2024 and 2023 are included on the statements of net assets available for benefits.

**SAG-AFTRA Health 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 |                      |                     |
| IACF                                | \$ -                 | \$ 129,544          |
| SAG-Producers Pension Plan          | -                    | 548,623             |
|                                     | <u>\$ -</u>          | <u>\$ 678,167</u>   |
| Payable due to related parties      |                      |                     |
| AFTRA Retirement Fund               | \$ 5,358,782         | \$ 4,386,756        |
| SAG-Producers Pension Plan          | 7,999,685            | -                   |
| IACF                                | 44,207               | -                   |
|                                     | <u>\$ 13,402,674</u> | <u>\$ 4,386,756</u> |

Administrative expenses funded by the SAG-Producers Pension Plan are charged to related parties as described in Note 2. These expenses include certain transactions with the SAG-Producers Pension Plan as follows: salaries and related expenses, rent expense paid to Business Arts Plaza, Inc., a corporation owned by the SAG-Producers Pension Plan, 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 SAG-Producers Pension Plan, the Plan, and the 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>          |                      |                     |                      |
|-------------------------------|----------------------|----------------------|---------------------|----------------------|
|                               | <u>Pension Plan</u>  | <u>Health Plan</u>   | <u>IACF</u>         | <u>Total</u>         |
| Salaries and related expenses | \$ 7,089,242         | \$ 16,504,947        | \$ 321,638          | \$ 23,915,827        |
| Rent expense                  | 719,605              | 2,019,490            | 28,617              | 2,767,712            |
| Other administrative expenses | <u>9,774,664</u>     | <u>15,499,295</u>    | <u>1,112,708</u>    | <u>26,386,667</u>    |
|                               | <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 for shared use is allocated to the Plan, the SAG-Producers Pension Plan, and the IACF. For the years ended December 31, 2024 and 2023, the cost that was allocated to the Plan was \$2,322,970 and \$4,985,446, respectively.

**SAG-AFTRA Health Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**8. LEASING ACTIVITIES**

As a result of the merger described in Note 1 and the Plan's assumption of all lease obligations of the AFTRA Health Fund, the Plan and the ARF (the "Plans") share in a lease agreement, originally created for a term of fifteen years commencing in 1993, for office premises located in New York, New York.

On September 9, 2008, the Plans entered into a lease amendment to extend the lease on the existing space for an additional fifteen years commencing on July 1, 2009. The lease amendment provides for a lease abatement period of three and a half months and a tenant allowance of \$1,069,065 for leasehold improvements. The lease amendment also includes the leasing of additional office space, effective October 15, 2008, with a lease abatement period of three and a half months for the additional space. Under the terms of the shared services agreement described in Note 7, the lease payments are shared between the Plan and the ARF. The Plan reimburses the ARF for a portion of the rent expense.

The lease expired on October 31, 2024 and was not subsequently renewed. As a result of the expiration of the lease, there are no future expected lease payments subsequent to December 31, 2024.

Lease expense for operating leases, including amounts paid for short-term leases of \$2,088,817 was \$4,088,869 for the year ended December 31, 2024 and is included in general and administrative expenses on the statements of changes in net assets available for benefits. Lease expense for operating leases, including amounts paid for short-term leases of \$2,019,490, was \$4,387,584 for the year ended December 31, 2023 and is included in general and administrative expenses on the statements of changes in net assets available for benefits.

**9. RISKS AND UNCERTAINTIES**

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

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

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 \$88,088,681 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.

**SAG-AFTRA Health Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**10. TAX STATUS**

The Plan is exempt from federal income taxes under Section 501(c)(9) of the Internal Revenue Code (the "IRC"). The Plan obtained an exemption letter dated February 26, 1997, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Trustees believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the trust is 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.

**11. PLAN TERMINATION**

It is the intent of the Trustees to continue the Plan in full force and effect. However, the Trustees reserve the right to terminate the Plan at their discretion to the extent and in the manner permitted by law. In the event the Plan terminates, the Plan's net assets then remaining are to be used solely for the purpose of providing benefits for those eligible members of the Plan and payment of administrative costs. In no event shall any of the assets of the Plan revert to or be recoverable by an employer association, any contributing employer or SAG-AFTRA.

**12. LITIGATION**

On or about April 10, 2023, the Plan, along with individual trustee defendants, reached a settlement in *Asner v. SAG-AFTRA Health Fund*, No. 20-cv-10914-CAS, a class action brought in the United States District Court for the Central District of California. The lawsuit alleged breaches of fiduciary duty under ERISA related to the 2017 merger of the Screen Actors Guild-Producers Health Plan and AFTRA Health Fund and changes the Plan made to its benefit structure in July of 2020. Under the terms of the settlement (in which none of the defendants admitted any wrongdoing), which was approved on October 19, 2023, the Plan will contribute \$7.5 million towards payments to certain class members. An accrual of \$7.5 million was recorded on the Plan's financial statements at December 31, 2022 and remained payable at December 31, 2023. As of December 31, 2024, the amount has been fully paid.

Additionally, starting with the 2023 HRA plan year, the Plan is required to allocate up to \$700,000 per year for eight years (for a maximum of \$5.6 million) into the HRAs of certain Senior Performers.

Future HRA obligations related to the settlement are included in the benefit obligation for the years ended December 31, 2024 and 2023, as set forth in Note 3.

**SAG-AFTRA Health Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per Form 5500 as of December 31:

|                                                                | <u>2024</u>           | <u>2023</u>           |
|----------------------------------------------------------------|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements | \$ 496,265,260        | \$ 431,257,822        |
| Claims payable and claims incurred but not reported            | <u>(45,183,000)</u>   | <u>(49,819,000)</u>   |
| Net assets per Form 5500                                       | <u>\$ 451,082,260</u> | <u>\$ 381,438,822</u> |

The following is a reconciliation of benefits paid per the financial statements to the Form 5500 for the year ended December 31, 2024:

|                                                                             |                       |
|-----------------------------------------------------------------------------|-----------------------|
| Benefits paid per the financial statements                                  | \$ 417,303,566        |
| Claims payable and claims incurred but not reported as of December 31, 2024 | 45,183,000            |
| Claims payable and claims incurred but not reported as of December 31, 2023 | <u>(49,819,000)</u>   |
| Benefits paid per Form 5500                                                 | <u>\$ 412,667,566</u> |

## **SUPPLEMENTARY INFORMATION**

**SAG-AFTRA Health Plan**  
**Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN #95-2110997, Plan #501**  
**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 |                   |                   |
| Interest Bearing Cash      |                                                                                  |                                                                                                             |                  |               |                   |                   |
|                            | MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A                           | Funds- Short term investment                                                                                | N/A              | N/A           | \$ 13,935,792     | \$ 13,935,792     |
|                            | United States Dollar                                                             | Cash                                                                                                        | N/A              | N/A           | <u>1,020,902</u>  | <u>1,020,877</u>  |
|                            |                                                                                  |                                                                                                             |                  |               | <u>14,956,694</u> | <u>14,956,669</u> |
| U.S. Government Securities |                                                                                  |                                                                                                             |                  |               |                   |                   |
|                            | UNITED STATES OF AMER TREAS BONDS 4.125% 08-15-2044                              | Bonds                                                                                                       | 4.13%            | 8/15/2044     | 1,203,491         | 1,096,184         |
|                            | UNITED STATES OF AMER TREAS BONDS 4.5% 11-15-2054                                | Bonds                                                                                                       | 4.50%            | 11/15/2054    | 4,021,638         | 3,858,831         |
|                            | UNITED STATES OF AMER TREAS NOTES 3.75% 08-15-2027                               | Bonds                                                                                                       | 3.75%            | 8/15/2027     | 1,174,484         | 1,159,945         |
|                            | UNITED STATES OF AMER TREAS NOTES 3.875% 10-15-2027                              | Bonds                                                                                                       | 3.88%            | 10/15/2027    | 2,835,861         | 2,824,666         |
|                            | UNITED STATES OF AMER TREAS NOTES 4% 01-15-2027                                  | Bonds                                                                                                       | 4.00%            | 1/15/2027     | 1,019,996         | 1,014,900         |
|                            | UNITED STATES OF AMER TREAS NOTES 4.125% 11-15-2027                              | Bonds                                                                                                       | 4.13%            | 11/15/2027    | 2,950,200         | 2,936,633         |
|                            | UNITED STATES OF AMER TREAS NOTES 4.125%10-31-2026                               | Bonds                                                                                                       | 4.13%            | 10/31/2026    | 473,052           | 473,887           |
|                            | UNITED STATES OF AMER TREAS NOTES 4.25% 02-28-2029                               | Bonds                                                                                                       | 4.25%            | 2/28/2029     | 414,933           | 413,006           |
|                            | UNITED STATES OF AMER TREAS NOTES 4.25% 11-15-2034                               | Bonds                                                                                                       | 4.25%            | 11/15/2034    | 4,430,436         | 4,204,758         |
|                            | UNITED STATES OF AMER TREAS NOTES 4.25% 12-31-2026                               | Bonds                                                                                                       | 4.25%            | 12/31/2026    | 10,106,349        | 9,874,263         |
|                            | UNITED STATES OF AMER TREAS NOTES 4.375%07-15-2027                               | Bonds                                                                                                       | 4.38%            | 7/15/2027     | 2,133,492         | 2,130,230         |
|                            | UNITED STATES OF AMER TREAS NOTES 4.375%12-15-2026                               | Bonds                                                                                                       | 4.38%            | 12/15/2026    | 188,545           | 190,416           |
|                            | UNITED STATES OF AMER TREAS NOTES 4.5% 04-15-2027                                | Bonds                                                                                                       | 4.50%            | 4/15/2027     | 128,734           | 130,640           |
|                            | UNITED STATES OF AMER TREAS NOTES 4.625%04-30-2029                               | Bonds                                                                                                       | 4.63%            | 4/30/2029     | 557,211           | 560,246           |
|                            | UNITED STATES OF AMER TREAS NOTES 4.625%10-15-2026                               | Bonds                                                                                                       | 4.63%            | 10/15/2026    | 302,760           | 306,847           |
|                            | UNITED STATES TREAS BDS 4.625% 11-15-2044                                        | Bonds                                                                                                       | 4.63%            | 11/15/2044    | 4,706,138         | 4,498,847         |
|                            | UNITED STATES TREAS NTS 4.0% 12-15-2027                                          | Bonds                                                                                                       | 4.00%            | 12/15/2027    | 3,500,425         | 3,482,578         |
|                            | UNITED STATES TREAS NTS 4.0% 12-15-2027                                          | Bonds                                                                                                       | 4.00%            | 12/15/2027    | 2,088,860         | 2,088,555         |
|                            | UNITED STATES TREAS NTS 4.25% 11-30-2026                                         | Bonds                                                                                                       | 4.25%            | 11/30/2026    | 953,359           | 954,739           |
|                            | UNITED STATES TREAS NTS 4.25% 11-30-2026                                         | Bonds                                                                                                       | 4.25%            | 11/30/2026    | 2,571,619         | 2,569,297         |
|                            | UNITED STATES TREAS NTS 4.375% 08-15-2026                                        | Bonds                                                                                                       | 4.38%            | 8/15/2026     | 2,818,329         | 2,849,110         |
|                            | UNITED STATES TREAS NTS 4.625% 09-15-2026                                        | Bonds                                                                                                       | 4.63%            | 9/15/2026     | 980,306           | 990,810           |
|                            | UNITED STATES TREAS NTS DTD 03/15/2024 4.25% 03-15-2027                          | Bonds                                                                                                       | 4.25%            | 3/15/2027     | 353,316           | 354,875           |
|                            | US TREASURY N/B 3.625% 09-15-2027                                                | Bonds                                                                                                       | 3.63%            | 9/15/2027     | 218,797           | 214,964           |
|                            | US TREASURY N/B 4.125% 11-30-2029                                                | Bonds                                                                                                       | 4.13%            | 11/30/2029    | 2,742,607         | 2,713,475         |
|                            | UTD STATES TREAS 4.375% DUE 12-31-2029                                           | Bonds                                                                                                       | 4.38%            | 12/31/2029    | 12,587,388        | 12,612,113        |
|                            | PETROLEOS MEXICANOS FIXED 6.35% 02-12-2048                                       | Bonds                                                                                                       | 6.35%            | 2/12/2048     | 9,352             | 9,855             |
|                            | PETROLEOS MEXICANOS NT 3/A2 2.46% DUE 12-15-2025 BEO SINKING FUND 06-15-2025     | Bonds                                                                                                       | 2.46%            | 12/15/2025    | 8,269             | 7,983             |
|                            | OVERSEAS PRIVATE INVT CORP PARTN CTF SER641-2015-184-IG 3.28% DUE 10-05-2034 REG | Bonds                                                                                                       | 3.28%            | 10/5/2034     | 54,963            | 50,553            |
|                            | FANNIE MAE SR 19-79 CL FA FLTG 01-25-2050                                        | Bonds                                                                                                       | 5.18%            | 1/25/2050     | 75,311            | 74,223            |

See Independent Auditor's Report.

**SAG-AFTRA Health Plan**  
**Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN #95-2110997, Plan #501**  
**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 |            |                   |
|     | FED HOME LN MTG 2.5% DUE 04-01-2052                                  | Bonds                                                                                                       | 2.50%            | 4/1/2052      | \$ 175,160 | \$ 156,453        |
|     | FED HOME LN MTG 3.5% DUE 04-01-2050                                  | Bonds                                                                                                       | 3.50%            | 4/1/2050      | 22,536     | 18,629            |
|     | FEDERAL HOME LN MTG CORP POOL #FR SD8265 4.0% 11-01-2052             | Bonds                                                                                                       | 4.00%            | 11/1/2052     | 196,156    | 188,466           |
|     | FEDERAL HOME LN MTG CORP POOL #G08710 3%06-01-2046 BEO               | Bonds                                                                                                       | 3.00%            | 6/1/2046      | 8,995      | 7,589             |
|     | FEDERAL HOME LN MTG CORP POOL #G08715 3%08-01-2046 BEO               | Bonds                                                                                                       | 3.00%            | 8/1/2046      | 65,930     | 55,327            |
|     | FEDERAL HOME LN MTG CORP POOL #G08747 3%02-01-2047 BEO               | Bonds                                                                                                       | 3.00%            | 2/1/2047      | 30,363     | 26,690            |
|     | FEDERAL HOME LN MTG CORP POOL #G08792 3.5% 12-01-2047 BEO            | Bonds                                                                                                       | 3.50%            | 12/1/2047     | 53,358     | 46,687            |
|     | FEDERAL HOME LN MTG CORP POOL #G08800 3.5% 02-01-2048 BEO            | Bonds                                                                                                       | 3.50%            | 2/1/2048      | 14,970     | 13,616            |
|     | FEDERAL HOME LN MTG CORP POOL #G08833 5%07-01-2048 BEO               | Bonds                                                                                                       | 5.00%            | 7/1/2048      | 10,675     | 9,964             |
|     | FEDERAL HOME LN MTG CORP POOL #G08843 4.5% 10-01-2048 BEO            | Bonds                                                                                                       | 4.50%            | 10/1/2048     | 28,668     | 26,481            |
|     | FEDERAL HOME LN MTG CORP POOL #G08849 5%11-01-2048 BEO               | Bonds                                                                                                       | 5.00%            | 11/1/2048     | 14,856     | 13,985            |
|     | FEDERAL HOME LN MTG CORP POOL #G60238 3.5% 10-01-2045 BEO            | Bonds                                                                                                       | 3.50%            | 10/1/2045     | 100,316    | 86,479            |
|     | FEDERAL HOME LN MTG CORP POOL #SD8194 2.5% 02-01-2052 BEO            | Bonds                                                                                                       | 2.50%            | 2/1/2052      | 250,475    | 219,945           |
|     | FEDERAL HOME LN MTG CORP POOL #SD8244 4%DUE 09-01-2052 BEO           | Bonds                                                                                                       | 4.00%            | 9/1/2052      | 429,004    | 419,524           |
|     | FEDERAL HOME LN MTG CORP POOL #SD8257 4.5% DUE 10-01-2052 BEO        | Bonds                                                                                                       | 4.50%            | 10/1/2052     | 164,521    | 162,464           |
|     | FEDERAL HOME LN MTG CORP POOL #SD8296 3.5% 01-01-2053                | Bonds                                                                                                       | 3.50%            | 1/1/2053      | 293,070    | 292,677           |
|     | FEDERAL HOME LN MTG CORP POOL #ZA5103 3.5% 12-01-2047 BEO            | Bonds                                                                                                       | 3.50%            | 12/1/2047     | 12,015     | 10,192            |
|     | FEDERAL HOME LN MTG CORP POOL #ZM1779 3%09-01-2046 BEO               | Bonds                                                                                                       | 3.00%            | 9/1/2046      | 209,798    | 171,922           |
|     | FEDERAL HOME LN MTG CORP SER 4656 CL EZ 4.0% DUE 02-15-2047 REG      | Bonds                                                                                                       | 4.00%            | 2/15/2047     | 114,814    | 101,195           |
|     | FEDERAL HOME LN MTG CORP SR 5473 CL BF FLTG RT 11-25-2054            | Bonds                                                                                                       | 5.87%            | 11/25/2054    | 76,735     | 76,470            |
|     | FEDERAL HOME LOAN MORTGAGE CORP 2% 04-01-2052                        | Bonds                                                                                                       | 2.00%            | 4/1/2052      | 190,027    | 167,957           |
|     | FEDERAL HOME LOAN MORTGAGE CORP 2% 05-01-2052                        | Bonds                                                                                                       | 2.00%            | 5/1/2052      | 193,252    | 184,189           |
|     | FEDERAL HOME LOAN MORTGAGE CORP 2.5% 05-01-2052                      | Bonds                                                                                                       | 2.50%            | 5/1/2052      | 260,584    | 230,531           |
|     | FEDERAL HOME LOAN MORTGAGE CORP 3% 05-01-2052                        | Bonds                                                                                                       | 3.00%            | 5/1/2052      | 443,170    | 438,911           |
|     | FEDERAL HOME LOAN MORTGAGE CORP 3% 06-01-2051                        | Bonds                                                                                                       | 3.00%            | 6/1/2051      | 527,323    | 508,428           |
|     | FEDERAL HOME LOAN MORTGAGE CORP POOL #SD8220 3.0% DUE 06-01-2052 REG | Bonds                                                                                                       | 3.00%            | 6/1/2052      | 503,716    | 480,558           |
|     | FEDERAL NATIONAL MORTGAGE ASSOC 2% 12-01-2051                        | Bonds                                                                                                       | 2.00%            | 12/1/2051     | 240,464    | 212,369           |
|     | FEDERAL NATIONAL MORTGAGE ASSOC 2% 12-01-2051                        | Bonds                                                                                                       | 2.00%            | 12/1/2051     | 168,497    | 148,727           |
|     | FEDERAL NATIONAL MORTGAGE ASSOC 2.5% 12-01-2050                      | Bonds                                                                                                       | 2.50%            | 12/1/2050     | 811,948    | 793,219           |
|     | FEDERAL NATIONAL MORTGAGE ASSOC 4% 07-01-2052                        | Bonds                                                                                                       | 4.00%            | 7/1/2052      | 491,378    | 489,343           |
|     | FEDERAL NATIONAL MORTGAGE ASSOC 4% 10-01-2052                        | Bonds                                                                                                       | 4.00%            | 10/1/2052     | 498,786    | 487,848           |
|     | FHLMC G67706 3.5% DUE 12-01-2047                                     | Bonds                                                                                                       | 3.50%            | 12/1/2047     | 36,760     | 32,037            |
|     | FHLMC G67708 3.5% DUE 03-01-2048                                     | Bonds                                                                                                       | 3.50%            | 3/1/2048      | 124,618    | 112,154           |
|     | FHLMC GOLD #G07924 3.5% 01-01-2045                                   | Bonds                                                                                                       | 3.50%            | 1/1/2045      | 11,369     | 9,840             |
|     | FHLMC GOLD G08721 3 09-01-2046                                       | Bonds                                                                                                       | 3.00%            | 9/1/2046      | 5,754      | 4,808             |
|     | FHLMC GOLD G60023 3.5 04-01-2045                                     | Bonds                                                                                                       | 3.50%            | 4/1/2045      | 21,332     | 18,604            |

See Independent Auditor's Report.

**SAG-AFTRA Health Plan**  
**Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN #95-2110997, Plan #501**  
**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 |            |                   |
|     | FHLMC GOLD G67700 3.5 08-01-2046                                           | Bonds                                                                                                       | 3.50%            | 8/1/2046      | \$ 175,734 | \$ 153,204        |
|     | FHLMC GOLD G67707 3.5% DUE 01-01-2048                                      | Bonds                                                                                                       | 3.50%            | 1/1/2048      | 188,335    | 167,891           |
|     | FHLMC GOLD G67718 4.0% 01-01-2049                                          | Bonds                                                                                                       | 4.00%            | 1/1/2049      | 50,918     | 46,235            |
|     | FHLMC GOLD POOL #FG G67711 4.0% 03-01-2048                                 | Bonds                                                                                                       | 4.00%            | 3/1/2048      | 47,770     | 43,534            |
|     | FHLMC GOLD POOL G67713 4.0% DUE 06-01-2048                                 | Bonds                                                                                                       | 4.00%            | 6/1/2048      | 13,415     | 12,208            |
|     | FHLMC MULTICLASS SR 4818 CL-C-A 3 04-15-2048                               | Bonds                                                                                                       | 3.00%            | 4/15/2048     | 19,319     | 17,588            |
|     | FHLMC POOL #QD5748 2% DUE 02-01-2052 REG                                   | Bonds                                                                                                       | 2.00%            | 2/1/2052      | 600,925    | 564,652           |
|     | FHLMC POOL #SD8189 2.5% 12-01-2051                                         | Bonds                                                                                                       | 2.50%            | 12/1/2051     | 91,171     | 83,231            |
|     | FHLMC POOL# SD3016 3.0% 06-01-2052                                         | Bonds                                                                                                       | 3.00%            | 6/1/2052      | 208,656    | 206,028           |
|     | FHLMC POOL#SD2730 4.5% 04-01-2053                                          | Bonds                                                                                                       | 4.50%            | 4/1/2053      | 303,873    | 304,534           |
|     | FHLMC UMBS 30Y FIXED 2% 02-01-2052                                         | Bonds                                                                                                       | 2.00%            | 2/1/2052      | 280,678    | 265,288           |
|     | FHLMC UMBS 30Y FIXED 2.5% 04-01-2052                                       | Bonds                                                                                                       | 2.50%            | 4/1/2052      | 252,910    | 224,669           |
|     | FNMA 2.5% MBS 01/01/2051 USD'CA8513F' POOL #CA8513 2.5% DUE 01-01-2051 BEO | Bonds                                                                                                       | 2.50%            | 1/1/2051      | 84,577     | 82,657            |
|     | FNMA MA1652 POOL #MA1652 3.5 DUE 11-01-2033 REG                            | Bonds                                                                                                       | 3.50%            | 11/1/2033     | 15,846     | 14,586            |
|     | FNMA POOL #AL8994 4% 09-01-2045 BEO                                        | Bonds                                                                                                       | 4.00%            | 9/1/2045      | 20,714     | 19,072            |
|     | FNMA POOL #AN0571 3.1% 01-01-2026 BEO                                      | Bonds                                                                                                       | 3.10%            | 1/1/2026      | 65,594     | 64,006            |
|     | FNMA POOL #AS9830 4% DUE 06-01-2047 REG                                    | Bonds                                                                                                       | 4.00%            | 6/1/2047      | 6,404      | 5,641             |
|     | FNMA POOL #AS9972 4% 07-01-2047 BEO                                        | Bonds                                                                                                       | 4.00%            | 7/1/2047      | 6,756      | 5,947             |
|     | FNMA POOL #BM2006 4% 01-01-2048 BEO                                        | Bonds                                                                                                       | 4.00%            | 1/1/2048      | 46,678     | 41,777            |
|     | FNMA POOL #BV2784 2.5% 02-01-2052 BEO                                      | Bonds                                                                                                       | 2.50%            | 2/1/2052      | 400,977    | 382,105           |
|     | FNMA POOL #BV8477 3% 05-01-2052 BEO                                        | Bonds                                                                                                       | 3.00%            | 5/1/2052      | 226,957    | 204,227           |
|     | FNMA POOL #BV8515 3% 05-01-2052 BEO                                        | Bonds                                                                                                       | 3.00%            | 5/1/2052      | 237,588    | 219,174           |
|     | FNMA POOL #BY0545 5.0% 05-01-2053                                          | Bonds                                                                                                       | 5.00%            | 5/1/2053      | 483,373    | 487,924           |
|     | FNMA POOL #CA0996 3.5% 01-01-2048                                          | Bonds                                                                                                       | 3.50%            | 1/1/2048      | 15,157     | 13,713            |
|     | FNMA POOL #CA1187 3.5% 02-01-2048                                          | Bonds                                                                                                       | 3.50%            | 2/1/2048      | 13,720     | 12,293            |
|     | FNMA POOL #CB2767 2.0% DUE 01-01-2052 REG                                  | Bonds                                                                                                       | 2.00%            | 1/1/2052      | 250,722    | 222,773           |
|     | FNMA POOL #CB2802 2% 02-01-2052 BEO                                        | Bonds                                                                                                       | 2.00%            | 2/1/2052      | 237,375    | 227,386           |
|     | FNMA POOL #FS1598 2% 04-01-2052 BEO                                        | Bonds                                                                                                       | 2.00%            | 4/1/2052      | 171,416    | 151,651           |
|     | FNMA POOL #FS4701 4.5% 04-01-2053 BEO                                      | Bonds                                                                                                       | 4.50%            | 4/1/2053      | 309,037    | 304,257           |
|     | FNMA POOL #FS8864 4% 02-01-2053 BEO                                        | Bonds                                                                                                       | 4.00%            | 2/1/2053      | 92,871     | 89,105            |
|     | FNMA POOL #G67717 4.0% DUE 11-01-2048 REG                                  | Bonds                                                                                                       | 4.00%            | 11/1/2048     | 13,927     | 12,639            |
|     | FNMA POOL #MA1146 4% 08-01-2042 BEO                                        | Bonds                                                                                                       | 4.00%            | 8/1/2042      | 7,852      | 7,209             |
|     | FNMA POOL #MA1253 4% 11-01-2042 BEO                                        | Bonds                                                                                                       | 4.00%            | 11/1/2042     | 27,396     | 25,244            |
|     | FNMA POOL #MA1283 3.5% 12-01-2042 BEO                                      | Bonds                                                                                                       | 3.50%            | 12/1/2042     | 14,604     | 13,026            |
|     | FNMA POOL #MA1490 3% 07-01-2033 BEO                                        | Bonds                                                                                                       | 3.00%            | 7/1/2033      | 18,277     | 17,036            |

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|     |                                                        | Description                                                                                                 | Rate of Interest | Maturity Date |          |                   |
|     | FNMA POOL #MA2806 3% DUE 11-01-2046 REG                | Bonds                                                                                                       | 3.00%            | 11/1/2046     | \$ 2,102 | \$ 1,796          |
|     | FNMA POOL #MA3027 4% 06-01-2047 BEO                    | Bonds                                                                                                       | 4.00%            | 6/1/2047      | 18,427   | 16,275            |
|     | FNMA POOL #MA3238 3.5% 01-01-2048                      | Bonds                                                                                                       | 3.50%            | 1/1/2048      | 65,638   | 57,205            |
|     | FNMA POOL #MA3276 3.5% 02-01-2048 BEO                  | Bonds                                                                                                       | 3.50%            | 2/1/2048      | 41,730   | 37,981            |
|     | FNMA POOL #MA3537 4.5% 12-01-2048 BEO                  | Bonds                                                                                                       | 4.50%            | 12/1/2048     | 12,810   | 11,742            |
|     | FNMA POOL #MA3811 3% 10-01-2049 BEO                    | Bonds                                                                                                       | 3.00%            | 10/1/2049     | 34,139   | 28,706            |
|     | FNMA POOL #MA4093 2% 08-01-2040 BEO                    | Bonds                                                                                                       | 2.00%            | 8/1/2040      | 82,698   | 66,999            |
|     | FNMA POOL #MA4152 2% 10-01-2040 BEO                    | Bonds                                                                                                       | 2.00%            | 10/1/2040     | 133,425  | 108,041           |
|     | FNMA POOL #MA4158 2% DUE 10-01-2050 BEO                | Bonds                                                                                                       | 2.00%            | 10/1/2050     | 246,891  | 235,088           |
|     | FNMA POOL #MA4176 2% 11-01-2040 BEO                    | Bonds                                                                                                       | 2.00%            | 11/1/2040     | 44,303   | 35,857            |
|     | FNMA POOL #MA4333 2% 05-01-2041 BEO                    | Bonds                                                                                                       | 2.00%            | 5/1/2041      | 36,848   | 30,252            |
|     | FNMA POOL #MA4492 2% DUE 12-01-2051 BEO                | Bonds                                                                                                       | 2.00%            | 12/1/2051     | 554,478  | 539,679           |
|     | FNMA POOL #MA4548 2.5% DUE 02-01-2052 BEO              | Bonds                                                                                                       | 2.50%            | 2/1/2052      | 248,289  | 219,871           |
|     | FNMA POOL #MA4656 4.5% 07-01-2052 BEO                  | Bonds                                                                                                       | 4.50%            | 7/1/2052      | 810,761  | 781,620           |
|     | FNMA POOL #MA4783 4% 10-01-2052 BEO                    | Bonds                                                                                                       | 4.00%            | 10/1/2052     | 477,767  | 461,174           |
|     | FNMA POOL #MA4840 4.5% 12-01-2052 BEO                  | Bonds                                                                                                       | 4.50%            | 12/1/2052     | 549,155  | 541,684           |
|     | FNMA POOL #RA8693 4.5% 04-01-2053                      | Bonds                                                                                                       | 4.50%            | 4/1/2053      | 300,644  | 295,768           |
|     | FNMA POOL#BW9897 4.5% 10-01-2052                       | Bonds                                                                                                       | 4.50%            | 10/1/2052     | 238,598  | 238,824           |
|     | FNMA POOL#CA1710 4.5% 05-01-2048                       | Bonds                                                                                                       | 4.50%            | 5/1/2048      | 59,597   | 54,569            |
|     | FNMA POOL#CA1711 CL 4.5% DUE 05-01-2048                | Bonds                                                                                                       | 4.50%            | 5/1/2048      | 28,276   | 26,010            |
|     | FNMA REMIC TR 2012-20 CL-ZT 3.5 03-25-2042             | Bonds                                                                                                       | 3.50%            | 3/25/2042     | 49,523   | 45,149            |
|     | FNMA SER 2018-86 CL JA 4.0% 12-31-2040                 | Bonds                                                                                                       | 4.00%            | 12/31/2040    | 2,276    | 2,229             |
|     | FNMA TRANCHE SER 2018-57 CL QA 4.5% DUE 05-25-2046 REG | Bonds                                                                                                       | 4.50%            | 5/25/2046     | 3,314    | 3,287             |
|     | FNMA REMIC SER 18-94 CL KD 3.5% FIXED DUE 12-25-2048   | Bonds                                                                                                       | 3.50%            | 12/25/2048    | 13,919   | 12,665            |
|     | FREDDIE MAC POOL FR SD3246 4% 01/08/2052 08-01-2052    | Bonds                                                                                                       | 4.00%            | 8/1/2052      | 313,897  | 308,525           |
|     | GNMA POOL #MA4195 3% 01-20-2047 BEO                    | Bonds                                                                                                       | 3.00%            | 1/20/2047     | 25,227   | 22,019            |
|     | GNMA POOL #MA4382 3.5% 04-20-2047 BEO                  | Bonds                                                                                                       | 3.50%            | 4/20/2047     | 4,227    | 3,666             |
|     | GNMA POOL #MA4450 3% 05-20-2047 BEO                    | Bonds                                                                                                       | 3.00%            | 5/20/2047     | 39,189   | 33,868            |
|     | GNMA POOL #MA4510 3.5% 06-20-2047 BEO                  | Bonds                                                                                                       | 3.50%            | 6/20/2047     | 88,954   | 77,122            |
|     | GNMA POOL #MA4588 4.5% 07-20-2047 BEO                  | Bonds                                                                                                       | 4.50%            | 7/20/2047     | 47,838   | 44,078            |
|     | GNMA POOL #MA4589 5% 07-20-2047 BEO                    | Bonds                                                                                                       | 5.00%            | 7/20/2047     | 26,488   | 24,331            |
|     | GNMA POOL #MA4836 3% 11-20-2047 BEO                    | Bonds                                                                                                       | 3.00%            | 11/20/2047    | 65,147   | 58,548            |
|     | GNMA POOL #MA4838 4% 11-20-2047 BEO                    | Bonds                                                                                                       | 4.00%            | 11/20/2047    | 17,569   | 15,617            |
|     | GNMA POOL #MA5399 4.5% 08-20-2048 BEO                  | Bonds                                                                                                       | 4.50%            | 8/20/2048     | 32,575   | 30,140            |
|     | GNMA REMIC SER 2019-15 CLS GT 3.5% 02-28-2049          | Bonds                                                                                                       | 3.50%            | 2/28/2049     | 26,021   | 23,398            |

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|                                   |                                                                             | Description                                                                                                 | Rate of Interest | Maturity Date |                   |                   |
|                                   | GNMA REMIC TRUST SER 23-134 CL F FLTG RT 08-20-2053                         | Bonds                                                                                                       | 5.60%            | 8/20/2053     | \$ 120,947        | \$ 120,975        |
|                                   | GNMA SER 2018-124 CLS NW . 3.5% 09-20-2048                                  | Bonds                                                                                                       | 3.50%            | 9/20/2048     | 32,085            | 29,056            |
|                                   | GNMA SR 24-97 CL FW FLTG RT 06-20-2054                                      | Bonds                                                                                                       | 5.75%            | 6/20/2054     | 74,032            | 74,294            |
|                                   | GNMAII POOL #MA4652 3.5% DUE 08-20-2047 REG                                 | Bonds                                                                                                       | 3.50%            | 8/20/2047     | 11,200            | 9,833             |
|                                   | GNMAII POOL #MA4837 SER 2047 3.5% DUE 11-20-2047 REG                        | Bonds                                                                                                       | 3.50%            | 11/20/2047    | 11,672            | 10,567            |
|                                   | GNMAII POOL #MA4900 SER 2047 3.5% DUE 12-20-2047                            | Bonds                                                                                                       | 3.50%            | 12/20/2047    | 86,694            | 77,613            |
|                                   | GNMAII POOL #MA4901 4% 12-20-2047                                           | Bonds                                                                                                       | 4.00%            | 12/20/2047    | 6,279             | 5,727             |
|                                   | GNMAII POOL #MA5078 4.0% 03-20-2048                                         | Bonds                                                                                                       | 4.00%            | 3/20/2048     | 29,459            | 26,873            |
|                                   | GNMAII POOL #MA5466 4.0% 09-20-2048                                         | Bonds                                                                                                       | 4.00%            | 9/20/2048     | 13,751            | 12,481            |
|                                   | GNMAII POOL #MA5467 4.5% DUE 09-20-2048                                     | Bonds                                                                                                       | 4.50%            | 9/20/2048     | 3,962             | 3,670             |
|                                   | GNMAII POOL #MA5530 SER 2048 5.0% DUE 10-20-2048 REG                        | Bonds                                                                                                       | 5.00%            | 10/20/2048    | 12,367            | 11,670            |
|                                   | GNMAII POOL #MA7589 2.5% 09-20-2051                                         | Bonds                                                                                                       | 2.50%            | 9/20/2051     | 195,908           | 186,093           |
|                                   | GNMAII POOL #MA8201 4.5% DUE 08-20-2052 REG                                 | Bonds                                                                                                       | 4.50%            | 8/20/2052     | 443,682           | 441,093           |
|                                   | ILPT COML MTG TR 2022-LPF2 7.05576% 10-15-2039                              | Bonds                                                                                                       | 7.06%            | 10/15/2039    | 119,697           | 119,775           |
|                                   |                                                                             |                                                                                                             |                  |               | <u>83,317,611</u> | <u>81,407,720</u> |
| <b>Corporate Debt Instruments</b> |                                                                             |                                                                                                             |                  |               |                   |                   |
|                                   | BARINGS CLO LTD 2018-IV / BARINGS 0% 10-15-2030                             | Asset Backed Securities                                                                                     | 5.81%            | 10/15/2030    | 231,194           | 231,537           |
|                                   | DRYDEN 97 CLO LTD FLTG RT 5.59317% DUE 04-20-2035                           | Asset Backed Securities                                                                                     | 5.59%            | 4/20/2035     | 247,228           | 250,364           |
|                                   | PFS FING CORP 5.52% DUE 10-15-2028                                          | Asset Backed Securities                                                                                     | 5.52%            | 10/15/2028    | 99,986            | 101,424           |
|                                   | PVTPL OCP CLO LTD SR 14-6A CL A1R2 FLTG RT 10-17-2030                       | Asset Backed Securities                                                                                     | 5.80%            | 10/17/2030    | 108,129           | 108,161           |
|                                   | PVTPL PFS FING CORP SR 24-D CL A 5.34% 04-16-2029                           | Asset Backed Securities                                                                                     | 5.34%            | 4/16/2029     | 199,966           | 202,915           |
|                                   | AGL CLO 7 LTD / AGL CLO 7 LLC 6.21771% 07-15-2034                           | Asset Backed Securities                                                                                     | 6.22%            | 7/15/2034     | 150,000           | 150,226           |
|                                   | ALLEGRO CLO X LTD / ALLEGRO CLO X 0% 04-20-2032                             | Asset Backed Securities                                                                                     | 5.75%            | 4/20/2032     | 224,668           | 224,671           |
|                                   | ALLY AUTO 4.14% DUE 07-16-2029                                              | Asset Backed Securities                                                                                     | 4.14%            | 7/16/2029     | 499,948           | 496,475           |
|                                   | AMERICREDIT 5.81% DUE 05-18-2028                                            | Asset Backed Securities                                                                                     | 5.81%            | 5/18/2028     | 399,934           | 406,061           |
|                                   | BMW VEH LEASE TR SER 21-1 CL A3 4.98% 03-25-2027                            | Asset Backed Securities                                                                                     | 4.98%            | 3/25/2027     | 99,998            | 100,531           |
|                                   | BMW VEHICLE LEASE TRUST SER 24-2 CL A3 4.18% 10-25-2027                     | Asset Backed Securities                                                                                     | 4.18%            | 10/25/2027    | 499,954           | 496,011           |
|                                   | C-BASS TR SER 2004-CB4 CL A5 05-25-2035 BEO                                 | Asset Backed Securities                                                                                     | 6.78%            | 5/25/2035     | 38,253            | 33,702            |
|                                   | CAPITAL ONE MULTI-ASSET EXECUTION TR SR 23-A1CLS A 4.42% 05-15-2028         | Asset Backed Securities                                                                                     | 4.42%            | 5/15/2028     | 249,943           | 250,019           |
|                                   | CARMAX AUTO OWNER 5.5% DUE 02-15-2029                                       | Asset Backed Securities                                                                                     | 5.50%            | 2/15/2029     | 99,996            | 101,594           |
|                                   | CARVANA AUTO 4.26% DUE 10-10-2029                                           | Asset Backed Securities                                                                                     | 4.26%            | 10/10/2029    | 399,991           | 395,964           |
|                                   | CARVANA AUTO RECEIVABLES TR 2022-P3 SR 22-P3 CL A3 4.61% DUE 11-10-2027 BEO | Asset Backed Securities                                                                                     | 4.61%            | 11/10/2027    | 133,071           | 133,084           |
|                                   | CARVANA AUTO RECEIVABLES TRUST SER 24-P4CL A3 4.64% 01-10-2030              | Asset Backed Securities                                                                                     | 4.64%            | 1/10/2030     | 199,983           | 199,548           |
|                                   | CYRUSONE DATA CTRS ISSUER I LLC SECD DATA CTR REV TERM NT 4.3% 04-20-2048   | Asset Backed Securities                                                                                     | 4.30%            | 4/20/2048     | 95,125            | 96,176            |

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|     |                                                                               | Description                                                                                                 | Rate of Interest | Maturity Date |            |                   |
|     | DELL EQUIP FIN TR 5.39% DUE 03-22-2030                                        | Asset Backed Securities                                                                                     | 5.39%            | 3/22/2030     | \$ 299,993 | \$ 303,334        |
|     | FORD CR FLOORPLAN 4.92% DUE 05-15-2028                                        | Asset Backed Securities                                                                                     | 4.92%            | 5/15/2028     | 400,423    | 401,905           |
|     | GM FINANCIAL AUTOMOBILE LEASIN SER 24-1 CL A3 0.0% 03-22-2027                 | Asset Backed Securities                                                                                     | 5.09%            | 3/22/2027     | 99,988     | 100,607           |
|     | GM FINANCIAL SECURITIZED TERM SER 23-1 CL A3 4.66% DUE 02-16-2028             | Asset Backed Securities                                                                                     | 4.66%            | 2/16/2028     | 391,998    | 392,511           |
|     | GM FINANCIAL SECURITIZED TERM SR 24-2 CL A3 5.1% 03-16-2029                   | Asset Backed Securities                                                                                     | 5.10%            | 3/16/2029     | 299,942    | 302,967           |
|     | GMF FLOORPLAN 5.34% DUE 06-15-2028                                            | Asset Backed Securities                                                                                     | 5.34%            | 6/15/2028     | 399,902    | 404,495           |
|     | GS MTG SECS CORP FLTG RT 5.07868% DUE 06-25-2035                              | Asset Backed Securities                                                                                     | 5.08%            | 6/25/2035     | 14,752     | 14,767            |
|     | HERTZ VEH FING III LLC 2021-2 RENT CAR AST BKD NT 2.52% 12-27-2027            | Asset Backed Securities                                                                                     | 2.52%            | 12/27/2027    | 135,457    | 141,142           |
|     | HIGHBRIDGE LOAN MANAGEMENT LTD 23/01/2035 0% 01-23-2035                       | Asset Backed Securities                                                                                     | 6.03%            | 1/23/2035     | 160,000    | 160,285           |
|     | HYUNDAI AUTO LEASE 4.62% DUE 04-17-2028                                       | Asset Backed Securities                                                                                     | 4.62%            | 4/17/2028     | 199,995    | 200,100           |
|     | IMPAC CMB TR .494 DUE 05-25-2037                                              | Asset Backed Securities                                                                                     | 4.95%            | 5/25/2037     | 320,573    | 320,706           |
|     | JOHN DEERE OWNER TR 2023-B SER 23-B CL A3 5.18% 03-15-2028                    | Asset Backed Securities                                                                                     | 5.18%            | 3/15/2028     | 149,975    | 151,236           |
|     | MERRILL LYNCH MTG INVS INC 2004-WMC3 ASSET BKD CTF CL M2 VAR 01-25-2035 REG   | Asset Backed Securities                                                                                     | 6.30%            | 1/25/2035     | 32,420     | 32,024            |
|     | MID-STATE TR XI 4.864% DUE 07-15-2038                                         | Asset Backed Securities                                                                                     | 4.86%            | 7/15/2038     | 19,687     | 18,387            |
|     | NISSAN MASTER 5.05% DUE 02-15-2029                                            | Asset Backed Securities                                                                                     | 5.05%            | 2/15/2029     | 299,980    | 302,396           |
|     | NOMURA HOME EQUITY LN FLTG SER 06-HE3 CL 1A1 1 07-25-2036                     | Asset Backed Securities                                                                                     | 4.75%            | 7/25/2036     | 87,911     | 84,794            |
|     | OBX 2021-J3 TR FLTG RT 2.5% DUE 10-25-2051                                    | Asset Backed Securities                                                                                     | 2.50%            | 10/25/2051    | 329,933    | 334,514           |
|     | ONEMAIN DIRECT 5.41% DUE 11-14-2029                                           | Asset Backed Securities                                                                                     | 5.41%            | 11/14/2029    | 149,853    | 151,538           |
|     | ONEMAIN FINL 5.84% DUE 09-15-2036                                             | Asset Backed Securities                                                                                     | 5.84%            | 9/15/2036     | 149,970    | 152,995           |
|     | PFS FING CORP 4.9499980927% DUE 02-15-2029                                    | Asset Backed Securities                                                                                     | 4.95%            | 2/15/2029     | 299,985    | 301,572           |
|     | PVTPL AGL CLO 17 LTD CL A FLTG 01-21-2035                                     | Asset Backed Securities                                                                                     | 5.95%            | 1/21/2035     | 171,850    | 175,487           |
|     | PVTPL AJAX MTG LN TR SR 2019-F CL A-1 2.86% 07-25-2059                        | Asset Backed Securities                                                                                     | 2.86%            | 7/25/2059     | 152,509    | 149,624           |
|     | PVTPL ARI FLEET LEASE TRUST SER 24-B CL A3 5.26% 04-15-2033                   | Asset Backed Securities                                                                                     | 5.26%            | 4/15/2033     | 99,988     | 101,208           |
|     | PVTPL BLUEMOUNTAIN CLO LTD SER 18-3A CL BR FLTG 10-25-2030                    | Asset Backed Securities                                                                                     | 6.48%            | 10/25/2030    | 250,000    | 250,267           |
|     | PVTPL CHASE AUTO OWNER TRUST SER 21-1A CL A3 5.13% 05-25-2029                 | Asset Backed Securities                                                                                     | 5.13%            | 5/25/2029     | 299,980    | 302,275           |
|     | PVTPL DOMINOS PIZZA MASTER ISSUER LL DOMINOS S 2015-1 SR SECD NT 10-25-2045   | Asset Backed Securities                                                                                     | 4.47%            | 10/25/2045    | 263,280    | 267,908           |
|     | PVTPL ENTERPRISE FLEET FIN 2021-1 5.51% SER 23-1 CL A2 01-22-2029             | Asset Backed Securities                                                                                     | 5.51%            | 1/22/2029     | 157,292    | 158,126           |
|     | PVTPL ENTERPRISE FLEET FINANCING LLC SER24-4 CL A3 4.56% 11-20-2028           | Asset Backed Securities                                                                                     | 4.56%            | 11/20/2028    | 499,940    | 497,820           |
|     | PVTPL ENTERPRISE FLEET FINANCING LLC SR 24-2 CL A3 5.61% 04-20-2028           | Asset Backed Securities                                                                                     | 5.61%            | 4/20/2028     | 299,979    | 305,165           |
|     | PVTPL FIRST HELP FINANCIAL LLC SR 24-2A CL C 6.43% 07-15-2030                 | Asset Backed Securities                                                                                     | 6.43%            | 7/15/2030     | 259,980    | 264,645           |
|     | PVTPL FORD CR FLOORPLAN MASTER OWNER TR SER 24-3 CL A-1 4.3% DUE 09-15-2029   | Asset Backed Securities                                                                                     | 4.30%            | 9/15/2029     | 499,955    | 494,774           |
|     | PVTPL GENERAL MOTORS SR 24-1 CL A1 5.13%03-15-2029                            | Asset Backed Securities                                                                                     | 5.13%            | 3/15/2029     | 99,987     | 101,114           |
|     | PVTPL GLOBAL LENDING SVCS LLC SER 24-2A CL D 6.77% 02-15-2030                 | Asset Backed Securities                                                                                     | 6.77%            | 2/15/2030     | 229,945    | 233,901           |
|     | PVTPL GREATAMERICA LEASING RECEIVABLES FDG L L SR 23-1 CL A3 5.15% 07-15-2027 | Asset Backed Securities                                                                                     | 5.15%            | 7/15/2027     | 299,974    | 302,082           |
|     | PVTPL HOTWIRE FDG LLC SR 24-1A CL A2 5.893% 06-20-2054                        | Asset Backed Securities                                                                                     | 5.89%            | 6/20/2054     | 115,000    | 116,145           |

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**SAG-AFTRA Health Plan**  
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**EIN #95-2110997, Plan #501**  
**December 31, 2024**

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|-----|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------|---------------|-----------|-------------------|
|     |                                                                                | Description                                                                                                 | Rate of Interest | Maturity Date |           |                   |
|     | PVTPL HUNTINGTON AUTO TRUST SER 24-1A CL A3 5.23% 01-16-2029                   | Asset Backed Securities                                                                                     | 5.23%            | 1/16/2029     | \$ 99,996 | \$ 101,021        |
|     | PVTPL KKR FINANCIAL CLO LTD SR 40A CL AR FLTG RT 10-20-2034                    | Asset Backed Securities                                                                                     | 5.92%            | 10/20/2034    | 250,000   | 250,297           |
|     | PVTPL MAGNETITE CLO LTD SER 15-12A CL AR4 FLTG 10-15-2031                      | Asset Backed Securities                                                                                     | 5.81%            | 10/15/2031    | 142,457   | 142,649           |
|     | PVTPL MAGNETITE XXV LTD/MAGNETITE XXV LLC SR SECD NT CL A FLTG 01-25-2032      | Asset Backed Securities                                                                                     | 6.09%            | 1/25/2032     | 196,740   | 197,115           |
|     | PVTPL MID-STATE CAP CORP 2006-1 TR CL A 144A VAR RT DUE 10-15-2040 BEO         | Asset Backed Securities                                                                                     | 5.79%            | 10/15/2040    | 8,643     | 8,201             |
|     | PVTPL PALMER SQUARE CLO LTD SER 18-1A CLA1R FLTG 04-18-2037                    | Asset Backed Securities                                                                                     | 6.15%            | 4/18/2037     | 160,000   | 161,355           |
|     | PVTPL SYMPHONY CLO LTD SR 16-18 A CL A1R3 FLTG RT 07-23-2033                   | Asset Backed Securities                                                                                     | 5.73%            | 7/23/2033     | 297,618   | 298,519           |
|     | PVTPL T-MOBILE US TR 2024-1 5.05% DUE 09-30-2029                               | Asset Backed Securities                                                                                     | 5.05%            | 9/30/2029     | 99,987    | 100,689           |
|     | PVTPL T-MOBILE US TRUST SR 24-2A CL A 4.76% 05-15-2029                         | Asset Backed Securities                                                                                     | 4.76%            | 5/15/2029     | 499,904   | 496,316           |
|     | PVTPL TOWD PT MTG TR FLTG RT SER 19-HY2 CL A1 12-25-2048 BEO                   | Asset Backed Securities                                                                                     | 5.45%            | 12/25/2048    | 254,425   | 261,520           |
|     | PVTPL VANTAGE DATA CTRS ISSUER LLC SR 20-1A CL A2 1.645% 09-15-2045            | Asset Backed Securities                                                                                     | 1.65%            | 9/15/2045     | 347,496   | 361,327           |
|     | PVTPL VOYA CLO LTD SR 16-3A CL A1R2 FLTG RT10-18-2031                          | Asset Backed Securities                                                                                     | 5.78%            | 10/18/2031    | 198,167   | 198,548           |
|     | PVTPL WENDYS FDG LLC 2019-1 SR SECD NT CL A-2-I 144A 3.783% DUE 06-15-2049 BEO | Asset Backed Securities                                                                                     | 3.78%            | 6/15/2049     | 263,288   | 269,431           |
|     | PVTPL WOODWARD CAPITAL MANAGEMENT SR 24-CES6 CL A1A STEP UP 12-31-2049         | Asset Backed Securities                                                                                     | 5.34%            | 12/31/2049    | 429,807   | 427,569           |
|     | ROCKFORD TOWER CLO 2021-1 LTD / 0% 07-20-2034                                  | Asset Backed Securities                                                                                     | 6.05%            | 7/20/2034     | 250,000   | 250,048           |
|     | SLC STUDENT LN TR 2008-1 ASSET BACKED NTCL A-4A FLTG RATE 12-15-2032 REG       | Asset Backed Securities                                                                                     | 6.67%            | 12/15/2032    | 16,297    | 15,721            |
|     | SLM STUDENT LN TR 2006-10 CL B FLTG RT 03-25-2044                              | Asset Backed Securities                                                                                     | 5.67%            | 3/25/2044     | 61,083    | 64,777            |
|     | SLM STUDENT LN TR 2007-7 SER 07-7 CL A4 FLTG RT 04-25-2028                     | Asset Backed Securities                                                                                     | 5.78%            | 4/25/2028     | 39,519    | 39,509            |
|     | SLM STUDENT LOAN TR FR A/BKD 25/09/2028 USD1000'A3'20121 09-25-2028 REG        | Asset Backed Securities                                                                                     | 5.63%            | 9/25/2028     | 56,227    | 55,132            |
|     | SLM STUDENT LOAN TRUST SER 08-6 CL A4 FLTG RT 01-25-2029                       | Asset Backed Securities                                                                                     | 6.55%            | 1/25/2029     | 47,139    | 46,542            |
|     | VANTAGE DATA CTRS 0% DUE 09-15-2054                                            | Asset Backed Securities                                                                                     | 5.10%            | 9/15/2054     | 200,000   | 196,256           |
|     | VB-S1 ISSUER LLC 0% DUE 05-15-2054                                             | Asset Backed Securities                                                                                     | 5.59%            | 5/15/2054     | 198,477   | 200,270           |
|     | VERIZON MASTER TR 4.17% 08-20-2030                                             | Asset Backed Securities                                                                                     | 4.17%            | 8/20/2030     | 399,896   | 396,111           |
|     | WESTLAKE 5.8% DUE 02-16-2027                                                   | Asset Backed Securities                                                                                     | 5.80%            | 2/16/2027     | 175,545   | 176,013           |
|     | WORLD OMNI SELECT AUTO TR SR 23-A CL A3 5.65% 07-17-2028                       | Asset Backed Securities                                                                                     | 5.65%            | 7/17/2028     | 299,979   | 302,149           |
|     | ACRES COML RLTY 2021-FL1 ISSUER LTD/AC SR SECD NT CL A 144A FLTG 06-15-2036    | Commercial Mortgage-Backed                                                                                  | 5.70%            | 6/15/2036     | 132,530   | 132,418           |
|     | ARES COML MTG TR 2024-IND MTG PASSTHRU CTF CL A 144A 6.00339% 07-15-2041       | Commercial Mortgage-Backed                                                                                  | 6.00%            | 7/15/2041     | 99,750    | 100,626           |
|     | ARES TR 2024-IND2 FLTG RT 5.75476% DUE 10-15-2034                              | Commercial Mortgage-Backed                                                                                  | 5.75%            | 10/15/2034    | 249,375   | 250,469           |
|     | BBCMS MTG TR FLTG RT 6.094% DUE 05-15-2057                                     | Commercial Mortgage-Backed                                                                                  | 6.09%            | 5/15/2057     | 361,509   | 360,383           |
|     | BMO 2024-5C3 MTG TR COML MTG PASSTHRU CTF CL 6.2858% 02-15-2057                | Commercial Mortgage-Backed                                                                                  | 6.29%            | 2/15/2057     | 270,652   | 272,366           |
|     | BMO 2024-5C4 MTG FLTG RT 7.25272% DUE 05-15-2057                               | Commercial Mortgage-Backed                                                                                  | 7.25%            | 5/15/2057     | 183,488   | 185,313           |
|     | BSPRT 2023-FL10 FLTG RT 7.459% DUE 09-15-2035                                  | Commercial Mortgage-Backed                                                                                  | 7.46%            | 9/15/2035     | 199,000   | 200,553           |
|     | BX COML MTG TR 2024-AIRC COML MTG PASSTHRU CTF CL A 6.003% 08-15-2039          | Commercial Mortgage-Backed                                                                                  | 6.00%            | 8/15/2039     | 199,500   | 201,377           |
|     | BX COML MTG TR 2024-XL5 6.00299% 03-15-2041                                    | Commercial Mortgage-Backed                                                                                  | 6.00%            | 3/15/2041     | 90,238    | 90,436            |
|     | BX COML MTG TR FLTG RT 3.662% DUE 03-09-2044                                   | Commercial Mortgage-Backed                                                                                  | 3.66%            | 3/9/2044      | 262,980   | 271,635           |

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**SAG-AFTRA Health Plan**  
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|-----|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------|---------------|------------|-------------------|
|     |                                                                                 | Description                                                                                                 | Rate of Interest | Maturity Date |            |                   |
|     | BX TR 2024-BIO MTG PASSTHRU CTF CL A 144A 5.95376% 02-15-2041                   | Commercial Mortgage-Backed                                                                                  | 5.95%            | 2/15/2041     | \$ 149,625 | \$ 150,141        |
|     | BX TR 2024-BIO MTG PASSTHRU CTF CL C 144A 6.95176% 02-15-2041                   | Commercial Mortgage-Backed                                                                                  | 6.95%            | 2/15/2041     | 146,633    | 145,354           |
|     | CMO BANK BANK SR 20-BNK25 CL AS 2.841% 01-15-2063                               | Commercial Mortgage-Backed                                                                                  | 2.84%            | 1/15/2063     | 229,384    | 234,716           |
|     | DOLP TR 2021-NYC 2.956% DUE 05-10-2041                                          | Commercial Mortgage-Backed                                                                                  | 2.96%            | 5/10/2041     | 145,448    | 149,808           |
|     | H I G RCP 2023-FL1 FLTGT RT 6.59586% DUE 09-19-2038                             | Commercial Mortgage-Backed                                                                                  | 6.60%            | 9/19/2038     | 18,140     | 18,267            |
|     | LIFE 2022-BMR2 MTG TR 5.607% 05-15-2039                                         | Commercial Mortgage-Backed                                                                                  | 5.61%            | 5/15/2039     | 97,500     | 97,750            |
|     | PVTPL BX COML MTG TR 2024-XL4 FLTGT 02-15-2039                                  | Commercial Mortgage-Backed                                                                                  | 5.84%            | 2/15/2039     | 193,916    | 195,192           |
|     | PVTPL BX COMMERCIAL MORTGAGE TRUST 2022-C SR 2022-CSMO CL A FRN 144A 06-15-2027 | Commercial Mortgage-Backed                                                                                  | 6.51%            | 6/15/2027     | 119,519    | 120,375           |
|     | PVTPL CMO AREIT 2024-CRE9 LTD SR 24-CRE9 CL A FLTGT RT 05-17-2041               | Commercial Mortgage-Backed                                                                                  | 6.08%            | 5/17/2041     | 199,500    | 200,114           |
|     | PVTPL CMO BAMLL COML MTG SECS TR 2018-PARK MTG CTF CL A FLTGT RT 08-10-2038     | Commercial Mortgage-Backed                                                                                  | 4.09%            | 8/10/2038     | 98,208     | 90,752            |
|     | PVTPL CMO BFLD TRUST SER 24-WRHS CL A FLTGT 08-15-2026                          | Commercial Mortgage-Backed                                                                                  | 5.89%            | 8/15/2026     | 188,684    | 189,513           |
|     | PVTPL CMO BX TR 2019-OC11 3.012% DUE 12-09-2041 BEO                             | Commercial Mortgage-Backed                                                                                  | 3.01%            | 12/9/2041     | 36,048     | 31,607            |
|     | PVTPL CMO BX TRUST SR 19-OC11 CL B 3.605% 12-09-2041                            | Commercial Mortgage-Backed                                                                                  | 3.61%            | 12/9/2041     | 121,380    | 124,078           |
|     | PVTPL CMO BX TRUST VAR RT DUE 07-15-2029BEO                                     | Commercial Mortgage-Backed                                                                                  | 5.89%            | 7/15/2029     | 99,750     | 100,406           |
|     | PVTPL CMO CPTS SER 19-CPT CL A 2.865% 11-13-2039                                | Commercial Mortgage-Backed                                                                                  | 2.87%            | 11/13/2039    | 321,949    | 319,810           |
|     | PVTPL CMO DC OFFICE TR 2019-MTC SER 2019-MTC CLS A 2.965% DUE 09-15-2045 BEO    | Commercial Mortgage-Backed                                                                                  | 2.97%            | 9/15/2045     | 72,095     | 60,947            |
|     | PVTPL CMO FS RIALTO SSUER LLC SER 24- FL9 CL A FLTGT 10-19-2039                 | Commercial Mortgage-Backed                                                                                  | 6.00%            | 10/19/2039    | 199,500    | 199,584           |
|     | PVTPL CMO HERA SR 21-FL1 CL A FLTGT RT 02-18-2038                               | Commercial Mortgage-Backed                                                                                  | 5.54%            | 2/18/2038     | 183,207    | 182,340           |
|     | PVTPL CMO HUDSON YDS 2019-30Y MTG TR 3.228% DUE 06-10-2037 BEO                  | Commercial Mortgage-Backed                                                                                  | 3.23%            | 6/10/2037     | 72,095     | 63,599            |
|     | PVTPL CMO HUDSON YDS SER 19-55HY CLS A 144A VAR RT 12-10-2041                   | Commercial Mortgage-Backed                                                                                  | 2.94%            | 12/10/2041    | 71,941     | 62,275            |
|     | PVTPL CMO J P MORGAN CHASE COML MTG SER 2019-OSB CL A 3.3973% 06-05-2039 BEO    | Commercial Mortgage-Backed                                                                                  | 3.40%            | 6/5/2039      | 66,950     | 59,260            |
|     | PVTPL CMO NRTH PARK MORTGAGE TRUST SER 24 PARK CL A FLTGT RT 03-15-2041         | Commercial Mortgage-Backed                                                                                  | 6.04%            | 3/15/2041     | 178,553    | 179,112           |
|     | PVTPL CMO ONE BRYANT PK TR SER 2019-0BP CL A 2.51641% DUE 09-13-2049            | Commercial Mortgage-Backed                                                                                  | 2.52%            | 9/13/2049     | 90,000     | 78,585            |
|     | PVTPL CMO WELLS FARGO COMMERCIAL MTG SER 24-SVEN CL B VAR RT 06-10-2037         | Commercial Mortgage-Backed                                                                                  | 6.26%            | 6/10/2037     | 339,689    | 343,566           |
|     | PVTPL MKT SER 20-525M CL A 2.694% 02-12-2040                                    | Commercial Mortgage-Backed                                                                                  | 2.69%            | 2/12/2040     | 51,497     | 41,393            |
|     | PVTPL STARWOOD COMMERCIAL MORTGAGE TRUSTSER 21-FL2 CL A FLTGT RT 04-18-2038     | Commercial Mortgage-Backed                                                                                  | 5.69%            | 4/18/2038     | 65,000     | 64,742            |
|     | PVTPL THARALDSON HOTEL PORTFOLIO TRUST SR 23-THL CL A FLTGT RT 12-10-2034       | Commercial Mortgage-Backed                                                                                  | 6.99%            | 12/10/2034    | 177,728    | 181,978           |
|     | RIAL 2022-FL8 VAR RT 0% DUE 12-31-2037                                          | Commercial Mortgage-Backed                                                                                  | 6.65%            | 12/31/2037    | 249,844    | 249,998           |
|     | SREIT COML MTG TR FLTGT RT 5.24828% DUE 11-15-2036                              | Commercial Mortgage-Backed                                                                                  | 5.25%            | 11/15/2036    | 318,783    | 319,200           |
|     | WB COML MTG TR 6.134383% DUE 03-15-2040                                         | Commercial Mortgage-Backed                                                                                  | 6.13%            | 3/15/2040     | 177,598    | 178,615           |
|     | WELLS FARGO COML FLTGT RT 4.06699991226% DUE 09-15-2058                         | Commercial Mortgage-Backed                                                                                  | 4.07%            | 9/15/2058     | 262,996    | 274,324           |
|     | PVTPL GLENCORE FDG LLC 5.338% 04-04-2027                                        | Corporate Bonds                                                                                             | 5.34%            | 4/4/2027      | 75,000     | 75,655            |
|     | PVTPL MACQUARIE BANK LTD 5.391% 12-07-2026                                      | Corporate Bonds                                                                                             | 5.39%            | 12/7/2026     | 65,000     | 65,997            |
|     | PVTPL MACQUARIE BK LTD 5.272% 07-02-2027                                        | Corporate Bonds                                                                                             | 5.27%            | 7/2/2027      | 80,000     | 81,226            |
|     | BANK MONTREAL 5.266% 12-11-2026                                                 | Corporate Bonds                                                                                             | 5.27%            | 12/11/2026    | 205,000    | 207,363           |

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|     |                                                             | Description                                                                                                 | Rate of Interest | Maturity Date |            |                   |
|     | BANK MONTREAL QUE 5.37% 06-04-2027                          | Corporate Bonds                                                                                             | 5.37%            | 6/4/2027      | \$ 200,000 | \$ 202,981        |
|     | BANK NOVA SCOTIA B C 5.35% 12-07-2026                       | Corporate Bonds                                                                                             | 5.35%            | 12/7/2026     | 159,939    | 162,071           |
|     | BK NOVA SCOTIA B C 5.4% DUE 06-04-2027                      | Corporate Bonds                                                                                             | 5.40%            | 6/4/2027      | 119,866    | 121,906           |
|     | CANADIAN IMPERIAL BANK 5.237% 06-28-2027                    | Corporate Bonds                                                                                             | 5.24%            | 6/28/2027     | 205,000    | 207,174           |
|     | CANADIAN IMPERIAL BK COMM TORONTO BRH 5.926% 10-02-2026     | Corporate Bonds                                                                                             | 5.93%            | 10/2/2026     | 95,000     | 96,946            |
|     | CANADIAN IMPERIAL BK COMM TORONTO BRH 4.508% 09-11-2027     | Corporate Bonds                                                                                             | 4.51%            | 9/11/2027     | 165,000    | 164,257           |
|     | NATL BK CDA MEDIUM FLTG RT 5.6% DUE 07-02-2027              | Corporate Bonds                                                                                             | 5.60%            | 7/2/2027      | 249,838    | 252,771           |
|     | PVTPL 6297782 LLC 4.911% 09-01-2027                         | Corporate Bonds                                                                                             | 4.91%            | 9/1/2027      | 80,000     | 79,724            |
|     | PVTPL CONSTELLATION SOFTWARE INC 5.158% 02-16-2029          | Corporate Bonds                                                                                             | 5.16%            | 2/16/2029     | 120,000    | 120,550           |
|     | PVTPL OPEN TEXT CORP 6.9% DUE 12-01-2027/12-01-2022 BEO     | Corporate Bonds                                                                                             | 6.90%            | 12/1/2027     | 207,250    | 206,654           |
|     | ROYAL BANK OF CANADA MTN 4.522% 10-18-2028                  | Corporate Bonds                                                                                             | 4.52%            | 10/18/2028    | 205,000    | 203,276           |
|     | TORONTO DOMINION BANK 5.264% 12-11-2026                     | Corporate Bonds                                                                                             | 5.26%            | 12/11/2026    | 65,000     | 65,683            |
|     | TRANSCANADA 4.625% DUE 03-01-2034                           | Corporate Bonds                                                                                             | 4.63%            | 3/1/2034      | 95,017     | 102,362           |
|     | TRANSCANADA 5.85% DUE 03-15-2036                            | Corporate Bonds                                                                                             | 5.85%            | 3/15/2036     | 4,607      | 5,043             |
|     | BANQUE FEDERATIVE 5.088% DUE 01-23-2027                     | Corporate Bonds                                                                                             | 5.09%            | 1/23/2027     | 200,000    | 200,434           |
|     | PVTPL BANQUE FEDERATIVE DU CR MUTUEL 5.896% 07-13-2026      | Corporate Bonds                                                                                             | 5.90%            | 7/13/2026     | 200,000    | 202,852           |
|     | PVTPL BPCE SA 5.203% 01-18-2027                             | Corporate Bonds                                                                                             | 5.20%            | 1/18/2027     | 250,000    | 251,262           |
|     | PVTPL CREDIT AGRICOLE S.A.(LONDON BRANCH) 5.589% 07-05-2026 | Corporate Bonds                                                                                             | 5.59%            | 7/5/2026      | 250,000    | 252,864           |
|     | BAYER US FIN II 4.875% DUE 06-25-2048                       | Corporate Bonds                                                                                             | 4.88%            | 6/25/2048     | 173,566    | 136,532           |
|     | PVPTL BAYER US FIN II LLC 4.625% 06-25-2038                 | Corporate Bonds                                                                                             | 4.63%            | 6/25/2038     | 65,485     | 49,989            |
|     | PVTPL BAYER US FIN II LLC 4.25% 12-15-2025                  | Corporate Bonds                                                                                             | 4.25%            | 12/15/2025    | 68,404     | 59,596            |
|     | PVTPL BAYER US FIN LLC 6.875% 11-21-2053                    | Corporate Bonds                                                                                             | 6.88%            | 11/21/2053    | 129,702    | 133,293           |
|     | PVTPL BMW US CAPITAL LLC NT 4.6% 08-13-2027                 | Corporate Bonds                                                                                             | 4.60%            | 8/13/2027     | 144,988    | 144,255           |
|     | PVTPL DAIMLER TRUCK FIN NORTH AMER LLC 5.0% 01-15-2027      | Corporate Bonds                                                                                             | 5.00%            | 1/15/2027     | 149,750    | 150,321           |
|     | PVTPL DAIMLER TRUCKS FIN NORTH AMER 5.125% 09-25-2027       | Corporate Bonds                                                                                             | 5.13%            | 9/25/2027     | 149,495    | 150,859           |
|     | PVTPL VOLKSWAGEN GROUP AMER FIN LLC 5.3% 03-22-2027         | Corporate Bonds                                                                                             | 5.30%            | 3/22/2027     | 214,764    | 215,196           |
|     | PVTPL VOLKSWAGEN GROUP AMER FIN LLC 5.7% 09-12-2026         | Corporate Bonds                                                                                             | 5.70%            | 9/12/2026     | 199,912    | 201,730           |
|     | RELiance INDS LTD 1.87% DUE 01-15-2026                      | Corporate Bonds                                                                                             | 1.87%            | 1/15/2026     | 29,680     | 29,534            |
|     | RELiance INDS LTD 2.06% DUE 01-15-2026                      | Corporate Bonds                                                                                             | 2.06%            | 1/15/2026     | 22,898     | 22,172            |
|     | RELiance INDS LTD 2.444% DUE 01-15-2026                     | Corporate Bonds                                                                                             | 2.44%            | 1/15/2026     | 11,053     | 10,917            |
|     | AERCAP IRELAND CAP / GLOBA 3.3% DUE 01-30-2032 BEO          | Corporate Bonds                                                                                             | 3.30%            | 1/30/2032     | 148,933    | 143,800           |
|     | AERCAP IRELAND CAP DESIGNATED ACTIVITY C6.1% 01-15-2027     | Corporate Bonds                                                                                             | 6.10%            | 1/15/2027     | 149,310    | 153,419           |
|     | AVOLON HLDGS FDG 2.875% DUE 02-15-2025                      | Corporate Bonds                                                                                             | 2.88%            | 2/15/2025     | 59,929     | 59,803            |
|     | PVTPL AVOLON HLDGS FDG LTD 2.528% DUE 11-18-2027            | Corporate Bonds                                                                                             | 2.53%            | 11/18/2027    | 147,223    | 152,986           |
|     | SUMITOMO MITSUI FINL GROUP INC 5.88% 07-13-2026             | Corporate Bonds                                                                                             | 5.88%            | 7/13/2026     | 200,000    | 203,401           |

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**SAG-AFTRA Health Plan**  
**Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN #95-2110997, Plan #501**  
**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 |            |                   |
|     | ABN AMRO BK N V 6.339% DUE 09-18-2027                                            | Corporate Bonds                                                                                             | 6.34%            | 9/18/2027     | \$ 200,000 | \$ 204,427        |
|     | BANCO SANTANDER SA FLTG RT 07-15-2028                                            | Corporate Bonds                                                                                             | 5.37%            | 7/15/2028     | 200,000    | 201,334           |
|     | PVTPL UBS GROUP AG 6.327% 12-22-2027                                             | Corporate Bonds                                                                                             | 6.33%            | 12/22/2027    | 200,000    | 205,249           |
|     | B A T CAP CORP 4.54% 08-15-2047                                                  | Corporate Bonds                                                                                             | 4.54%            | 8/15/2047     | 72,496     | 70,766            |
|     | B A T CAP CORP 4.758% DUE 09-06-2049                                             | Corporate Bonds                                                                                             | 4.76%            | 9/6/2049      | 4,534      | 4,864             |
|     | B A T CAP CORP NT 5.65% 03-16-2052                                               | Corporate Bonds                                                                                             | 5.65%            | 3/16/2052     | 24,126     | 22,922            |
|     | HSBC HLDGS PLC 2.099% DUE 06-04-2026                                             | Corporate Bonds                                                                                             | 2.10%            | 6/4/2026      | 23,239     | 24,706            |
|     | HSBC HLDGS PLC 6.254% 03-09-2034                                                 | Corporate Bonds                                                                                             | 6.25%            | 3/9/2034      | 129,360    | 129,774           |
|     | HSBC HLDGS PLC FLTG RT 2.013% DUE 09-22-2028                                     | Corporate Bonds                                                                                             | 2.01%            | 9/22/2028     | 18,894     | 18,443            |
|     | IMPERIAL TOB FIN 4.25% DUE 07-21-2025                                            | Corporate Bonds                                                                                             | 4.25%            | 7/21/2025     | 97,266     | 99,486            |
|     | PVTPL BAE SYS PLC 5.0% 03-26-2027                                                | Corporate Bonds                                                                                             | 5.00%            | 3/26/2027     | 199,182    | 200,872           |
|     | PVTPL IMPERIAL BRANDS FIN PLC GTD SR NT 3.875% 07-26-2029                        | Corporate Bonds                                                                                             | 3.88%            | 7/26/2029     | 4,386      | 4,725             |
|     | PVTPL IMPERIAL BRANDS FIN PLC GTD SR NT 144A 6.125 DUE 07-27-2027/07-27-2022 BEO | Corporate Bonds                                                                                             | 6.13%            | 7/27/2027     | 49,478     | 51,347            |
|     | PVTPL NEW ENGLAND POWER CO 5.936% DUE 11-25-2052 BEO                             | Corporate Bonds                                                                                             | 5.94%            | 11/25/2052    | 10,000     | 10,099            |
|     | SMITH & NEPHEW PLC 5.15% 03-20-2027                                              | Corporate Bonds                                                                                             | 5.15%            | 3/20/2027     | 44,952     | 45,319            |
|     | AEP TRANSM CO LLC 5.15% DUE 04-01-2034                                           | Corporate Bonds                                                                                             | 5.15%            | 4/1/2034      | 104,931    | 103,316           |
|     | AIR LEASE CORP FIXED 3% DUE 02-01-2030                                           | Corporate Bonds                                                                                             | 3.00%            | 2/1/2030      | 86,088     | 90,297            |
|     | AIR LEASE CORP MED 5.85% DUE 12-15-2027                                          | Corporate Bonds                                                                                             | 5.85%            | 12/15/2027    | 64,326     | 66,622            |
|     | AMEREN CORP 5.7% 12-01-2026                                                      | Corporate Bonds                                                                                             | 5.70%            | 12/1/2026     | 134,826    | 137,189           |
|     | AMERICAN ELEC PWR CO INC SR NT 5.95% 11-01-2032                                  | Corporate Bonds                                                                                             | 5.95%            | 11/1/2032     | 52,038     | 51,543            |
|     | AMERICAN EXPRESS CO 5.043% 07-26-2028                                            | Corporate Bonds                                                                                             | 5.04%            | 7/26/2028     | 125,000    | 125,641           |
|     | AMERICAN EXPRESS CO 5.389% 07-28-2027                                            | Corporate Bonds                                                                                             | 5.39%            | 7/28/2027     | 405,000    | 409,462           |
|     | AMERICAN HOMES 4 RENT 3.625% 04-15-2032                                          | Corporate Bonds                                                                                             | 3.63%            | 4/15/2032     | 50,745     | 47,414            |
|     | AMERICAN HOMES 4 RENT 4.3% 04-15-2052                                            | Corporate Bonds                                                                                             | 4.30%            | 4/15/2052     | 31,017     | 31,194            |
|     | AMERICAN TOWER CORP 5.55% 07-15-2033                                             | Corporate Bonds                                                                                             | 5.55%            | 7/15/2033     | 94,668     | 95,782            |
|     | AMERICAN TOWER CORP NEW 2.3% 09-15-2031                                          | Corporate Bonds                                                                                             | 2.30%            | 9/15/2031     | 57,582     | 64,866            |
|     | AMERICAN TOWER CORP NEW 5.65% 03-15-2033                                         | Corporate Bonds                                                                                             | 5.65%            | 3/15/2033     | 85,531     | 89,173            |
|     | AMGEN INC 5.25% DUE 03-01-2033                                                   | Corporate Bonds                                                                                             | 5.25%            | 3/1/2033      | 54,827     | 54,619            |
|     | AON CORP/AON GLOBAL HOLD AON 3.9% 02-28-2052                                     | Corporate Bonds                                                                                             | 3.90%            | 2/28/2052     | 30,690     | 22,054            |
|     | AON NORTH AMER INC 5.125% 03-01-2027                                             | Corporate Bonds                                                                                             | 5.13%            | 3/1/2027      | 99,805     | 100,678           |
|     | APPALACHIAN PWR CO 3.3% DUE 06-01-2027                                           | Corporate Bonds                                                                                             | 3.30%            | 6/1/2027      | 119,096    | 120,822           |
|     | ARIZONA PUB SVC CO FIXED 6.35% DUE 12-15-2032                                    | Corporate Bonds                                                                                             | 6.35%            | 12/15/2032    | 65,400     | 63,374            |
|     | ARTHUR J GALLAGHER & CO 4.6% 12-15-2027                                          | Corporate Bonds                                                                                             | 4.60%            | 12/15/2027    | 49,959     | 49,785            |
|     | ARTHUR J GALLAGHER & CO SR NT 3.05% 03-09-2052                                   | Corporate Bonds                                                                                             | 3.05%            | 3/9/2052      | 64,100     | 40,594            |
|     | ATHENE GLOBAL FDG 5.516% DUE 03-25-2027                                          | Corporate Bonds                                                                                             | 5.52%            | 3/25/2027     | 205,000    | 207,391           |

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**SAG-AFTRA Health Plan**  
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**December 31, 2024**

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|     |                                                                           | Description                                                                                                 | Rate of Interest | Maturity Date |            |                   |
|     | AUTOZONE INC 5.05% 07-15-2026                                             | Corporate Bonds                                                                                             | 5.05%            | 7/15/2026     | \$ 124,848 | \$ 125,703        |
|     | BALTIMORE GAS & ELECTRIC CO 5.4% DUE 06-01-2053                           | Corporate Bonds                                                                                             | 5.40%            | 6/1/2053      | 89,956     | 85,844            |
|     | BANK AMER CORP 2.592% DUE 04-29-2031                                      | Corporate Bonds                                                                                             | 2.59%            | 4/29/2031     | 17,722     | 17,621            |
|     | BANK AMER CORP SR NT 2.972% 02-04-2033                                    | Corporate Bonds                                                                                             | 2.97%            | 2/4/2033      | 320,397    | 327,134           |
|     | BANK OF AMERICA CORP 1.922% 10-24-2031                                    | Corporate Bonds                                                                                             | 1.92%            | 10/24/2031    | 32,206     | 33,420            |
|     | BANK OF AMERICA CORPORATION 1.658% 03-11-2027                             | Corporate Bonds                                                                                             | 1.66%            | 3/11/2027     | 25,157     | 24,089            |
|     | BANK OF AMERICA CORPORATION 2.087% 06-14-2029                             | Corporate Bonds                                                                                             | 2.09%            | 6/14/2029     | 69,353     | 63,517            |
|     | BANK OF AMERICA CORPORATION 2.551% 02-04-2028                             | Corporate Bonds                                                                                             | 2.55%            | 2/4/2028      | 127,684    | 133,493           |
|     | BANK OF AMERICA CORPORATION MTN 3.384% DUE 04-02-2026                     | Corporate Bonds                                                                                             | 3.38%            | 4/2/2026      | 50,000     | 49,813            |
|     | BERRY GLOBAL INC 1.57% DUE 01-15-2026                                     | Corporate Bonds                                                                                             | 1.57%            | 1/15/2026     | 50,932     | 49,217            |
|     | BERRY GLOBAL INC 1.65% DUE 01-15-2027                                     | Corporate Bonds                                                                                             | 1.65%            | 1/15/2027     | 2,600      | 2,808             |
|     | BLACK HILLS CORP 4.35% DUE 05-01-2033                                     | Corporate Bonds                                                                                             | 4.35%            | 5/1/2033      | 99,478     | 92,214            |
|     | BLACKSTONE PVT CR FIXED 2.7% DUE 01-15-2025                               | Corporate Bonds                                                                                             | 2.70%            | 1/15/2025     | 28,993     | 29,969            |
|     | BOEING CO FIXED 5.805% DUE 05-01-2050                                     | Corporate Bonds                                                                                             | 5.81%            | 5/1/2050      | 83,636     | 83,543            |
|     | CAMPBELL SOUP CO 5.2% 03-19-2027                                          | Corporate Bonds                                                                                             | 5.20%            | 3/19/2027     | 64,954     | 65,599            |
|     | CAP 1 FINL CORP 7.149% DUE 10-29-2027                                     | Corporate Bonds                                                                                             | 7.15%            | 10/29/2027    | 31,058     | 31,132            |
|     | CENCORA INC 4.625% 12-15-2027                                             | Corporate Bonds                                                                                             | 4.63%            | 12/15/2027    | 49,908     | 50,008            |
|     | CENTENE CORP DEL 2.5% 03-01-2031                                          | Corporate Bonds                                                                                             | 2.50%            | 3/1/2031      | 154,219    | 157,150           |
|     | CHARTER 5.375% 05-01-2047                                                 | Corporate Bonds                                                                                             | 5.38%            | 5/1/2047      | 11,594     | 8,217             |
|     | CHARTER COMM OPT LLC/CAP 3.9% DUE 06-01-2052 REG                          | Corporate Bonds                                                                                             | 3.90%            | 6/1/2052      | 77,842     | 79,735            |
|     | CHARTER COMMUNICATIONS OPER LLC CAP 5.125% DUE 07-01-2049 BEO             | Corporate Bonds                                                                                             | 5.13%            | 7/1/2049      | 53,667     | 39,324            |
|     | CHARTER COMMUNICATIONS OPER LLC/CHARTE 3.7% DUE 04-01-2051/04-17-2020 REG | Corporate Bonds                                                                                             | 3.70%            | 4/1/2051      | 82,192     | 81,957            |
|     | CHARTER COMMUNICATIONS OPER LLC/CHARTE 4.8% DUE 03-01-2050                | Corporate Bonds                                                                                             | 4.80%            | 3/1/2050      | 60,777     | 41,402            |
|     | CIGNA CORP NEW 3.4% DUE 03-01-2027 BEO                                    | Corporate Bonds                                                                                             | 3.40%            | 3/1/2027      | 20,732     | 19,446            |
|     | CIGNA GROUP SR NT 3.4% 03-15-2051                                         | Corporate Bonds                                                                                             | 3.40%            | 3/15/2051     | 53,917     | 34,627            |
|     | CITIBANK N A 4.876% 11-19-2027                                            | Corporate Bonds                                                                                             | 4.88%            | 11/19/2027    | 250,000    | 250,204           |
|     | CITIGROUP INC 2.561% DUE 05-01-2032 BEO                                   | Corporate Bonds                                                                                             | 2.56%            | 5/1/2032      | 4,308      | 4,236             |
|     | CITIGROUP INC 5.61% 09-29-2026                                            | Corporate Bonds                                                                                             | 5.61%            | 9/29/2026     | 100,000    | 100,543           |
|     | CITIGROUP INC NEW 2.976% 11-05-2030                                       | Corporate Bonds                                                                                             | 2.98%            | 11/5/2030     | 36,210     | 36,089            |
|     | CITIGROUP INC SR NT 3.057% 01-25-2033                                     | Corporate Bonds                                                                                             | 3.06%            | 1/25/2033     | 43,061     | 42,962            |
|     | CLECO PWR LLC 6.5% DUE 12-01-2035                                         | Corporate Bonds                                                                                             | 6.50%            | 12/1/2035     | 51,288     | 44,678            |
|     | COMMONSPIRIT HLTH 2.782% DUE 10-01-2030                                   | Corporate Bonds                                                                                             | 2.78%            | 10/1/2030     | 60,923     | 53,104            |
|     | CONAGRA BRANDS INC 5.3% 10-01-2026                                        | Corporate Bonds                                                                                             | 5.30%            | 10/1/2026     | 99,855     | 101,009           |
|     | CROWN CASTLE INTL CORP NEW 2.5% 07-15-2031                                | Corporate Bonds                                                                                             | 2.50%            | 7/15/2031     | 136,451    | 146,593           |
|     | CVS HEALTH CORP 4.78% DUE 03-25-2038                                      | Corporate Bonds                                                                                             | 4.78%            | 3/25/2038     | 18,421     | 17,296            |

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|     |                                                    | Description                                                                                                 | Rate of Interest | Maturity Date |           |                   |
|     | CVS HEALTH CORP 5.05% DUE 03-25-2048               | Corporate Bonds                                                                                             | 5.05%            | 3/25/2048     | \$ 34,060 | \$ 32,989         |
|     | CVS HEALTH CORP 5.125% DUE 07-20-2045              | Corporate Bonds                                                                                             | 5.13%            | 7/20/2045     | 34,457    | 31,992            |
|     | CVS HEALTH CORP 5.875% 06-01-2053                  | Corporate Bonds                                                                                             | 5.88%            | 6/1/2053      | 49,709    | 45,871            |
|     | CVS HLTH CORP CDR FIXED 5% DUE 02-20-2026          | Corporate Bonds                                                                                             | 5.00%            | 2/20/2026     | 64,779    | 64,940            |
|     | DARDEN RESTAURANTS INC 4.35% 10-15-2027            | Corporate Bonds                                                                                             | 4.35%            | 10/15/2027    | 94,980    | 93,725            |
|     | DELL INTL L L C/EMC CORP 6.02% DUE 06-15-2026      | Corporate Bonds                                                                                             | 6.02%            | 6/15/2026     | 142,875   | 144,049           |
|     | DIAMONDBACK ENERGY INC 5.2% 04-18-2027             | Corporate Bonds                                                                                             | 5.20%            | 4/18/2027     | 24,989    | 25,244            |
|     | DISCOVER BK NEW 4.25% DUE 03-13-2026               | Corporate Bonds                                                                                             | 4.25%            | 3/13/2026     | 91,168    | 84,289            |
|     | DTE ENERGY CO 4.95% 07-01-2027                     | Corporate Bonds                                                                                             | 4.95%            | 7/1/2027      | 69,917    | 70,255            |
|     | DUKE ENERGY 4.2% DUE 08-15-2045                    | Corporate Bonds                                                                                             | 4.20%            | 8/15/2045     | 80,995    | 60,818            |
|     | DUKE ENERGY CAROLINAS LLC 3.55% DUE 03-15-2052 BEO | Corporate Bonds                                                                                             | 3.55%            | 3/15/2052     | 14,953    | 10,577            |
|     | DUKE ENERGY CAROLINAS LLC 5.35% DUE 01-15-2053     | Corporate Bonds                                                                                             | 5.35%            | 1/15/2053     | 104,487   | 95,241            |
|     | DUKE ENERGY CORP NEW 4.85% 01-05-2027              | Corporate Bonds                                                                                             | 4.85%            | 1/5/2027      | 139,985   | 140,434           |
|     | DUKE ENERGY FLA LLC 5.875% 11-15-2033              | Corporate Bonds                                                                                             | 5.88%            | 11/15/2033    | 19,964    | 20,824            |
|     | ELEVANCE HEALTH INC 5.2% 02-15-2035                | Corporate Bonds                                                                                             | 5.20%            | 2/15/2035     | 44,841    | 43,956            |
|     | ENERGY TRANSFER L P 6.05% 12-01-2026               | Corporate Bonds                                                                                             | 6.05%            | 12/1/2026     | 134,920   | 137,891           |
|     | ENTERGY LA LLC 3.78 DUE 04-01-2025                 | Corporate Bonds                                                                                             | 3.78%            | 4/1/2025      | 59,950    | 59,868            |
|     | EVERGY MO WEST INC 1ST MTG BD 144A 5.65%06-01-2034 | Corporate Bonds                                                                                             | 5.65%            | 6/1/2034      | 134,877   | 136,592           |
|     | EVERSOURCE ENERGY 4.6% DUE 07-01-2027              | Corporate Bonds                                                                                             | 4.60%            | 7/1/2027      | 54,934    | 54,617            |
|     | EVERSOURCE ENERGY 5.125% DUE 05-15-2033            | Corporate Bonds                                                                                             | 5.13%            | 5/15/2033     | 89,860    | 87,467            |
|     | EVERSOURCE ENERGY 5.95% 02-01-2029                 | Corporate Bonds                                                                                             | 5.95%            | 2/1/2029      | 29,966    | 30,904            |
|     | EXTRA SPACE STORAGE L P 3.9% 04-01-2029            | Corporate Bonds                                                                                             | 3.90%            | 4/1/2029      | 11,024    | 11,476            |
|     | EXTRA SPACE STORAGE L P SR NT 2.4% 10-15-2031      | Corporate Bonds                                                                                             | 2.40%            | 10/15/2031    | 59,946    | 62,320            |
|     | FLORIDA PWR & LT CO FIXED 3.99% 03-01-2049         | Corporate Bonds                                                                                             | 3.99%            | 3/1/2049      | 92,774    | 58,727            |
|     | FORD MTR CR CO LLC 3.375% DUE 11-13-2025BEO        | Corporate Bonds                                                                                             | 3.38%            | 11/13/2025    | 187,926   | 196,866           |
|     | GENERAL MOTORS FINANCIAL CO INC 5.35% 07-15-2027   | Corporate Bonds                                                                                             | 5.35%            | 7/15/2027     | 129,982   | 131,280           |
|     | GENERAL MOTORS FINANCIAL CO INC 5.4% DUE04-06-2026 | Corporate Bonds                                                                                             | 5.40%            | 4/6/2026      | 99,872    | 100,554           |
|     | GENERAL MTRS FINL CO INC 3.8% 04-07-2025           | Corporate Bonds                                                                                             | 3.80%            | 4/7/2025      | 24,995    | 24,921            |
|     | GENERAL MTRS FINL CO INC 5.4% 05-08-2027           | Corporate Bonds                                                                                             | 5.40%            | 5/8/2027      | 54,952    | 55,573            |
|     | GLP CAP L P / GLP 4% DUE 01-15-2031                | Corporate Bonds                                                                                             | 4.00%            | 1/15/2031     | 25,490    | 27,462            |
|     | GLP CAP L P / GLP 5.375% DUE 04-15-2026            | Corporate Bonds                                                                                             | 5.38%            | 4/15/2026     | 10,211    | 10,000            |
|     | GOLDMAN SACHS BANK USA 5.283% 03-18-2027           | Corporate Bonds                                                                                             | 5.28%            | 3/18/2027     | 180,000   | 180,984           |
|     | GOLDMAN SACHS GROUP INC 1.431% 03-09-2027          | Corporate Bonds                                                                                             | 1.43%            | 3/9/2027      | 155,000   | 148,796           |
|     | GOLDMAN SACHS GROUP INC 1.542% 09-10-2027          | Corporate Bonds                                                                                             | 1.54%            | 9/10/2027     | 21,845    | 23,642            |
|     | GOLDMAN SACHS GROUP INC 2.383% 07-21-2032          | Corporate Bonds                                                                                             | 2.38%            | 7/21/2032     | 12,221    | 12,517            |

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|     |                                                                             | Description                                                                                                 | Rate of Interest | Maturity Date |            |                   |
|     | GOLDMAN SACHS GROUP INC 5.798% 08-10-2026                                   | Corporate Bonds                                                                                             | 5.80%            | 8/10/2026     | \$ 355,000 | \$ 356,964        |
|     | HCA INC 5.25% DUE 04-15-2025                                                | Corporate Bonds                                                                                             | 5.25%            | 4/15/2025     | 67,113     | 65,066            |
|     | HEALTHCARE RLTY 3.1% DUE 02-15-2030                                         | Corporate Bonds                                                                                             | 3.10%            | 2/15/2030     | 26,712     | 26,935            |
|     | HEALTHCARE TR AMER FIXED 3.625% DUE 01-15-2028                              | Corporate Bonds                                                                                             | 3.63%            | 1/15/2028     | 49,372     | 52,227            |
|     | HP ENTERPRISE CO 4.4% 09-25-2027                                            | Corporate Bonds                                                                                             | 4.40%            | 9/25/2027     | 139,934    | 138,547           |
|     | HUDSON PAC PPTYS L 4.65% DUE 04-01-2029                                     | Corporate Bonds                                                                                             | 4.65%            | 4/1/2029      | 52,992     | 56,521            |
|     | HUDSON PACIFIC PROPERTIES LP 3.25% DUE 01-15-2030                           | Corporate Bonds                                                                                             | 3.25%            | 1/15/2030     | 59,474     | 53,076            |
|     | HUMANA INC 3.7% 03-23-2029                                                  | Corporate Bonds                                                                                             | 3.70%            | 3/23/2029     | 149,808    | 141,641           |
|     | ICON INVTS SIX DESIGNATED ACTIVITY CO 5.809% 05-08-2027                     | Corporate Bonds                                                                                             | 5.81%            | 5/8/2027      | 200,000    | 203,417           |
|     | INTERCONTINENTAL EXCHANGE INC 1.85% DUE 09-15-2032 REG                      | Corporate Bonds                                                                                             | 1.85%            | 9/15/2032     | 62,899     | 55,408            |
|     | INTERSTATE PWR & LT CO 5.45% 09-30-2054                                     | Corporate Bonds                                                                                             | 5.45%            | 9/30/2054     | 114,555    | 108,916           |
|     | INTL FLAVORS & 4.375% DUE 06-01-2047                                        | Corporate Bonds                                                                                             | 4.38%            | 6/1/2047      | 14,098     | 15,657            |
|     | INVITATION HOMES OPER PARTNERSHIP LP 5.5% 08-15-2033                        | Corporate Bonds                                                                                             | 5.50%            | 8/15/2033     | 23,292     | 23,836            |
|     | INVITATION HOMES OPER PARTNERSHIP SR NT 2.7% 01-15-2034                     | Corporate Bonds                                                                                             | 2.70%            | 1/15/2034     | 38,463     | 39,892            |
|     | IQVIA INC 6.25% 02-01-2029                                                  | Corporate Bonds                                                                                             | 6.25%            | 2/1/2029      | 164,766    | 170,600           |
|     | JBS USA LUX S A 6.5% DUE 12-01-2052                                         | Corporate Bonds                                                                                             | 6.50%            | 12/1/2052     | 59,236     | 61,033            |
|     | JBS USA/FOOD/FINANCE 3.0% 05-15-2032                                        | Corporate Bonds                                                                                             | 3.00%            | 5/15/2032     | 49,355     | 41,614            |
|     | JERSEY CENT PWR & 6.15% DUE 06-01-2037                                      | Corporate Bonds                                                                                             | 6.15%            | 6/1/2037      | 46,134     | 41,848            |
|     | JPMORGAN CHASE & CO 1.04% 02-04-2027                                        | Corporate Bonds                                                                                             | 1.04%            | 2/4/2027      | 83,429     | 86,470            |
|     | JPMORGAN CHASE & CO 2.069% 06-01-2029                                       | Corporate Bonds                                                                                             | 2.07%            | 6/1/2029      | 34,176     | 36,357            |
|     | JPMORGAN CHASE & CO 2.58% 04-22-2032                                        | Corporate Bonds                                                                                             | 2.58%            | 4/22/2032     | 100,132    | 94,379            |
|     | JPMORGAN CHASE & CO 4.505% 10-22-2028                                       | Corporate Bonds                                                                                             | 4.51%            | 10/22/2028    | 190,018    | 188,319           |
|     | JPMORGAN CHASE & CO 4.979% 07-22-2028                                       | Corporate Bonds                                                                                             | 4.98%            | 7/22/2028     | 105,000    | 105,352           |
|     | JPMORGAN CHASE & CO 5.012% 01-23-2030                                       | Corporate Bonds                                                                                             | 5.01%            | 1/23/2030     | 34,988     | 34,965            |
|     | JPMORGAN CHASE & CO 5.04% 01-23-2028                                        | Corporate Bonds                                                                                             | 5.04%            | 1/23/2028     | 55,000     | 55,200            |
|     | JPMORGAN CHASE & CO 5.571% 04-22-2028                                       | Corporate Bonds                                                                                             | 5.57%            | 4/22/2028     | 105,000    | 106,793           |
|     | JPMORGAN CHASE & CO NT FIXED TO FLTG RATE 1.578% 04-22-2027                 | Corporate Bonds                                                                                             | 1.58%            | 4/22/2027     | 165,957    | 158,379           |
|     | JPMORGAN CHASE & CO. 2.739% 10-15-2030                                      | Corporate Bonds                                                                                             | 2.74%            | 10/15/2030    | 35,402     | 36,031            |
|     | JPMORGAN CHASE & FLTG RT 1.045% DUE 11-19-2026                              | Corporate Bonds                                                                                             | 1.05%            | 11/19/2026    | 28,855     | 29,033            |
|     | KEYBANK NATIONAL ASSOCIATION OH TRANCHE # TR 798 11/15/2022 5.85 11-15-2027 | Corporate Bonds                                                                                             | 5.85%            | 11/15/2027    | 233,732    | 230,519           |
|     | LXP INDL TR SR NT 6.75% 11-15-2028                                          | Corporate Bonds                                                                                             | 6.75%            | 11/15/2028    | 24,856     | 26,176            |
|     | M & T BK CORP 4.833% 01-16-2029                                             | Corporate Bonds                                                                                             | 4.83%            | 1/16/2029     | 75,000     | 74,663            |
|     | MARRIOTT INTL INC NEW 5.45% 09-15-2026                                      | Corporate Bonds                                                                                             | 5.45%            | 9/15/2026     | 49,675     | 50,645            |
|     | MARSH & MCLENNAN COS INC 5.75% DUE 11-01-2032 BEO                           | Corporate Bonds                                                                                             | 5.75%            | 11/1/2032     | 69,838     | 72,401            |
|     | MFRS & TRADERS TR CO 4.65% DUE 01-27-2026                                   | Corporate Bonds                                                                                             | 4.65%            | 1/27/2026     | 249,565    | 249,287           |

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**SAG-AFTRA Health Plan**  
**Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN #95-2110997, Plan #501**  
**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 |           |                   |
|     | MICROCHIP TECHNOLOGY INC 4.9% 03-15-2028                          | Corporate Bonds                                                                                             | 4.90%            | 3/15/2028     | \$ 79,916 | \$ 79,746         |
|     | MORGAN STANLEY 2.943% DUE 01-21-2033                              | Corporate Bonds                                                                                             | 2.94%            | 1/21/2033     | 34,284    | 34,298            |
|     | MORGAN STANLEY 5.652% 04-13-2028                                  | Corporate Bonds                                                                                             | 5.65%            | 4/13/2028     | 120,000   | 122,038           |
|     | MORGAN STANLEY BK N A 4.968% 07-14-2028                           | Corporate Bonds                                                                                             | 4.97%            | 7/14/2028     | 250,000   | 250,785           |
|     | MORGAN STANLEY BK N A SALT LAKE CITY UTAH 4.952% 01-14-2028       | Corporate Bonds                                                                                             | 4.95%            | 1/14/2028     | 250,000   | 250,338           |
|     | MORGAN STANLEY FIXED 1.593% DUE 05-04-2027                        | Corporate Bonds                                                                                             | 1.59%            | 5/4/2027      | 25,000    | 23,965            |
|     | NNN REIT INC 5.6% 10-15-2033                                      | Corporate Bonds                                                                                             | 5.60%            | 10/15/2033    | 90,013    | 95,802            |
|     | ONEOK INC 4.25% 09-24-2027                                        | Corporate Bonds                                                                                             | 4.25%            | 9/24/2027     | 119,957   | 118,253           |
|     | ONEOK INC 5.55% 11-01-2026                                        | Corporate Bonds                                                                                             | 5.55%            | 11/1/2026     | 74,915    | 75,928            |
|     | ORACLE CORP 3.95% DUE 03-25-2051                                  | Corporate Bonds                                                                                             | 3.95%            | 3/25/2051     | 303,846   | 276,510           |
|     | OWENS CORNING NEW 5.5% 06-15-2027                                 | Corporate Bonds                                                                                             | 5.50%            | 6/15/2027     | 49,990    | 50,857            |
|     | PIEDMONT NAT GAS 5.1% DUE 02-15-2035                              | Corporate Bonds                                                                                             | 5.10%            | 2/15/2035     | 191,691   | 184,246           |
|     | PILGRIMS PRIDE CORP NEW FIXED 6.25% DUE 07-01-2033                | Corporate Bonds                                                                                             | 6.25%            | 7/1/2033      | 161,947   | 168,072           |
|     | PNC FINANCIAL SERVICES 5.3% 01-21-2028                            | Corporate Bonds                                                                                             | 5.30%            | 1/21/2028     | 40,000    | 40,340            |
|     | PNC FINL SVCS GROUP INC 5.676% 01-22-2035                         | Corporate Bonds                                                                                             | 5.68%            | 1/22/2035     | 5,000     | 5,059             |
|     | PNC FINL SVCS GROUP INC 6.875% 10-20-2034                         | Corporate Bonds                                                                                             | 6.88%            | 10/20/2034    | 29,968    | 32,806            |
|     | PUBLIC SERVICE CO OF COLORADO 5.25% 04-01-2053                    | Corporate Bonds                                                                                             | 5.25%            | 4/1/2053      | 54,614    | 51,128            |
|     | PUBLIC SERVICE CO OF OKLAHOMA 5.2% 01-15-2035                     | Corporate Bonds                                                                                             | 5.20%            | 1/15/2035     | 59,990    | 58,226            |
|     | PVPTL SPRINT SPECTRUM CO LLC / SPRINT 4.738% 144A 03-20-2025      | Corporate Bonds                                                                                             | 4.74%            | 3/20/2025     | 18,687    | 18,427            |
|     | PVTPL ALCON FIN CORP 2.6% DUE 05-27-2030BEO                       | Corporate Bonds                                                                                             | 2.60%            | 5/27/2030     | 30,529    | 30,918            |
|     | PVTPL ALCON FIN CORP 3% DUE 09-23-2029 BEO                        | Corporate Bonds                                                                                             | 3.00%            | 9/23/2029     | 88,722    | 82,513            |
|     | PVTPL ALLIANT ENERGY FIN 5.4% 06-06-2027                          | Corporate Bonds                                                                                             | 5.40%            | 6/6/2027      | 54,969    | 55,360            |
|     | PVTPL ALLIANT ENERGY FIN LLC 1.4% DUE 03-15-2026/11-20-2020 BEO   | Corporate Bonds                                                                                             | 1.40%            | 3/15/2026     | 190,610   | 181,379           |
|     | PVTPL AMERICAN ASSETS TR L P 3.375% DUE 02-01-2031/01-26-2021 REG | Corporate Bonds                                                                                             | 3.38%            | 2/1/2031      | 52,787    | 52,203            |
|     | PVTPL AMERICAN TRANSMISSION SYSTEMS 2.65% 01-15-2032              | Corporate Bonds                                                                                             | 2.65%            | 1/15/2032     | 24,931    | 21,198            |
|     | PVTPL ATHENE GLOBAL FDG 2.717% 01-07-2029                         | Corporate Bonds                                                                                             | 2.72%            | 1/7/2029      | 10,000    | 9,070             |
|     | PVTPL ATHENE GLOBAL FDG 3.205% 03-08-2027                         | Corporate Bonds                                                                                             | 3.21%            | 3/8/2027      | 35,000    | 33,365            |
|     | PVTPL BACARDI LTD 5.3% 05-15-2048                                 | Corporate Bonds                                                                                             | 5.30%            | 5/15/2048     | 18,988    | 17,933            |
|     | PVTPL BACARDI LTD GTD NT 144A 4.7% DUE 05-15-2028/04-30-2018 BEO  | Corporate Bonds                                                                                             | 4.70%            | 5/15/2028     | 19,557    | 19,721            |
|     | PVTPL BERRY GLOBAL ESCROW CORP FIXED 4.875% 07-15-2026 BEO        | Corporate Bonds                                                                                             | 4.88%            | 7/15/2026     | 43,887    | 41,832            |
|     | PVTPL BERRY GLOBAL INC 5.65% 01-15-2034                           | Corporate Bonds                                                                                             | 5.65%            | 1/15/2034     | 84,757    | 85,288            |
|     | PVTPL CHARTER COMMUNICATIONS OPER 3.75% 02-15-2028                | Corporate Bonds                                                                                             | 3.75%            | 2/15/2028     | 4,562     | 4,762             |
|     | PVTPL COLUMBIA PIPELINES OPER CO LLC 6.036% 11-15-2033            | Corporate Bonds                                                                                             | 6.04%            | 11/15/2033    | 4,998     | 5,133             |
|     | PVTPL COREBRIDGE GLOB FUNDING 4.65% 08-20-2027                    | Corporate Bonds                                                                                             | 4.65%            | 8/20/2027     | 159,974   | 159,423           |
|     | PVTPL FARMERS EXCHANGE CAP II 6.151% 11-01-2053                   | Corporate Bonds                                                                                             | 6.15%            | 11/1/2053     | 65,429    | 57,625            |

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**SAG-AFTRA Health Plan**  
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|-----|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------|---------------|-----------|-------------------|
|     |                                                                               | Description                                                                                                 | Rate of Interest | Maturity Date |           |                   |
|     | PVTPL FARMERS EXCHANGE CAP TRUST SURPLUSNT SECS 144A 7.05% DUE 07-15-2028 REG | Corporate Bonds                                                                                             | 7.05%            | 7/15/2028     | \$ 74,490 | \$ 62,060         |
|     | PVTPL FARMERS INS EXCHANGE 7.0% 10-15-2064                                    | Corporate Bonds                                                                                             | 7.00%            | 10/15/2064    | 20,000    | 20,619            |
|     | PVTPL FIRSTENERGY TRANSMISSION LLC 5.0% 01-15-2035                            | Corporate Bonds                                                                                             | 5.00%            | 1/15/2035     | 194,669   | 188,557           |
|     | PVTPL HYUNDAI CAP AMER 5.25% 01-08-2027                                       | Corporate Bonds                                                                                             | 5.25%            | 1/8/2027      | 89,682    | 90,517            |
|     | PVTPL HYUNDAI CAPITAL AMERICA 4.3% 09-24-2027                                 | Corporate Bonds                                                                                             | 4.30%            | 9/24/2027     | 114,901   | 113,134           |
|     | PVTPL HYUNDAI CAPITAL AMERICA 5.65% 06-26-2026                                | Corporate Bonds                                                                                             | 5.65%            | 6/26/2026     | 219,454   | 222,110           |
|     | PVTPL HYUNDAI CAPITAL AMERICA 6.25% 11-03-2025                                | Corporate Bonds                                                                                             | 6.25%            | 11/3/2025     | 39,971    | 40,389            |
|     | PVTPL INTERNATIONAL FLAVORS & FRAGRANCES 2.3% 11-01-2030 USD                  | Corporate Bonds                                                                                             | 2.30%            | 11/1/2030     | 112,726   | 123,169           |
|     | PVTPL INTERNATIONAL FLAVORS & FRAGRANCES INC SR NT 1.832% 10-15-2027          | Corporate Bonds                                                                                             | 1.83%            | 10/15/2027    | 8,292     | 9,183             |
|     | PVTPL INTERNATIONAL FLAVORS & FRAGRANCESINC 3.268% DUE 11-15-2040             | Corporate Bonds                                                                                             | 3.27%            | 11/15/2040    | 3,569     | 3,571             |
|     | PVTPL INTERNATIONAL FLAVORS & FRAGRANCESINC 3.468% DUE 12-01-2050 BEO         | Corporate Bonds                                                                                             | 3.47%            | 12/1/2050     | 44,019    | 42,688            |
|     | PVTPL JACKSON NATL LIFE GLOBAL FDG SECD MEDIUM 5.5% DUE 01-09-2026 BEO        | Corporate Bonds                                                                                             | 5.50%            | 1/9/2026      | 149,678   | 150,682           |
|     | PVTPL KEYSpan GAS EAST CORP 5.994% 03-06-2033/03-06-2023                      | Corporate Bonds                                                                                             | 5.99%            | 3/6/2033      | 50,095    | 50,717            |
|     | PVTPL METROPOLITAN EDISON CO 4.3% DUE 01-15-2029 BEO                          | Corporate Bonds                                                                                             | 4.30%            | 1/15/2029     | 74,636    | 73,030            |
|     | PVTPL METROPOLITAN LIFE GLOBAL FDG I MEDIUM TE 4.3% DUE 08-25-2029            | Corporate Bonds                                                                                             | 4.30%            | 8/25/2029     | 169,837   | 165,230           |
|     | PVTPL NEW YORK LIFE GLOBAL FDG 4.55% 01-28-2033                               | Corporate Bonds                                                                                             | 4.55%            | 1/28/2033     | 196,642   | 191,196           |
|     | PVTPL NEW YORK LIFE INS CO 3.75% DUE 05-15-2050                               | Corporate Bonds                                                                                             | 3.75%            | 5/15/2050     | 64,420    | 40,048            |
|     | PVTPL OHANA MILITARY CMNTYS LLC 2006 SERB CL I BD 5.462% DUE 10-01-2026 REG   | Corporate Bonds                                                                                             | 5.46%            | 10/1/2026     | 39,733    | 34,810            |
|     | PVTPL PACIFIC LIFE GLOBAL FDG II 5.5% 08-28-2026                              | Corporate Bonds                                                                                             | 5.50%            | 8/28/2026     | 64,977    | 65,883            |
|     | PVTPL PENNSYLVANIA ELEC CO 5.15% 03-30-2026                                   | Corporate Bonds                                                                                             | 5.15%            | 3/30/2026     | 34,916    | 35,090            |
|     | PVTPL PENSKE TRUCK LEASING/PTL 5.35% 01-12-2027                               | Corporate Bonds                                                                                             | 5.35%            | 1/12/2027     | 39,974    | 40,267            |
|     | PVTPL PRINCIPAL LIFE GLOBAL FDG II 5.0% 01-16-2027                            | Corporate Bonds                                                                                             | 5.00%            | 1/16/2027     | 39,984    | 40,219            |
|     | PVTPL PRINCIPAL LIFE GLOBAL FUND II 4.6% 08-19-2024                           | Corporate Bonds                                                                                             | 4.60%            | 8/19/2024     | 69,945    | 69,792            |
|     | PVTPL PROTECTIVE LIFE GLOBAL 4.992% 01-12-2027                                | Corporate Bonds                                                                                             | 4.99%            | 1/12/2027     | 150,000   | 150,642           |
|     | PVTPL SCHLUMBERGER HLDGS CORP 5.0% 05-29-2027                                 | Corporate Bonds                                                                                             | 5.00%            | 5/29/2027     | 64,539    | 65,378            |
|     | PVTPL SPRINT SPECTRUM /SPRINT 5.152% 03-20-2028                               | Corporate Bonds                                                                                             | 5.15%            | 3/20/2028     | 55,847    | 48,948            |
|     | PVTPL TEACHERS INS & 4.9% DUE 09-15-2044                                      | Corporate Bonds                                                                                             | 4.90%            | 9/15/2044     | 25,374    | 17,876            |
|     | PVTPL TTX CO 5.5% 09-25-2026                                                  | Corporate Bonds                                                                                             | 5.50%            | 9/25/2026     | 249,720   | 252,777           |
|     | PVTPL VICI PPTYS L P/VICI NT CO INC 4.5%DUE 01-15-2028 BEO                    | Corporate Bonds                                                                                             | 4.50%            | 1/15/2028     | 14,157    | 14,670            |
|     | PVTPL VISTRA OPERATIONS CO LLC 5.05% 12-30-2026                               | Corporate Bonds                                                                                             | 5.05%            | 12/30/2026    | 29,984    | 30,039            |
|     | QUEST DIAGNOSTICS INC 4.6% 12-15-2027                                         | Corporate Bonds                                                                                             | 4.60%            | 12/15/2027    | 69,985    | 69,889            |
|     | REXFORD INDUSTRIAL REALTY L P 2.15% 09-01-2031                                | Corporate Bonds                                                                                             | 2.15%            | 9/1/2031      | 7,695     | 8,130             |
|     | REYNOLDS AMERN INC FIXED 5.7% DUE 08-15-2035                                  | Corporate Bonds                                                                                             | 5.70%            | 8/15/2035     | 12,006    | 10,031            |
|     | RYDER SYSTEM INC 5.3% 03-15-2027                                              | Corporate Bonds                                                                                             | 5.30%            | 3/15/2027     | 64,929    | 65,708            |
|     | S&P GLOBAL INC 2.9% 03-01-2032                                                | Corporate Bonds                                                                                             | 2.90%            | 3/1/2032      | 22,533    | 21,826            |

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|     |                                                                | Description                                                                                                 | Rate of Interest | Maturity Date |           |                   |
|     | SANTANDER HLDGS USA INC 6.124% 05-31-2027                      | Corporate Bonds                                                                                             | 6.12%            | 5/31/2027     | \$ 35,000 | \$ 35,516         |
|     | SOUTHERN CO GAS CAP 4.95% 09-15-2034                           | Corporate Bonds                                                                                             | 4.95%            | 9/15/2034     | 293,982   | 285,511           |
|     | T-MOBILE USA INC 2.55% 02-15-2031                              | Corporate Bonds                                                                                             | 2.55%            | 2/15/2031     | 45,134    | 38,733            |
|     | T-MOBILE USA INC 3.375% 04-15-2029                             | Corporate Bonds                                                                                             | 3.38%            | 4/15/2029     | 43,514    | 45,735            |
|     | T-MOBILE USA INC 4.7% 01-15-2035                               | Corporate Bonds                                                                                             | 4.70%            | 1/15/2035     | 24,963    | 23,656            |
|     | T-MOBILE USA INC FIXED 3.75% DUE 04-15-2027                    | Corporate Bonds                                                                                             | 3.75%            | 4/15/2027     | 93,206    | 83,033            |
|     | TAKE-TWO INTERACTIVE SOFTWARE INC 4.0% 04-14-2032              | Corporate Bonds                                                                                             | 4.00%            | 4/14/2032     | 59,936    | 55,388            |
|     | TEACHERS INS & 3.3% DUE 05-15-2050                             | Corporate Bonds                                                                                             | 3.30%            | 5/15/2050     | 57,218    | 36,714            |
|     | TIME WARNER CABLE 5.5% DUE 09-01-2041                          | Corporate Bonds                                                                                             | 5.50%            | 9/1/2041      | 191,459   | 187,895           |
|     | TIME WARNER CABLE 5.875% DUE 11-15-2040                        | Corporate Bonds                                                                                             | 5.88%            | 11/15/2040    | 60,327    | 62,648            |
|     | U S BANCORP 5.85% 10-21-2033                                   | Corporate Bonds                                                                                             | 5.85%            | 10/21/2033    | 5,000     | 5,112             |
|     | U S BANCORP MEDIUM TERM NTS- BOOK ENTRY 4.839% 02-01-2034      | Corporate Bonds                                                                                             | 4.84%            | 2/1/2034      | 38,754    | 38,299            |
|     | UBER TECHNOLOGIES INC 4.8% 09-15-2034                          | Corporate Bonds                                                                                             | 4.80%            | 9/15/2034     | 84,939    | 81,351            |
|     | UNITED AIR 2023-1 A PTT 5.8% DUE 07-15-2036                    | Corporate Bonds                                                                                             | 5.80%            | 7/15/2036     | 120,995   | 129,617           |
|     | UNITEDHEALTH GROUP FIXED 3.875% DUE 12-15-2028                 | Corporate Bonds                                                                                             | 3.88%            | 12/15/2028    | 78,298    | 67,710            |
|     | UNITEDHEALTH GROUP INC 5.15% 07-15-2034                        | Corporate Bonds                                                                                             | 5.15%            | 7/15/2034     | 129,992   | 128,238           |
|     | US AIRWAYS GROUP FIXED 4.625% DUE 12-03-2026                   | Corporate Bonds                                                                                             | 4.63%            | 12/3/2026     | 31,802    | 29,199            |
|     | US BANCORP 5.678% 01-23-2035                                   | Corporate Bonds                                                                                             | 5.68%            | 1/23/2035     | 15,000    | 15,137            |
|     | VICI PROPERTIES LP NEW ISSUE 3YR 4.375% 05-15-2025             | Corporate Bonds                                                                                             | 4.38%            | 5/15/2025     | 29,987    | 29,914            |
|     | WARNERMEDIA HLDGS INC 5.141% 03-15-2052                        | Corporate Bonds                                                                                             | 5.14%            | 3/15/2052     | 366,555   | 328,477           |
|     | WARNERMEDIA HLDGS INC SR NT 3.755% 03-15-2027                  | Corporate Bonds                                                                                             | 3.76%            | 3/15/2027     | 189,764   | 192,676           |
|     | WARNERMEDIA HLDGS INC SR NT 4.279% 03-15-2032                  | Corporate Bonds                                                                                             | 4.28%            | 3/15/2032     | 110,609   | 105,779           |
|     | WARNERMEDIA HOLDINGS INC. 5.05% 03-15-2042                     | Corporate Bonds                                                                                             | 5.05%            | 3/15/2042     | 60,000    | 48,329            |
|     | WEC ENERGY GROUP INC 5.6% 09-12-2026                           | Corporate Bonds                                                                                             | 5.60%            | 9/12/2026     | 50,992    | 51,649            |
|     | WELLS FARGO & CO 2.393% 06-02-2028                             | Corporate Bonds                                                                                             | 2.39%            | 6/2/2028      | 110,759   | 103,601           |
|     | WELLS FARGO & CO MEDIUM TERM SR NTS BOOKENTRY 3.35% 03-02-2033 | Corporate Bonds                                                                                             | 3.35%            | 3/2/2033      | 150,924   | 144,679           |
|     | WELLS FARGO & COMPANY 3.908% 04-25-2026                        | Corporate Bonds                                                                                             | 3.91%            | 4/25/2026     | 110,000   | 109,663           |
|     | WELLS FARGO & COMPANY 4.54% 08-15-2026                         | Corporate Bonds                                                                                             | 4.54%            | 8/15/2026     | 80,000    | 79,840            |
|     | WELLS FARGO & COMPANY 4.897% 07-25-2033                        | Corporate Bonds                                                                                             | 4.90%            | 7/25/2033     | 67,709    | 67,593            |
|     | WELLS FARGO & COMPANY 5.389% 04-24-2034                        | Corporate Bonds                                                                                             | 5.39%            | 4/24/2034     | 23,622    | 24,728            |
|     | WELLS FARGO & COMPANY 5.574% 07-25-2029                        | Corporate Bonds                                                                                             | 5.57%            | 7/25/2029     | 92,125    | 96,466            |
|     | WELLS FARGO & COMPANY 5.707% 04-22-2028                        | Corporate Bonds                                                                                             | 5.71%            | 4/22/2028     | 80,000    | 81,327            |
|     | WELLS FARGO BANK NA 5.254% 12-11-2026                          | Corporate Bonds                                                                                             | 5.25%            | 12/11/2026    | 250,000   | 252,958           |
|     | WILLIAMS COMPANIES INC 5.4% DUE 03-02-2026                     | Corporate Bonds                                                                                             | 5.40%            | 3/2/2026      | 205,303   | 206,398           |
|     | WILLIS NORTH AMERICA INC SR NT 5.35% 05-15-2033                | Corporate Bonds                                                                                             | 5.35%            | 5/15/2033     | 14,672    | 14,907            |

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**SAG-AFTRA Health Plan**  
**Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN #95-2110997, Plan #501**  
**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 |              |                   |
|     | MFC TCW ETF TR TCW AAA CLO ETF                                                  | Funds - Fixed Income ETF                                                                                    | 1.18%            | N/A           | \$ 1,051,381 | \$ 1,053,172      |
|     | MFC TCW ETF TRUST SENIOR LOAN ETF                                               | Funds - Fixed Income ETF                                                                                    | 3.95%            | N/A           | 1,419,513    | 1,389,401         |
|     | ABN AMRO MTG CORP SR 03-11 CL A3 5.5% 10-25-2033                                | Non-Government Backed C.M.O.s                                                                               | 5.50%            | 10/25/2033    | 1,415        | 1,364             |
|     | ANGEL OAK MTG TR FLTG RT 4.65% DUE 05-25-2067                                   | Non-Government Backed C.M.O.s                                                                               | 4.65%            | 5/25/2067     | 406,770      | 403,569           |
|     | BAYVIEW MSR FLTG RT 2.5% DUE 06-25-2051                                         | Non-Government Backed C.M.O.s                                                                               | 2.50%            | 6/25/2051     | 259,052      | 259,180           |
|     | BRAVO RESIDENTIAL FDG TR 2022-NQM1 MTG BACKED NT CL A-1 144A 3.626% 09-25-2061  | Non-Government Backed C.M.O.s                                                                               | 3.63%            | 9/25/2061     | 339,503      | 346,191           |
|     | CITIGROUP MTG LN FLTG RT 2.5% DUE 09-25-2051                                    | Non-Government Backed C.M.O.s                                                                               | 2.50%            | 9/25/2051     | 152,751      | 144,542           |
|     | CMO CITIGROUP MTG LN TR 5.5% DUE 09-25-2034 REG                                 | Non-Government Backed C.M.O.s                                                                               | 5.50%            | 9/25/2034     | 20,430       | 18,446            |
|     | CMO CR SUISSE 1ST BSTN MTG SECS DUE 06-25-2034 REG                              | Non-Government Backed C.M.O.s                                                                               | 6.28%            | 6/25/2034     | 10,455       | 10,194            |
|     | CMO CREDIT SUISSE FIRST BOSTON MTG SECS CORP SER 2003-21 CL-A-2 5.5% 08-25-2033 | Non-Government Backed C.M.O.s                                                                               | 5.50%            | 8/25/2033     | 15,268       | 13,838            |
|     | CMO CREDIT SUISSE FIRST BOSTON MTG SER 2003-21 CL I-A-3 5.25% 09-25-2033        | Non-Government Backed C.M.O.s                                                                               | 5.25%            | 9/25/2033     | 14,361       | 13,687            |
|     | CMO CREDIT SUISSE FIRST BOSTON SER 2003-27 CTF CL IV-A-17 5.75% DUE 11-25-2033  | Non-Government Backed C.M.O.s                                                                               | 5.75%            | 11/25/2033    | 7,911        | 7,596             |
|     | CMO CWALT INC 2004-3T1 MTG PASSTHRU CTF CL A-4 6% DUE 05-25-2034 REG            | Non-Government Backed C.M.O.s                                                                               | 6.00%            | 5/25/2034     | 34,169       | 33,769            |
|     | CMO CWALT INC SER 04-12CB CL 3A1 5.5% 07-25-2034                                | Non-Government Backed C.M.O.s                                                                               | 5.50%            | 7/25/2034     | 20,787       | 20,131            |
|     | CMO MASTR ALTERNATIVE LN TR 2003-5 CL 6-A-1 6 DUE 07-25-2033 REG                | Non-Government Backed C.M.O.s                                                                               | 6.00%            | 7/25/2033     | 9,821        | 9,445             |
|     | CMO MASTR ALTERNATIVE LN TR 2005-2 CL 4-A-3 VAR DUE 03-25-2035 REG              | Non-Government Backed C.M.O.s                                                                               | 4.85%            | 3/25/2035     | 57,632       | 56,976            |
|     | CMO MASTR ASSET SECURITIZATION TR FOR FUTURE 2003-11 CL 4-A-1 5.0% 12-25-2033   | Non-Government Backed C.M.O.s                                                                               | 5.00%            | 12/25/2033    | 27,078       | 25,777            |
|     | CMO MORGAN STANLEY CAP I INC 2004-3 MTG PASSTHRU CTF CL 4-A DUE 04-25-2034 REG  | Non-Government Backed C.M.O.s                                                                               | 5.64%            | 4/25/2034     | 15,043       | 13,443            |
|     | CMO MORGAN STANLEY MTG LN TR 2004-2AR DUE 01-25-2035 REG                        | Non-Government Backed C.M.O.s                                                                               | 4.77%            | 1/25/2035     | 62,880       | 60,579            |
|     | CMO MORTGAGEIT TR 2005-1 MTG BACKED NT CL 1-A-1 DUE 02-25-2035 REG              | Non-Government Backed C.M.O.s                                                                               | 5.09%            | 2/25/2035     | 5,601        | 5,791             |
|     | CMO STRUCTURED ADJ RATE MTG LN TR SER 2004-14 CL 2A DUE 10-25-2034 REG          | Non-Government Backed C.M.O.s                                                                               | 6.17%            | 10/25/2034    | 14,368       | 13,890            |
|     | CMO STRUCTURED AST MTG INVTS II INC SER 2005-AR1 CL A1 FLT RT DUE 04-19-2035BEO | Non-Government Backed C.M.O.s                                                                               | 4.96%            | 4/19/2035     | 9,755        | 9,864             |
|     | CMO WAMU MTG PASS-THROUGH CTFS 2004-AR12CL A-2A VAR DUE 10-25-2044 REG          | Non-Government Backed C.M.O.s                                                                               | 5.23%            | 10/25/2044    | 161,501      | 160,761           |
|     | CMO WAMU MTG PASS-THROUGH CTFS 2005-AR2 MTG FLTG RT CL 2A-23 01-25-2045         | Non-Government Backed C.M.O.s                                                                               | 5.21%            | 1/25/2045     | 49,555       | 50,320            |
|     | CMO WAMU MTG PASS-THROUGH CTFS SER 04-S3 CL 1A4 5.0% 07-25-2034                 | Non-Government Backed C.M.O.s                                                                               | 5.00%            | 7/25/2034     | 5,902        | 5,619             |
|     | CMO WAMU MTG PASS-THRU CTFS 2005-AR17 CLA-1A1 DUE 12-25-2045 REG                | Non-Government Backed C.M.O.s                                                                               | 4.99%            | 12/25/2045    | 45,182       | 43,482            |
|     | CSTL COML MTG TR 4.76438% DUE 11-10-2041                                        | Non-Government Backed C.M.O.s                                                                               | 4.76%            | 11/10/2041    | 294,000      | 291,495           |
|     | HARBORVIEW MTG LN TR 2004-3 CL 1-A FLT RATE 05-19-2034                          | Non-Government Backed C.M.O.s                                                                               | 5.90%            | 5/19/2034     | 24,461       | 24,075            |
|     | J P MORGAN MTG TR 2.5% DUE 02-25-2052                                           | Non-Government Backed C.M.O.s                                                                               | 2.50%            | 2/25/2052     | 206,134      | 177,684           |
|     | J P MORGAN MTG TR 2.5% DUE 12-25-2051                                           | Non-Government Backed C.M.O.s                                                                               | 2.50%            | 12/25/2051    | 393,792      | 399,114           |
|     | J P MORGAN MTG TR 2021-7 2.5% 11-25-2051                                        | Non-Government Backed C.M.O.s                                                                               | 2.50%            | 11/25/2051    | 226,640      | 193,888           |
|     | J P MORGAN MTG TR FLTG RT 2.5% DUE 04-25-2052                                   | Non-Government Backed C.M.O.s                                                                               | 2.50%            | 4/25/2052     | 236,892      | 188,435           |
|     | MASTR ALTERNATIVE LN TR 2004-8 CL 1A1 6.5 09-25-2034                            | Non-Government Backed C.M.O.s                                                                               | 6.50%            | 9/25/2034     | 14,868       | 14,013            |
|     | NATIONAL BANK OF DUBAI PJSC SER 2004-CB4 CL I-2-A 6.5% DUE 12-25-2034REG        | Non-Government Backed C.M.O.s                                                                               | 6.50%            | 12/25/2034    | 18,565       | 17,404            |
|     | OBX 2022-NQM1 TR MTG BACKED NT CL A-1 144A 2.305% 11-25-2061                    | Non-Government Backed C.M.O.s                                                                               | 2.31%            | 11/25/2061    | 325,318      | 333,100           |

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**SAG-AFTRA Health Plan**  
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|                     |                                                                             | Description                                                                                                 | Rate of Interest | Maturity Date |                   |                   |
|                     | PRKCM 2021-AFC2 TR FLTG RT 2.071% DUE 11-25-2056                            | Non-Government Backed C.M.O.s                                                                               | 2.07%            | 11/25/2056    | \$ 385,501        | \$ 388,904        |
|                     | PVTPL CMO CYRUSONE DATA CTRS ISSUER I LLC SR 24-2A CL A 2 4.5% 05-20-2049   | Non-Government Backed C.M.O.s                                                                               | 4.50%            | 5/20/2049     | 90,111            | 95,295            |
|                     | PVTPL CMO GCAT SER 2023-INV1 CL A1 VAR RT 08-25-2053                        | Non-Government Backed C.M.O.s                                                                               | 6.00%            | 8/25/2053     | 367,721           | 542,169           |
|                     | PVTPL CMO GCAT SR 24-INV4 CL A2 FLTG RT 12-25-2054                          | Non-Government Backed C.M.O.s                                                                               | 5.50%            | 12/25/2054    | 185,951           | 185,125           |
|                     | PVTPL CMO GS MTG BACKED SECS TR SER 18-RPL1 CL A1A 3.75% 10-25-2057         | Non-Government Backed C.M.O.s                                                                               | 3.75%            | 10/25/2057    | 75,202            | 74,114            |
|                     | PVTPL CMO NEW RESIDENTIAL MORTGAGE LOAN SR 24-NQM2 CL A1 FLTG RT 09-25-2064 | Non-Government Backed C.M.O.s                                                                               | 5.12%            | 9/25/2064     | 236,291           | 233,507           |
|                     | PVTPL CMO PMT LOAN TRUST SR 24-INV1 CL A3 VAR RT 10-25-2059                 | Non-Government Backed C.M.O.s                                                                               | 5.50%            | 10/25/2059    | 290,526           | 289,971           |
|                     | PVTPL CMO SWITCH ABS ISSUER LLC SR 24-2A CL A2 5.44% 05-25-2054             | Non-Government Backed C.M.O.s                                                                               | 5.44%            | 5/25/2054     | 181,253           | 184,517           |
|                     | SEQUOIA MTG TR FLTG RT 6% DUE 11-25-2053                                    | Non-Government Backed C.M.O.s                                                                               | 6.00%            | 11/25/2053    | 299,640           | 305,859           |
|                     | TOWD PT MTG TR 2024-CES1 ASSET BACKED NTCL A1A 144A 5.848% 01-25-2064       | Non-Government Backed C.M.O.s                                                                               | 5.85%            | 1/25/2064     | 225,999           | 228,602           |
|                     | VERUS SECURITIZATION TR 2021-5 1.013% 09-25-2066                            | Non-Government Backed C.M.O.s                                                                               | 1.01%            | 9/25/2066     | 278,255           | 278,684           |
|                     | VERUS SECURITIZATION TR 2024-R1 MTG BKD NT CL A-3 144A 5.621% 09-25-2069    | Non-Government Backed C.M.O.s                                                                               | 5.62%            | 9/25/2069     | 343,324           | 341,786           |
|                     |                                                                             |                                                                                                             |                  |               | <u>58,659,820</u> | <u>58,374,534</u> |
| <b>Common Stock</b> |                                                                             |                                                                                                             |                  |               |                   |                   |
|                     | COGNITE SOFTWARE LTD COM NPV WI                                             | Common Stock                                                                                                | N/A              | N/A           | 33                | 17                |
|                     | ABBOTT LAB COM                                                              | Common Stock                                                                                                | N/A              | N/A           | 238,441           | 230,971           |
|                     | ACCENTURE PLC CLS A                                                         | Common Stock                                                                                                | N/A              | N/A           | 203,362           | 219,869           |
|                     | ADOBE INC COM                                                               | Common Stock                                                                                                | N/A              | N/A           | 137,408           | 122,732           |
|                     | AFLAC INC COM                                                               | Common Stock                                                                                                | N/A              | N/A           | 79,005            | 126,817           |
|                     | AGILENT TECHNOLOGIES INC COM                                                | Common Stock                                                                                                | N/A              | N/A           | 62,687            | 59,378            |
|                     | AGREE RLTY CORP COM                                                         | Common Stock                                                                                                | N/A              | N/A           | 92,823            | 101,800           |
|                     | AIR PROD & CHEM INC COM                                                     | Common Stock                                                                                                | N/A              | N/A           | 105,533           | 113,696           |
|                     | AKAMAI TECHNOLOGIES INC COM STK                                             | Common Stock                                                                                                | N/A              | N/A           | 39,574            | 34,817            |
|                     | ALLEGION PLC COMMON STOCK                                                   | Common Stock                                                                                                | N/A              | N/A           | 23,529            | 30,579            |
|                     | ALPHABET INC CAP STK USD0.001 CL C                                          | Common Stock                                                                                                | N/A              | N/A           | 575,194           | 787,660           |
|                     | ALPHABET INC CAPITAL STOCK USD0.001 CL A                                    | Common Stock                                                                                                | N/A              | N/A           | 550,005           | 782,756           |
|                     | ALTRIA GROUP INC COM                                                        | Common Stock                                                                                                | N/A              | N/A           | 146,978           | 175,694           |
|                     | AMAZON COM INC COM                                                          | Common Stock                                                                                                | N/A              | N/A           | 917,201           | 1,280,799         |
|                     | AMDOCS ORD GBP0.01                                                          | Common Stock                                                                                                | N/A              | N/A           | 102,077           | 104,892           |
|                     | AMETEK INC NEW COM                                                          | Common Stock                                                                                                | N/A              | N/A           | 88,590            | 118,431           |
|                     | AMGEN INC COM                                                               | Common Stock                                                                                                | N/A              | N/A           | 4,612             | 4,952             |
|                     | AMPHENOL CORP NEW CL A                                                      | Common Stock                                                                                                | N/A              | N/A           | 104,435           | 180,501           |
|                     | ANALOG DEVICES INC COM                                                      | Common Stock                                                                                                | N/A              | N/A           | 88,895            | 109,629           |
|                     | AON PLC                                                                     | Common Stock                                                                                                | N/A              | N/A           | 125,452           | 136,122           |
|                     | APPLE INC COM STK                                                           | Common Stock                                                                                                | N/A              | N/A           | 1,752,798         | 2,516,971         |

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|     |                                                   | Description                                                                                                 | Rate of Interest | Maturity Date |           |                   |
|     | APTARGROUP INC COM                                | Common Stock                                                                                                | N/A              | N/A           | \$ 90,168 | \$ 117,511        |
|     | ARCH CAPITAL GROUP COM STK                        | Common Stock                                                                                                | N/A              | N/A           | 10,494    | 14,961            |
|     | ARCHER-DANIELS-MIDLAND CO COM                     | Common Stock                                                                                                | N/A              | N/A           | 50,010    | 32,585            |
|     | ATMOS ENERGY CORP COM                             | Common Stock                                                                                                | N/A              | N/A           | 17,684    | 22,701            |
|     | AUTOMATIC DATA PROCESSING INC COM                 | Common Stock                                                                                                | N/A              | N/A           | 146,557   | 183,834           |
|     | AUTOZONE INC COM                                  | Common Stock                                                                                                | N/A              | N/A           | 116,394   | 169,706           |
|     | AVALONBAY CMNTYS REIT                             | Common Stock                                                                                                | N/A              | N/A           | 49,847    | 46,634            |
|     | AVERY DENNISON CORP COM                           | Common Stock                                                                                                | N/A              | N/A           | 43,163    | 38,175            |
|     | BERKLEY W R CORP COM                              | Common Stock                                                                                                | N/A              | N/A           | 141,306   | 200,899           |
|     | BERKSHIRE HATHAWAY INC COM USD0.0033 CLASS'B'     | Common Stock                                                                                                | N/A              | N/A           | 533,920   | 655,443           |
|     | BLACKROCK INC NEW COM                             | Common Stock                                                                                                | N/A              | N/A           | 151,246   | 161,967           |
|     | BOOKING HLDGS INC COM                             | Common Stock                                                                                                | N/A              | N/A           | 81,280    | 99,368            |
|     | BOOZ ALLEN HAMILTON HLDG CORP CL A COM STK        | Common Stock                                                                                                | N/A              | N/A           | 3,461     | 5,277             |
|     | BOSTON SCIENTIFIC CORP COM                        | Common Stock                                                                                                | N/A              | N/A           | 33,681    | 56,004            |
|     | BROADCOM INC COM                                  | Common Stock                                                                                                | N/A              | N/A           | 135,568   | 355,411           |
|     | BROWN & BROWN INC COM                             | Common Stock                                                                                                | N/A              | N/A           | 155,048   | 233,320           |
|     | BROWN FORMAN CORP CL A CL A                       | Common Stock                                                                                                | N/A              | N/A           | 204,946   | 149,780           |
|     | BROWN-FORMAN INC CL B NON-VTG COM                 | Common Stock                                                                                                | N/A              | N/A           | 233,062   | 150,743           |
|     | BWX TECHNOLOGIES INC COM                          | Common Stock                                                                                                | N/A              | N/A           | 23,808    | 54,136            |
|     | CACI INTL INC CL A CL A                           | Common Stock                                                                                                | N/A              | N/A           | 75,019    | 80,812            |
|     | CADENCE DESIGN SYS INC COM                        | Common Stock                                                                                                | N/A              | N/A           | 40,476    | 73,012            |
|     | CASEYS GEN STORES INC COM                         | Common Stock                                                                                                | N/A              | N/A           | 45,753    | 80,435            |
|     | CBOE GLOBAL MARKETS INC                           | Common Stock                                                                                                | N/A              | N/A           | 64,505    | 102,780           |
|     | CDW CORP COM                                      | Common Stock                                                                                                | N/A              | N/A           | 47,672    | 36,896            |
|     | CHEMED CORP NEW COM                               | Common Stock                                                                                                | N/A              | N/A           | 80,883    | 87,417            |
|     | CHEVRON CORP COM                                  | Common Stock                                                                                                | N/A              | N/A           | 143,995   | 136,005           |
|     | CHIPOTLE MEXICAN GRILL INC COM STK                | Common Stock                                                                                                | N/A              | N/A           | 100,100   | 100,882           |
|     | CHUBB LTD ORD CHF24.15                            | Common Stock                                                                                                | N/A              | N/A           | 84,033    | 112,454           |
|     | CHURCH & DWIGHT INC COM                           | Common Stock                                                                                                | N/A              | N/A           | 83,864    | 87,223            |
|     | CINTAS CORP COM                                   | Common Stock                                                                                                | N/A              | N/A           | 113,949   | 198,778           |
|     | CISCO SYSTEMS INC                                 | Common Stock                                                                                                | N/A              | N/A           | 255,907   | 290,435           |
|     | CME GROUP INC COM STK                             | Common Stock                                                                                                | N/A              | N/A           | 132,813   | 146,073           |
|     | CNA FNCL CORP COM                                 | Common Stock                                                                                                | N/A              | N/A           | 154,040   | 164,023           |
|     | COCA COLA CO COM                                  | Common Stock                                                                                                | N/A              | N/A           | 261,993   | 266,784           |
|     | COGNIZANT TECH SOLUTIONS CORP CL A                | Common Stock                                                                                                | N/A              | N/A           | 110,001   | 116,734           |

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|     |                                                   | Description                                                                                                 | Rate of Interest | Maturity Date |            |                   |
|     | COLGATE-PALMOLIVE CO COM                          | Common Stock                                                                                                | N/A              | N/A           | \$ 132,630 | \$ 150,002        |
|     | COLUMBIA SPORTSWEAR CO COM                        | Common Stock                                                                                                | N/A              | N/A           | 183,593    | 197,403           |
|     | COMCAST CORP NEW-CL A                             | Common Stock                                                                                                | N/A              | N/A           | 82,309     | 66,278            |
|     | COMM BANCSHARES INC COM                           | Common Stock                                                                                                | N/A              | N/A           | 26,267     | 28,226            |
|     | COPART INC COM                                    | Common Stock                                                                                                | N/A              | N/A           | 121,106    | 201,726           |
|     | COSTAR GROUP INC COM                              | Common Stock                                                                                                | N/A              | N/A           | 17,878     | 18,041            |
|     | COSTCO WHOLESALE CORP NEW COM                     | Common Stock                                                                                                | N/A              | N/A           | 248,291    | 399,494           |
|     | CSX CORP COM STK                                  | Common Stock                                                                                                | N/A              | N/A           | 53,063     | 49,728            |
|     | CUBESMART                                         | Common Stock                                                                                                | N/A              | N/A           | 32,584     | 27,553            |
|     | CUMMINS INC                                       | Common Stock                                                                                                | N/A              | N/A           | 15,770     | 24,053            |
|     | CURTISS WRIGHT CORP COM                           | Common Stock                                                                                                | N/A              | N/A           | 81,469     | 88,008            |
|     | DANAHER CORP COM                                  | Common Stock                                                                                                | N/A              | N/A           | 234,813    | 214,170           |
|     | DOLBY LABORATORIES INC CL A COM STK               | Common Stock                                                                                                | N/A              | N/A           | 54,475     | 48,813            |
|     | DOMINOS PIZZA INC COM                             | Common Stock                                                                                                | N/A              | N/A           | 55,077     | 54,149            |
|     | DONALDSON INC COM                                 | Common Stock                                                                                                | N/A              | N/A           | 76,918     | 93,212            |
|     | DOVER CORP COM USD1.00                            | Common Stock                                                                                                | N/A              | N/A           | 69,699     | 88,735            |
|     | EATON CORP PLC COM USD0.50                        | Common Stock                                                                                                | N/A              | N/A           | 90,026     | 167,594           |
|     | ECOLAB INC COM STK USD1                           | Common Stock                                                                                                | N/A              | N/A           | 86,941     | 109,427           |
|     | EDWARDS LIFESCIENCES CORP COM                     | Common Stock                                                                                                | N/A              | N/A           | 31,598     | 21,839            |
|     | ELECTR ARTS COM                                   | Common Stock                                                                                                | N/A              | N/A           | 95,645     | 105,775           |
|     | ELEVANCE HEALTH INC                               | Common Stock                                                                                                | N/A              | N/A           | 74,761     | 61,237            |
|     | ELI LILLY & CO COM                                | Common Stock                                                                                                | N/A              | N/A           | 159,934    | 375,964           |
|     | EMCOR GROUP INC COM                               | Common Stock                                                                                                | N/A              | N/A           | 31,540     | 81,248            |
|     | EMERSON ELECTRIC CO COM                           | Common Stock                                                                                                | N/A              | N/A           | 54,317     | 69,401            |
|     | EXPEDITORS INTL WASH INC COM                      | Common Stock                                                                                                | N/A              | N/A           | 94,369     | 96,481            |
|     | EXXON MOBIL CORP COM                              | Common Stock                                                                                                | N/A              | N/A           | 265,052    | 272,690           |
|     | F5 INC COM STK NPV                                | Common Stock                                                                                                | N/A              | N/A           | 96,699     | 117,688           |
|     | FACTSET RESH SYS INC COM STK                      | Common Stock                                                                                                | N/A              | N/A           | 86,901     | 96,536            |
|     | FASTENAL CO COM                                   | Common Stock                                                                                                | N/A              | N/A           | 122,814    | 143,964           |
|     | FISERV INC COM                                    | Common Stock                                                                                                | N/A              | N/A           | 60,389     | 69,843            |
|     | FLOWERS FOODS INC COM                             | Common Stock                                                                                                | N/A              | N/A           | 102,394    | 82,785            |
|     | FTI CONSULTING INC COM                            | Common Stock                                                                                                | N/A              | N/A           | 51,932     | 60,015            |
|     | GALLAGHER ARTHUR J & CO COM                       | Common Stock                                                                                                | N/A              | N/A           | 38,087     | 64,150            |
|     | GARMIN LTD COMMON STOCK                           | Common Stock                                                                                                | N/A              | N/A           | 131,500    | 227,917           |
|     | GENERAL DYNAMICS CORP COM                         | Common Stock                                                                                                | N/A              | N/A           | 111,380    | 135,170           |

See Independent Auditor's Report.

**SAG-AFTRA Health Plan**  
**Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN #95-2110997, Plan #501**  
**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 |            |                   |
|     | GENERAL MILLS INC COM                             | Common Stock                                                                                                | N/A              | N/A           | \$ 122,502 | \$ 112,299        |
|     | GENPACT LIMITED COM STK USD0.01                   | Common Stock                                                                                                | N/A              | N/A           | 77,642     | 68,892            |
|     | GENTEX CORP COM                                   | Common Stock                                                                                                | N/A              | N/A           | 96,711     | 88,632            |
|     | GRACO INC COM                                     | Common Stock                                                                                                | N/A              | N/A           | 85,354     | 100,979           |
|     | GRAINGER W W INC COM                              | Common Stock                                                                                                | N/A              | N/A           | 61,459     | 127,540           |
|     | HANOVER INS GROUP INC COM                         | Common Stock                                                                                                | N/A              | N/A           | 16,764     | 19,642            |
|     | HEICO CORP NEW CL A CL A                          | Common Stock                                                                                                | N/A              | N/A           | 28,642     | 46,334            |
|     | HEICO CORP NEW COM                                | Common Stock                                                                                                | N/A              | N/A           | 41,274     | 63,952            |
|     | HENRY SCHEIN INC COMMON STOCK                     | Common Stock                                                                                                | N/A              | N/A           | 46,715     | 41,312            |
|     | HERSHEY COMPANY COM STK USD1                      | Common Stock                                                                                                | N/A              | N/A           | 120,831    | 96,699            |
|     | HILTON WORLDWIDE HLDGS INC COM NEW COM NEW        | Common Stock                                                                                                | N/A              | N/A           | 91,431     | 100,594           |
|     | HOME DEPOT INC COM                                | Common Stock                                                                                                | N/A              | N/A           | 282,617    | 318,972           |
|     | HONEYWELL INTL INC COM STK                        | Common Stock                                                                                                | N/A              | N/A           | 137,920    | 155,186           |
|     | HORMEL FOODS CORP COM                             | Common Stock                                                                                                | N/A              | N/A           | 269,706    | 220,061           |
|     | HOULIHAN LOKEY INC CL A CL A                      | Common Stock                                                                                                | N/A              | N/A           | 44,960     | 82,489            |
|     | HP INC COM                                        | Common Stock                                                                                                | N/A              | N/A           | 51,623     | 46,465            |
|     | HUBBELL INC COM                                   | Common Stock                                                                                                | N/A              | N/A           | 27,177     | 57,388            |
|     | HUNT J B TRANS SVCS INC COM                       | Common Stock                                                                                                | N/A              | N/A           | 129,374    | 118,438           |
|     | IDEX CORP COM                                     | Common Stock                                                                                                | N/A              | N/A           | 96,889     | 98,366            |
|     | IDEXX LABS INC COM                                | Common Stock                                                                                                | N/A              | N/A           | 42,673     | 33,489            |
|     | ILL TOOL WKS INC COM                              | Common Stock                                                                                                | N/A              | N/A           | 122,135    | 137,683           |
|     | INGREDION INC COM                                 | Common Stock                                                                                                | N/A              | N/A           | 46,030     | 46,908            |
|     | INTERCONTINENTAL EXCHANGE INC COM                 | Common Stock                                                                                                | N/A              | N/A           | 30,798     | 36,805            |
|     | INTUITIVE SURGICAL INC COM NEW STK                | Common Stock                                                                                                | N/A              | N/A           | 71,247     | 126,314           |
|     | JACK HENRY & ASSOC INC COM                        | Common Stock                                                                                                | N/A              | N/A           | 120,395    | 126,742           |
|     | JOHNSON & JOHNSON COM USD1                        | Common Stock                                                                                                | N/A              | N/A           | 349,664    | 297,773           |
|     | JPMORGAN CHASE & CO COM                           | Common Stock                                                                                                | N/A              | N/A           | 197,641    | 269,434           |
|     | KELLANOVA COM USD0.25                             | Common Stock                                                                                                | N/A              | N/A           | 43,098     | 54,088            |
|     | KEURIG DR PEPPER INC COM                          | Common Stock                                                                                                | N/A              | N/A           | 79,051     | 67,773            |
|     | KEYSIGHT TECHNOLOGIES INC COM                     | Common Stock                                                                                                | N/A              | N/A           | 47,413     | 54,454            |
|     | KIMBERLY-CLARK CORP COM                           | Common Stock                                                                                                | N/A              | N/A           | 67,983     | 65,258            |
|     | L3HARRIS TECHNOLOGIES INC COM                     | Common Stock                                                                                                | N/A              | N/A           | 30,341     | 30,280            |
|     | LANDSTAR SYS INC COM                              | Common Stock                                                                                                | N/A              | N/A           | 79,048     | 81,462            |
|     | LENNOX INTL INC COM                               | Common Stock                                                                                                | N/A              | N/A           | 34,785     | 77,990            |
|     | LINCOLN ELEC HLDGS INC COM                        | Common Stock                                                                                                | N/A              | N/A           | 50,447     | 69,551            |

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**SAG-AFTRA Health Plan**  
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**EIN #95-2110997, Plan #501**  
**December 31, 2024**

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|-----|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------|---------------|------------|-------------------|
|     |                                                   | Description                                                                                                 | Rate of Interest | Maturity Date |            |                   |
|     | LINDE PLC                                         | Common Stock                                                                                                | N/A              | N/A           | \$ 231,443 | \$ 236,130        |
|     | LOCKHEED MARTIN CORP COM                          | Common Stock                                                                                                | N/A              | N/A           | 127,445    | 152,099           |
|     | LOWES COS INC COM                                 | Common Stock                                                                                                | N/A              | N/A           | 129,954    | 150,301           |
|     | MARKEL GROUP INC                                  | Common Stock                                                                                                | N/A              | N/A           | 43,977     | 48,334            |
|     | MARRIOTT INTL INC NEW COM STK CL A                | Common Stock                                                                                                | N/A              | N/A           | 49,123     | 56,067            |
|     | MARSH & MCLENNAN CO'S INC COM                     | Common Stock                                                                                                | N/A              | N/A           | 109,548    | 141,465           |
|     | MASCO CORP COM                                    | Common Stock                                                                                                | N/A              | N/A           | 43,559     | 54,645            |
|     | MASTERCARD INCORPORATED COM USD0.0001 CLASS A     | Common Stock                                                                                                | N/A              | N/A           | 361,355    | 484,971           |
|     | MC CORMICK & CO INC COM NON-VTG                   | Common Stock                                                                                                | N/A              | N/A           | 41,359     | 32,173            |
|     | MC DONALDS CORP COM                               | Common Stock                                                                                                | N/A              | N/A           | 205,651    | 223,795           |
|     | MCKESSON CORP                                     | Common Stock                                                                                                | N/A              | N/A           | 49,235     | 67,249            |
|     | MEDTRONIC PLC COMMON STOCK STOCK                  | Common Stock                                                                                                | N/A              | N/A           | 160,420    | 140,749           |
|     | MERCK & CO INC NEW COM                            | Common Stock                                                                                                | N/A              | N/A           | 136,343    | 142,256           |
|     | META PLATFORMS INC COM USD0.000006 CL 'A'         | Common Stock                                                                                                | N/A              | N/A           | 369,720    | 650,502           |
|     | METTLER-TOLEDO INTL INC COM                       | Common Stock                                                                                                | N/A              | N/A           | 53,352     | 42,829            |
|     | MGIC INVT CORP WIS COM                            | Common Stock                                                                                                | N/A              | N/A           | 50,440     | 47,112            |
|     | MICROSOFT CORP COM                                | Common Stock                                                                                                | N/A              | N/A           | 1,704,423  | 2,172,714         |
|     | MONDELEZ INTL INC COM                             | Common Stock                                                                                                | N/A              | N/A           | 119,905    | 107,514           |
|     | MONSTER BEVERAGE CORP NEW COM                     | Common Stock                                                                                                | N/A              | N/A           | 144,751    | 145,907           |
|     | MOODYS CORP COM                                   | Common Stock                                                                                                | N/A              | N/A           | 61,338     | 58,698            |
|     | MOTOROLA SOLUTIONS INC                            | Common Stock                                                                                                | N/A              | N/A           | 64,601     | 121,566           |
|     | MSC INDL DIRECT INC CL A COM                      | Common Stock                                                                                                | N/A              | N/A           | 78,992     | 71,478            |
|     | MSCI INC COM USD0.01                              | Common Stock                                                                                                | N/A              | N/A           | 77,221     | 84,601            |
|     | NASDAQ INC                                        | Common Stock                                                                                                | N/A              | N/A           | 98,437     | 131,814           |
|     | NEWMARKET CORP COM                                | Common Stock                                                                                                | N/A              | N/A           | 140,646    | 190,734           |
|     | NIKE INC CL B                                     | Common Stock                                                                                                | N/A              | N/A           | 170,959    | 90,728            |
|     | NORDSON CORP COM                                  | Common Stock                                                                                                | N/A              | N/A           | 69,174     | 64,446            |
|     | NORTHROP GRUMMAN CORP COM                         | Common Stock                                                                                                | N/A              | N/A           | 12,179     | 14,548            |
|     | NVIDIA CORP COM                                   | Common Stock                                                                                                | N/A              | N/A           | 656,469    | 1,753,962         |
|     | NVR INC COM STK USD0.01                           | Common Stock                                                                                                | N/A              | N/A           | 102,443    | 139,041           |
|     | O REILLY AUTOMOTIVE INC NEW COM USD0.01           | Common Stock                                                                                                | N/A              | N/A           | 116,764    | 190,914           |
|     | OLD DOMINION FREIGHT LINE INC COM                 | Common Stock                                                                                                | N/A              | N/A           | 111,147    | 119,070           |
|     | OLD REPUBLIC INTERNATIONAL CORP COM STK USD1      | Common Stock                                                                                                | N/A              | N/A           | 32,649     | 51,100            |
|     | OTIS WORLDWIDE CORP COM USD0.01 WI                | Common Stock                                                                                                | N/A              | N/A           | 115,392    | 119,837           |
|     | PACCAR INC COM                                    | Common Stock                                                                                                | N/A              | N/A           | 68,364     | 111,405           |

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**SAG-AFTRA Health Plan**  
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**December 31, 2024**

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|-----|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------|---------------|-----------|-------------------|
|     |                                                   | Description                                                                                                 | Rate of Interest | Maturity Date |           |                   |
|     | PACKAGING CORP AMER COM ISIN US6951561090         | Common Stock                                                                                                | N/A              | N/A           | \$ 61,069 | \$ 95,230         |
|     | PAYCHEX INC COM                                   | Common Stock                                                                                                | N/A              | N/A           | 152,878   | 180,744           |
|     | PENTAIR PLC COM USD0.01                           | Common Stock                                                                                                | N/A              | N/A           | 29,111    | 48,207            |
|     | PEPSICO INC COM                                   | Common Stock                                                                                                | N/A              | N/A           | 208,510   | 181,712           |
|     | PHI GROUP INC COM                                 | Common Stock                                                                                                | N/A              | N/A           | 267,667   | 456,386           |
|     | PHILIP MORRIS INTL COM STK NPV                    | Common Stock                                                                                                | N/A              | N/A           | 214,773   | 257,790           |
|     | PROCTER & GAMBLE COM NPV                          | Common Stock                                                                                                | N/A              | N/A           | 351,469   | 368,495           |
|     | PROGRESSIVE CORP OH COM                           | Common Stock                                                                                                | N/A              | N/A           | 90,156    | 186,656           |
|     | PROSPERITY BANCSHARES INC COM                     | Common Stock                                                                                                | N/A              | N/A           | 27,377    | 30,215            |
|     | PUB STORAGE COM                                   | Common Stock                                                                                                | N/A              | N/A           | 72,146    | 61,385            |
|     | QUEST DIAGNOSTICS INC COM                         | Common Stock                                                                                                | N/A              | N/A           | 34,960    | 38,318            |
|     | REALTY INCOME CORP COM                            | Common Stock                                                                                                | N/A              | N/A           | 46,813    | 43,422            |
|     | REGENERON PHARMACEUTICALS INC COM                 | Common Stock                                                                                                | N/A              | N/A           | 105,940   | 91,178            |
|     | RELIANCE INC COM NPV                              | Common Stock                                                                                                | N/A              | N/A           | 40,448    | 60,853            |
|     | REPUBLIC SVCS INC COM                             | Common Stock                                                                                                | N/A              | N/A           | 178,482   | 243,428           |
|     | RESMED INC COM                                    | Common Stock                                                                                                | N/A              | N/A           | 5,579     | 7,089             |
|     | RLI CORP COM                                      | Common Stock                                                                                                | N/A              | N/A           | 35,774    | 43,021            |
|     | ROBERT HALF INC COM USD0.001                      | Common Stock                                                                                                | N/A              | N/A           | 36,976    | 24,168            |
|     | ROLLINS INC COM                                   | Common Stock                                                                                                | N/A              | N/A           | 167,882   | 199,602           |
|     | ROPER TECHNOLOGIES INC                            | Common Stock                                                                                                | N/A              | N/A           | 60,931    | 70,180            |
|     | ROSS STORES INC COM                               | Common Stock                                                                                                | N/A              | N/A           | 94,180    | 92,577            |
|     | S&P GLOBAL INC COM                                | Common Stock                                                                                                | N/A              | N/A           | 133,946   | 170,326           |
|     | SBA COMMUNICATIONS CORP COM USD0.01 CL A          | Common Stock                                                                                                | N/A              | N/A           | 22,644    | 14,877            |
|     | SCHNEIDER NATL INC WIS CL B CL B                  | Common Stock                                                                                                | N/A              | N/A           | 90,497    | 105,027           |
|     | SEABOARD CORP DEL COM                             | Common Stock                                                                                                | N/A              | N/A           | 115,047   | 82,608            |
|     | SEI INVTS CO COM                                  | Common Stock                                                                                                | N/A              | N/A           | 142,083   | 197,045           |
|     | SMITH A O CORP COM                                | Common Stock                                                                                                | N/A              | N/A           | 65,933    | 69,165            |
|     | SNAP-ON INC COM                                   | Common Stock                                                                                                | N/A              | N/A           | 62,911    | 96,073            |
|     | SOLVENTUM CORP COM COM USD0.01                    | Common Stock                                                                                                | N/A              | N/A           | 25,172    | 19,818            |
|     | STARBUCKS CORP COM                                | Common Stock                                                                                                | N/A              | N/A           | 148,568   | 137,879           |
|     | STRYKER CORP                                      | Common Stock                                                                                                | N/A              | N/A           | 114,925   | 156,622           |
|     | SYNOPSIS INC COM                                  | Common Stock                                                                                                | N/A              | N/A           | 94,452    | 138,813           |
|     | T ROWE PRICE GROUP INC                            | Common Stock                                                                                                | N/A              | N/A           | 66,191    | 50,891            |
|     | T-MOBILE US INC COM                               | Common Stock                                                                                                | N/A              | N/A           | 102,372   | 147,006           |
|     | TELEDYNE TECHNOLOGIES INC COM                     | Common Stock                                                                                                | N/A              | N/A           | 92,522    | 99,788            |

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|     |                                                   | Description                                                                                                 | Rate of Interest | Maturity Date |                   |                   |
|     | TESLA INC COM USD0.001                            | Common Stock                                                                                                | N/A              | N/A           | \$ 237,789        | \$ 243,919        |
|     | TEXAS INSTRUMENTS INC COM                         | Common Stock                                                                                                | N/A              | N/A           | 183,998           | 190,885           |
|     | TEXAS ROADHOUSE INC COMMON STOCK                  | Common Stock                                                                                                | N/A              | N/A           | 33,548            | 55,572            |
|     | THE HARTFORD INSURANCE GROUP INC COM USD0.01      | Common Stock                                                                                                | N/A              | N/A           | 65,209            | 82,159            |
|     | THERMO FISHER SCIENTIFIC INC COM USD1             | Common Stock                                                                                                | N/A              | N/A           | 190,619           | 171,156           |
|     | TJX COS INC COM NEW                               | Common Stock                                                                                                | N/A              | N/A           | 154,046           | 202,961           |
|     | TORO CO COM                                       | Common Stock                                                                                                | N/A              | N/A           | 47,159            | 38,448            |
|     | TRACTOR SUPPLY CO COM                             | Common Stock                                                                                                | N/A              | N/A           | 34,505            | 36,346            |
|     | TRADEWEB MKTS INC CL A CL A                       | Common Stock                                                                                                | N/A              | N/A           | 42,537            | 46,608            |
|     | TRANE TECHNOLOGIES PLC COM USD1                   | Common Stock                                                                                                | N/A              | N/A           | 20,676            | 45,430            |
|     | TRANSDIGM GROUP INC COM                           | Common Stock                                                                                                | N/A              | N/A           | 52,097            | 46,889            |
|     | TRAVELERS COS INC COM STK                         | Common Stock                                                                                                | N/A              | N/A           | 64,418            | 87,925            |
|     | TYLER TECHNOLOGIES INC COM STK                    | Common Stock                                                                                                | N/A              | N/A           | 56,731            | 72,657            |
|     | UNION PAC CORP COM                                | Common Stock                                                                                                | N/A              | N/A           | 115,953           | 110,599           |
|     | UNITEDHEALTH GROUP INC COM                        | Common Stock                                                                                                | N/A              | N/A           | 380,916           | 395,077           |
|     | VEEVA SYS INC CL A COM CL A COM                   | Common Stock                                                                                                | N/A              | N/A           | 24,844            | 23,128            |
|     | VERINT SYS INC COM                                | Common Stock                                                                                                | N/A              | N/A           | 35                | 55                |
|     | VERISIGN INC COM                                  | Common Stock                                                                                                | N/A              | N/A           | 150,769           | 151,492           |
|     | VERISK ANALYTICS INC COM USD0.001                 | Common Stock                                                                                                | N/A              | N/A           | 49,339            | 68,031            |
|     | VERIZON COMMUNICATIONS COM                        | Common Stock                                                                                                | N/A              | N/A           | 126,844           | 112,172           |
|     | VERTEX PHARMACEUTICALS INC COM                    | Common Stock                                                                                                | N/A              | N/A           | 110,357           | 145,375           |
|     | VICI PPTYS INC COM                                | Common Stock                                                                                                | N/A              | N/A           | 44,552            | 39,346            |
|     | VISA INC COM CL A STK                             | Common Stock                                                                                                | N/A              | N/A           | 338,766           | 463,631           |
|     | VULCAN MATERIALS CO COM                           | Common Stock                                                                                                | N/A              | N/A           | 28,183            | 38,842            |
|     | WALMART INC COM                                   | Common Stock                                                                                                | N/A              | N/A           | 280,405           | 452,202           |
|     | WASTE MGMT INC DEL COM STK                        | Common Stock                                                                                                | N/A              | N/A           | 89,377            | 109,976           |
|     | WATERS CORP COM                                   | Common Stock                                                                                                | N/A              | N/A           | 19,189            | 21,888            |
|     | WATSCO INC COM                                    | Common Stock                                                                                                | N/A              | N/A           | 62,994            | 101,412           |
|     | WEC ENERGY GROUP INC COM                          | Common Stock                                                                                                | N/A              | N/A           | 4,431             | 4,326             |
|     | WEST PHARMACEUTICAL SVCS INC COM                  | Common Stock                                                                                                | N/A              | N/A           | 54,306            | 44,548            |
|     | YUM BRANDS INC COM                                | Common Stock                                                                                                | N/A              | N/A           | 107,754           | 115,378           |
|     | ZOETIS INC COM USD0.01 CL 'A'                     | Common Stock                                                                                                | N/A              | N/A           | 104,531           | 87,005            |
|     |                                                   |                                                                                                             |                  |               | <u>28,915,878</u> | <u>36,200,626</u> |

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|---------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------|---------------|----------------|-------------------|
|                                 |                                                                                | Description                                                                                                 | Rate of Interest | Maturity Date |                |                   |
| Registered Investment Companies |                                                                                |                                                                                                             |                  |               |                |                   |
|                                 | CF ARTISAN INTERNATIONAL VALUE FUND INST SHARES                                | Mutual Funds                                                                                                | N/A              | N/A           | \$ 20,465,912  | \$ 23,207,159     |
|                                 | MFO ALPS SER TRUST BRIGADE INC FOND                                            | Mutual Funds                                                                                                | N/A              | N/A           | 13,204,601     | 12,821,674        |
|                                 | MFO VANGUARD MALVERN FDS SHORT-TERM INFLAT PROTECTED SECS INDEX FD INSTL SHS   | Mutual Funds                                                                                                | N/A              | N/A           | 17,905,149     | 17,641,836        |
|                                 | MFO METROPOLITAN WEST FUNDS HIGH YIELD BD FD CL I                              | Mutual Funds                                                                                                | N/A              | N/A           | 918,902        | 918,214           |
|                                 |                                                                                |                                                                                                             |                  |               | 52,494,564     | 54,588,883        |
| Other Investments               |                                                                                |                                                                                                             |                  |               |                |                   |
|                                 | VOYA MORTGAGE INVESTMENT FUND US DOLLAR INSTL VOYA MTG INVT FD US \$ INSTL     | Hedge Fund                                                                                                  | N/A              | N/A           | 14,426,278     | 22,557,428        |
|                                 | CF MORGAN STANLEY PRIME PROPERTY FUND                                          | Real Estate                                                                                                 | N/A              | N/A           | 22,289,131     | 21,846,885        |
|                                 | BELL GARDENS CALIF FING AUTH REV 7.75% 10-01-2029                              | Municipal/Provincial Bonds                                                                                  | 7.75%            | 10/1/2029     | 29,563         | 26,839            |
|                                 | MARYLAND ST CMNTY DEV ADMIN DEPT HSG & CMNTY DEV 3.463% 09-01-2031 BEO TAXABLE | Municipal/Provincial Bonds                                                                                  | 3.46%            | 9/1/2031      | 65,000         | 60,390            |
|                                 | MICHIGAN FIN AUTH REV 3.26% 11-01-2031 BEO TAXABLE                             | Municipal/Provincial Bonds                                                                                  | 3.26%            | 11/1/2031     | 35,000         | 32,084            |
|                                 | NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5.508% 08-01-2037 BEO TAXABLE      | Municipal/Provincial Bonds                                                                                  | 5.51%            | 8/1/2037      | 129,668        | 123,236           |
|                                 | OMAHA NEB SPL OBLIG 6.4% 02-01-2026 BEO TAXABLE                                | Municipal/Provincial Bonds                                                                                  | 6.40%            | 2/1/2026      | 11,950         | 10,042            |
|                                 |                                                                                |                                                                                                             |                  |               | 36,986,590     | 44,656,904        |
| Common Collective Trust         |                                                                                |                                                                                                             |                  |               |                |                   |
|                                 | CF STATE STREET RUSSELL 3000 INDEX NON-LENDING COMMON TRUST FUND CMU31         | Funds- Common Stock                                                                                         | N/A              | N/A           | 20,917,898     | 34,235,637        |
|                                 | CF U.S. AGGREGATE BOND INDEX NON LENDINGCOMMON TRUST FUND                      | Funds- Common Stock                                                                                         | N/A              | N/A           | 7,052,504      | 7,374,295         |
|                                 | CF U.S. TREASURY INFLATION PROTECTED SECURITIES (TIPS) INDEX NL CTF (CMY51)    | Funds- Common Stock                                                                                         | N/A              | N/A           | 25,336,205     | 27,909,151        |
|                                 | CF WELLINGTON OPPORTUNISTIC EMERGING MARKETS DEBT PORTFOLIO (OEMD)             | Funds- Common Stock                                                                                         | N/A              | N/A           | 15,281,861     | 13,698,840        |
|                                 |                                                                                |                                                                                                             |                  |               | 68,588,468     | 83,217,923        |
| Partnerships                    |                                                                                |                                                                                                             |                  |               |                |                   |
|                                 | GQG PARTNERS INTERNATIONAL EQUITY FUND                                         | Partnerships                                                                                                | N/A              | N/A           | 9,500,000      | 17,333,975        |
|                                 | SKY HARBOR BROAD HIGH YIELD MARKET PARTNERS LP                                 | Partnerships                                                                                                | N/A              | N/A           | 17,304,205     | 29,188,690        |
|                                 | CF TCW EMERGING MARKET INCOME FOCUS FUNDLP                                     | Partnerships                                                                                                | N/A              | N/A           | 713,591        | 773,049           |
|                                 |                                                                                |                                                                                                             |                  |               | 27,517,796     | 47,295,714        |
| *Denotes party-in-interest      |                                                                                |                                                                                                             |                  |               |                |                   |
| TOTAL                           |                                                                                |                                                                                                             |                  |               | \$ 371,437,421 | \$ 420,698,973    |

\*Denotes party-in-interest

See Independent Auditor's Report.

**SAG-AFTRA Health Plan**  
**Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions**  
**EIN #95-2110997, Plan #501**  
**Year Ended 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                 | MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A                          | \$ 372,638,502     | N/A               | N/A              | -                                      | \$ 372,638,502    | \$ 372,638,502                                 | N/A                    |
|                                | MFB NORTHERN INSTL FDS U.S. GOVT SELECT PORTFOLIO CL A                          | N/A                | \$ 385,260,732    | N/A              | -                                      | \$ 385,260,732    | \$ 385,260,732                                 | -                      |
| United States Treasury         | UNITED STATES OF AMER TREAS NOTES 3.5% 09-30-2026                               | \$ 15,234,970      | N/A               | N/A              | -                                      | \$ 15,234,970     | \$ 15,234,970                                  | -                      |
|                                | UNITED STATES OF AMER TREAS NOTES 3.5% 09-30-2026                               | N/A                | \$ 15,094,133     | N/A              | -                                      | \$ 15,234,970     | \$ 15,094,133                                  | (140,837)              |
| United States Treasury         | UNITED STATES OF AMER TREAS NOTES 4.0% 07-31-2029                               | \$ 15,574,759      | N/A               | N/A              | -                                      | \$ 15,574,759     | \$ 15,574,759                                  | -                      |
|                                | UNITED STATES OF AMER TREAS NOTES 4.0% 07-31-2029                               | N/A                | \$ 15,891,945     | N/A              | -                                      | \$ 15,574,759     | \$ 15,891,945                                  | 317,186                |
| United States Treasury         | UNITED STATES OF AMER TREAS NOTES 4.125% 10-31-2026                             | \$ 15,227,253      | N/A               | N/A              | -                                      | \$ 15,227,253     | \$ 15,227,253                                  | -                      |
|                                | UNITED STATES OF AMER TREAS NOTES 4.125% 10-31-2026                             | N/A                | \$ 14,727,536     | N/A              | -                                      | \$ 14,754,202     | \$ 14,727,536                                  | (26,665)               |
| United States Treasury         | UNITED STATES OF AMER TREAS NOTES 4.125% 10-31-2029                             | \$ 14,794,803      | N/A               | N/A              | -                                      | \$ 14,794,803     | \$ 14,794,803                                  | -                      |
|                                | UNITED STATES OF AMER TREAS NOTES 4.125% 10-31-2029                             | N/A                | \$ 14,776,272     | N/A              | -                                      | \$ 14,794,803     | \$ 14,776,272                                  | (18,531)               |
| United States Treasury         | UNITED STATES OF AMER TREAS NOTES 4.625% 04-30-2029                             | \$ 16,105,925      | N/A               | N/A              | -                                      | \$ 16,105,925     | \$ 16,105,925                                  | -                      |
|                                | UNITED STATES OF AMER TREAS NOTES 4.625% 04-30-2029                             | N/A                | \$ 15,655,635     | N/A              | -                                      | \$ 15,548,713     | \$ 15,655,635                                  | 106,922                |
| United States Treasury         | UNITED STATES TREAS NTS 3.5% 09-30-2029                                         | \$ 15,239,079      | N/A               | N/A              | -                                      | \$ 15,239,079     | \$ 15,239,079                                  | -                      |
|                                | UNITED STATES TREAS NTS 3.5% 09-30-2029                                         | N/A                | \$ 14,888,032     | N/A              | -                                      | \$ 15,239,079     | \$ 14,888,032                                  | (351,047)              |
| United States Treasury         | UNITED STATES TREAS NTS 4.25% 06-30-2029                                        | \$ 15,726,458      | N/A               | N/A              | -                                      | \$ 15,726,458     | \$ 15,726,458                                  | -                      |
|                                | UNITED STATES TREAS NTS 4.25% 06-30-2029                                        | N/A                | \$ 15,870,939     | N/A              | -                                      | \$ 15,726,458     | \$ 15,870,939                                  | 144,481                |
| United States Treasury         | UNITED STATES TREAS NTS 4.25% 11-30-2026                                        | \$ 14,661,996      | N/A               | N/A              | -                                      | \$ 14,661,996     | \$ 14,661,996                                  | \$ -                   |
|                                | UNITED STATES TREAS NTS 4.25% 11-30-2026                                        | N/A                | \$ 11,117,334     | N/A              | -                                      | \$ 11,137,018     | \$ 11,117,334                                  | \$ (19,684)            |
| United States Treasury         | UNITED STATES TREAS NTS 4.5% 05-31-2029                                         | \$ 14,179,272      | N/A               | N/A              | -                                      | \$ 14,179,272     | \$ 14,179,272                                  | -                      |
|                                | UNITED STATES TREAS NTS 4.5% 05-31-2029                                         | N/A                | \$ 14,322,559     | N/A              | -                                      | \$ 14,179,272     | \$ 14,322,559                                  | 143,287                |
| United States Treasury         | US TREASURY N/B 3.625% 08-31-2029                                               | \$ 15,170,631      | N/A               | N/A              | -                                      | \$ 15,170,631     | \$ 15,170,631                                  | -                      |
|                                | US TREASURY N/B 3.625% 08-31-2029                                               | N/A                | \$ 15,211,543     | N/A              | -                                      | \$ 15,170,631     | \$ 15,211,543                                  | 40,912                 |
| United States Treasury         | US TREASURY N/B 4.125% 11-30-2029                                               | \$ 15,601,389      | N/A               | N/A              | -                                      | \$ 15,601,389     | \$ 15,601,389                                  | -                      |
|                                | US TREASURY N/B 4.125% 11-30-2029                                               | N/A                | \$ 12,699,829     | N/A              | -                                      | \$ 12,858,782     | \$ 12,699,829                                  | (158,952)              |

See Independent Auditor's Report.

**SAG-AFTRA HEALTH PLAN**

**EIN 95-2110997**

**Plan No. 501**

**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**

**SAG-AFTRA HEALTH PLAN**

**EIN 95-2110997**

**Plan No. 501**

**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 Audit Report attached at Accountant's Opinion**

**SAG-AFTRA HEALTH PLAN**

**EIN 95-2110997**

**Plan No. 501**

**Plan Year Ended December 31, 2024**

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

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

**SAG-AFTRA HEALTH PLAN**

**EIN 95-2110997**

**Plan No. 501**

**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 11,419 Because the form is limited to 4 digits, the maximum amount of 9,999 was entered**

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                       |

|         |                                                                                                                                                                                                                                                                                                                                                                |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                         |
| 1a      | Name of plan<br>SAG-AFTRA Health Plan                                                                                                                                                                                                                                                                                                                          |
| 1b      | Three-digit plan number (PN) ▶ 501                                                                                                                                                                                                                                                                                                                             |
| 1c      | Effective date of plan<br>02/01/1960                                                                                                                                                                                                                                                                                                                           |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Board of Trustees, SAG-AFTRA Health Plan<br><br>3601 West Olive Avenue<br>Suite 300<br>Burbank CA 91505 |
| 2b      | Employer Identification Number (EIN)<br>95-2110997                                                                                                                                                                                                                                                                                                             |
| 2c      | Plan Sponsor's telephone number<br>(818) 954-9400                                                                                                                                                                                                                                                                                                              |
| 2d      | Business code (see instructions)<br>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<br>HERE |  | 10/14/2025 | David Choi                                                   |
|              | Signature of plan administrator                                                     | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |  | 10/14/2025 | David Weissman                                               |
|              | Signature of employer/plan sponsor                                                  | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                                                     |            |                                                              |
|              | Signature of DFE                                                                    | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                 |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 34,095                                                                                                                                                                                                                                                                                                                  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 22,176<br><b>6a(2)</b> 23,745<br><b>6b</b> 11,146<br><b>6c</b> 1,140<br><b>6d</b> 36,031<br><b>6e</b><br><b>6f</b><br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b> 9,999                                                                                                                                                                                                                                                                                                                   |

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

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

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

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 4
- (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 \_\_\_\_\_