

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

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

Part II Basic Plan Information—enter all requested information

1a Name of plan MEDIA GUILD RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 12/18/1957
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MEDIA GUILD RETIREMENT PLAN 433 NATOMA ST STE 250 SAN FRANCISCO, CA 94103
2b Employer Identification Number (EIN) 94-6052176
2c Plan Sponsor's telephone number 415-543-2569
2d Business code (see instructions) 511110

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1819
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	42
	6a(2)	30
	6b	1032
	6c	617
	6d	1679
	6e	118
	6f	1797
	6g(1)	0
	6g(2)	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	1

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>MEDIA GUILD RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MEDIA GUILD RETIREMENT PLAN</u>	D Employer Identification Number (EIN) <u>94-6052176</u>

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

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

b Assets	
(1) Current value of assets	1b(1) <u>158835170</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>166966475</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>159977973</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a) <u>0</u>
(b) Accrued liability under entry age normal method	1c(2)(b) <u>0</u>
(c) Normal cost under entry age normal method	1c(2)(c) <u>0</u>
(3) Accrued liability under unit credit cost method	1c(3) <u>160190665</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>237748789</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>0</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>13850204</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>14212056</u>

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

SIGN HERE <u>JASON C. BIRKLE</u> Type or print name of actuary <u>NWPS</u> Firm name <u>160 W SANTA CLARA ST STE 1550</u> <u>SAN JOSE, CA 95113</u> Address of the firm	<u>10/09/2025</u> Date <u>23-07856</u> Most recent enrollment number <u>408-298-1170</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	3.29 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	7P		7P
(2) Females	6c(2)	7P		7P
d Valuation liability interest rate	6d	7.50 %		7.50 %
e Salary scale	6e	%	<input checked="" type="checkbox"/> N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)			7.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g			8.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h			14.7 %
i Expense load included in normal cost reported in line 9b	6i			<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)			%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)			375177
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)			<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1694533	-178576

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	0

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	430825

c Amortization charges as of valuation date:

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

	Outstanding balance	
9c(1)	28460608	5650063
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....

9d	456067
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e Total charges. Add lines 9a through 9d.....

9e	6536955
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Credits to funding standard account:

f Prior year credit balance, if any.....

9f	451420
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g Employer contributions. Total from column (b) of line 3.....

9g	563000
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h Amortization credits as of valuation date.....

	Outstanding balance	
9h	34997690	6159463

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

9i	516547
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j Full funding limitation (FFL) and credits:

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

9j(1)	3225163	
9j(2)	44030801	
9j(3)		

k (1) Waived funding deficiency

9k(1)	
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(2) Other credits

9k(2)	
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l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	7690430
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	1153475
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1)	
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(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)	
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(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

9o(2)(b)	0
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(3) Total as of valuation date.....

9o(3)	0
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10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	0
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan MEDIA GUILD RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MEDIA GUILD RETIREMENT PLAN	D Employer Identification Number (EIN) 94-6052176	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PARTNERS GROUP

98-1237298

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

MARSHALL WACE LLP

98-0430284

(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)

PACIFIC MEDIA WORKERS GUILD

94-0722887

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	186268	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)

JP MORGAN

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	129599	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)

FULLER & THALER ASSET MGTM

94-3176968

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	125631	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	846	Yes <input type="checkbox"/> No <input checked="" 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)

DSM CAPITAL PARTNERS LLC

31-1770164

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 55	NONE	71975	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	3512	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

METROPOLITAN WEST ASSET MGMT

95-3703295

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	91379	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)

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	77341	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)

KRAW LAW GROUP

32-0465891

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	63460	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)

JAMES MURPHY, CPA

95-4508726

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	12000	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)

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	31825	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)

NWPS

04-3721424

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	17000	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)

IRON MOUNTAIN

23-2588479

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	10396	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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 (see instructions)	(c) Enter amount of indirect compensation
DSM CAPITAL PARTNERS LLC	55	3512
(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.	
DSM CAPITAL PARTNERS LLC 31-1770164	RESEARCH COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FULLER & THALER ASSET MGMT	68	132
(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.	
INSTINET LLC 13-2675132	SOFT DOLLAR CREDITS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FULLER & THALER ASSET MGMT	68	376
(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.	
PIPER SANDLER 30-0168701	SOFT DOLLAR CREDITS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FULLER & THALER ASSET MGMT	68	376
(d) Enter name and EIN (address) of source of indirect compensation STATE STREET 04-2456637	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SOFT DOLLAR CREDITS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	KELLY LAMBERT, NWPS	b EIN:	04-3721424
c Position:	ENROLLED ACTUARY		
d Address:	550 YGNACIO VALLEY RD STE 498 WALNUT CREEK, CA 94596	e Telephone:	800-700-0808

Explanation: THE ENROLLED ACTUARY TERMINATED DUE TO VOLUNTARY RESIGNATION FROM THE FIRM.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MEDIA GUILD RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MEDIA GUILD RETIREMENT PLAN</u>	D Employer Identification Number (EIN) <u>94-6052176</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB GLOBAL EMERGING MKTS DISCOVER</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK N.A.</u>		
c EIN-PN <u>82-0820670-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16855070</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MSCI US EQUITY INDEX NON</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY</u>		
c EIN-PN <u>46-4785323-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23014013</u>
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MEDIA GUILD RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MEDIA GUILD RETIREMENT PLAN	D Employer Identification Number (EIN) 94-6052176

Part I	Asset and Liability Statement
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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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	198000
		159464
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2537271
(2) U.S. Government securities	1c(2)	17388426
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	7249723
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	32361813
(5) Partnership/joint venture interests	1c(5)	13669343
(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)	35012779
(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)	25176650
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	29296954
		39869083
		25021629
		28398702

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	14808	14809
f Total assets (add all amounts in lines 1a through 1e).....	1f	162905767	168979877
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	69711	86022
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4000886	5040046
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4070597	5126068
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	158835170	163853809

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	563000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		563000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	230261	
(B) U.S. Government securities.....	2b(1)(B)	508537	
(C) Corporate debt instruments.....	2b(1)(C)	295723	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1034521
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	266787	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	632526	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		899313
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	190085821	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	185798119	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		4287702
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	6347569	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4985903
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		683214
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		18801222

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12889510	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		12889510
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	186268	
(3) Recordkeeping fees	2i(3)	12000	
(4) IQPA audit fees	2i(4)	31825	
(5) Investment advisory and investment management fees	2i(5)	391813	
(6) Bank or trust company trustee/custodial fees	2i(6)	77341	
(7) Actuarial fees	2i(7)	17000	
(8) Legal fees	2i(8)	63460	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	113366	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		893073
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13782583

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5018639
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		13128785
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 563469.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan MEDIA GUILD RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 MEDIA GUILD RETIREMENT PLAN	D Employer Identification Number (EIN) 94-6052176	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	563000	
b Enter the amount contributed by the employer to the plan for this plan year	6b	563000	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer SAN FRANCISCO CHRONICLE

b EIN 13-3920860 **c** Dollar amount contributed by employer 563000

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 08 Day 08 Year 2027

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

(1) Contribution rate (in dollars and cents) 563000.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): ACTUARIAL CALCULATION

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	0
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	0
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	0

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 61.0 % Private Equity: 9.5 % Investment-Grade Debt and Interest Rate Hedging Assets: 13.4 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.4 % Other: 15.7 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
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Name of Plan	MEDIA GUILD RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	94-6052176	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	MEDIA GUILD RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	94-6052176	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	MEDIA GUILD RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	94-6052176	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

MEDIA GUILD RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Media Guild Retirement Plan
433 Natoma Street, Suite 250
San Francisco, California 94103

Members of the Board:

Opinion

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

San Francisco, California

September 26, 2025



MEDIA GUILD RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	December 31, 2024	December 31, 2023
INVESTMENTS, AT FAIR VALUE		
Short Term Investment Fund	\$ 2,482,364	\$ 2,537,271
Common Stock	34,267,950	32,361,813
Corporate Debt Securities	6,651,800	7,249,723
Government Debt Securities	18,985,291	17,388,426
Mutual Fund	25,021,629	25,176,650
Common Investment Trusts	28,398,702	29,296,954
Common/Collective Trusts	39,869,083	35,012,779
Limited Partnership	13,128,785	13,669,343
TOTAL INVESTMENTS	\$ 168,805,604	\$ 162,692,959
RECEIVABLES		
Investment Income	121,308	153,844
Other	38,156	44,156
TOTAL RECEIVABLES	159,464	198,000
PREPAID INSURANCE	14,809	14,808
TOTAL ASSETS	168,979,877	162,905,767
LIABILITIES		
Accrued Expenses	86,022	69,711
Payable for Investments Purchased, Net	5,040,046	4,000,886
TOTAL LIABILITIES	5,126,068	4,070,597
NET ASSETS AVAILABLE FOR BENEFITS	\$ 163,853,809	\$ 158,835,170

MEDIA GUILD RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023
ADDITIONS		
INVESTMENT INCOME		
Dividends and Interest	\$ 1,933,834	\$ 2,095,429
Net Appreciation of Investments	16,304,388	19,466,086
Less: Investment Fees	<u>(469,154)</u>	<u>(360,033)</u>
NET INVESTMENT INCOME	\$ 17,769,068	\$ 21,201,482
CONTRIBUTIONS		
Employer Contributions	<u>563,000</u>	<u>517,000</u>
TOTAL ADDITIONS	<u>18,332,068</u>	<u>21,718,482</u>
DEDUCTIONS		
BENEFITS		
Pension Benefits	12,889,510	12,599,900
EXPENSES		
Administration	186,268	186,268
Bookkeeping Fees	12,000	11,000
Pension Benefit Guaranty Corp.	66,600	60,384
Legal Fees	63,460	10,770
Audit Fees	31,825	30,900
Actuary Fees	17,000	17,000
Insurance	32,717	35,230
Miscellaneous	<u>14,049</u>	<u>5,759</u>
TOTAL EXPENSES	<u>423,919</u>	<u>357,311</u>
TOTAL DEDUCTIONS	<u>13,313,429</u>	<u>12,957,211</u>
NET INCREASE FOR THE YEAR	5,018,639	8,761,271
NET ASSETS AVAILABLE FOR BENEFITS		
Balance, Beginning of Year	<u>158,835,170</u>	<u>150,073,899</u>
Balance, End of Year	<u><u>\$ 163,853,809</u></u>	<u><u>\$ 158,835,170</u></u>

MEDIA GUILD RETIREMENT PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS

VESTED BENEFITS

Participants Currently Receiving Payments	\$ 110,071,708
Deferred Vested Participants	44,654,335
Active Participants	<u>5,464,622</u>

TOTAL VESTED BENEFITS 160,190,665

NON-VESTED BENEFITS

-

TOTAL ACTUARIAL PRESENT VALUE OF
ACCUMULATED PLAN BENEFITS

\$ 160,190,665

MEDIA GUILD RETIREMENT PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2022 TO DECEMBER 31, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT DECEMBER 31, 2022		\$ 161,248,296
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Interest	\$ 11,629,668	
Benefits Accumulated and Actual Experience	(87,399)	
Benefits Paid	<u>(12,599,900)</u>	
NET (DECREASE)		<u>(1,057,631)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT DECEMBER 31, 2023		<u>\$ 160,190,665</u>

MEDIA GUILD RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The Media Guild Retirement Plan (the “Plan”) was organized on December 18, 1957 to provide pension, disability and death benefits to eligible participants. The Plan is a defined benefit multiemployer pension plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

THE PLAN DOCUMENT INCLUDES DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements are recorded on the accrual basis of accounting.

B. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

C. Employer Contributions

The Board of Trustees has established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. The remaining employer, The Hearst Corporation, makes monthly contributions to the Plan based on an estimated amount determined by the actuary to ensure the Plan maintains a funding standard account balance at or above approximately \$250,000. The Plan’s actuary has advised that the minimum funding requirements of ERISA were met as of December 31, 2024 and 2023.

D. Tax-Exempt Status

The Plan received its latest notice of tax-exempt status on September 2, 2015. The Plan administrator and the Plan’s legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for federal or state income tax is made.

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

E. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

MEDIA GUILD RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The significant actuarial assumptions and methods used in the latest valuation as of December 31, 2023 are: (a) investment earnings at 7.50% per year, (b) life expectancy of participants using the RP-2014 Combined Healthy Blue Collar Mortality Table with generational projection from 2006 using MP 2020, (c) operating expenses assumed to be equal to the prior years actual administrative expenses with 5% increase for inflation, (d) husbands assumed to be 4 years older than wives and 50% of members are assumed to be married, (e) actuarial funding method is the individual entry age normal method and (f) other assumptions and methods for turnover, disability incidence and surviving spouse benefit. There were no changes in the actuarial assumptions from 2022 to 2023.

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

For the years ended December 31, 2023 and 2022, the Plan was certified by the actuary to be not in the critical or endangered status.

NOTE 3 - VESTING

A participant becomes vested after accumulating at least five years of Pension Credit, five years of Credited Service since any break-in-service, or attainment of retirement age.

NOTE 4 - WASTING PLAN

Effective January 1, 2010, the Plan was amended to freeze all future benefit accruals. It is expected that the Plan will continue to exist to pay current and future pensioners. It will operate on payments from the one contributing employer and investment earnings net of investment and operating expenses until assets are exhausted. Based upon the above, the Plan is considered a wasting Plan.

NOTE 5 - PLAN TERMINATION

Although there has been no expressed intent to do so, the Plan may be terminated in accordance with the provisions of ERISA (as amended) and related regulations and in accordance with the Plan document.

Plan benefits are guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") only if the Plan is insolvent. The PBGC, however, will not guarantee benefits or benefit increases in effect for fewer than 60 months before the first day of the Plan year in which a Plan amendment to reduce benefits is taken into account in determining the minimum contribution requirement for the plan year in accordance with the provisions set forth in ERISA.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets available to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

MEDIA GUILD RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 - RELATED PARTY TRANSACTIONS

The Pacific Media Workers Guild (“PMWG”), a related party employee organization, provides administrative services to the Plan. Per an agreement with the PMWG, the Plan pays \$15,522 per month for these services. During the years ended December 31, 2024 and 2023, the Plan paid PMWG \$186,268 each year.

NOTE 7 - INVESTMENT VALUATION AND INCOME RECOGNITION

FASB ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Level 1 investments consists of a short term investment fund, common stock, a mutual fund, and government debt securities that are direct U.S. Treasury Notes and Bonds recorded at fair value based on quoted market prices.

Level 2 investments consist of government debt securities that are not direct U.S. Treasury Notes or Bonds and corporate debt securities recorded at fair value based on closing prices provided by third party pricing services.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan 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.

MEDIA GUILD RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 - INVESTMENT VALUATION AND INCOME RECOGNITION (Continued)

- ³ The Partners Group Private Equity LLC seeks attractive long term capital appreciation by investing in a globally diversified portfolio of private equity investments.
- ⁴ The Marshall Wace Eureka Fund's investment objective is to provide investors with above average absolute returns primarily through investing and trading equities and equity related instruments. Short term volatility is managed through the use of various hedging and risk management techniques.
- ⁵ The Blackrock Equity Index Fund's objective is to approximate as closely as possible the capitalization weighted total rate of return of the S&P 500 Index.

Purchases and sales of securities are recorded on the trade date basis. Dividends are recorded on the ex-dividend date and interest income is recorded on the accrual basis. Realized and unrealized gains and losses are computed using investments' costs for financial statement purposes. For Form 5500 reporting, realized and unrealized gains and losses are computed using investments' market values as of the beginning of the year.

NOTE 8 - RISKS AND UNCERTAINTIES

The actuarial present value of accumulated plan benefits is calculated based on certain assumptions pertaining to interest rate, participant demographics and other assumptions, all of which are subject to change. Due to the inherent uncertainty of the assumption process, it is at least reasonably possible changes in these assumptions in the near term would be material to the disclosure to financial statements of actuarial present value of accumulated plan benefits.

Plan investments are exposed to various risks such as interest rate, market fluctuations and credit risk. Some estimated values may differ from values that would have been used had a ready market existed for the investment. Due to the level of risk associated with investments and the level of uncertainty with respect to the changes in the value of investments, it is reasonably possible that changes in risks in the near term would materially affect the amounts reported in the financial statements.

NOTE 9 - SUBSEQUENT EVENTS

Management of the Plan has evaluated subsequent events through September 26, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

MEDIA GUILD RETIREMENT PLAN
FORM 5500
E.I.N. 94-6052176; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



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

Board of Trustees
Media Guild Retirement Plan
433 Natoma Street, Suite 250
San Francisco, California 94103

Members of the Board:

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

In forming our opinion on the supplemental 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.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

San Francisco, California

September 26, 2025

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

No. of Shares	<u>Common Stock</u>	Fair Value	Cost
2,090	ABBOTT LABS COM	\$ 236,400	\$ 239,036
900	ABERCROMBIE & FITCH CO CL A	134,523	44,662
860	ABM INDS INC	44,015	39,331
570	ADOBE INC	253,468	119,240
2,285	ADVANCE AUTO PARTS INC	108,058	118,298
3,230	ADVANCED MICRO DEVICES INC	390,152	542,996
1,885	AGCO CORP	176,210	184,870
807	ALEXANDER BALDWIN INC NEW	14,316	24,134
6,360	ALPHABET INC CL A	1,203,948	395,265
7,370	AMAZON COM INC	1,616,904	792,772
1,925	AMBARELLA INC	140,025	142,646
2,148	AMERICAN AXLE & MFG HLDGS INC	12,523	21,347
505	APPFOLIO INC A	124,594	92,407
4,820	APPLE INC COM	1,207,024	927,737
13,680	ARISTA NETWORKS INC	1,512,050	588,148
575	ARMSTRONG WORLD INDS INC	81,265	38,901
805	ASSURED GUARANTY LTD	72,458	28,972
1,300	ASTERA LABS INC COM	172,185	116,210
1,520	AUTODESK INC	449,266	324,938
4,450	AXALTA COATING SYSTEMS LTD	152,279	172,406
1,260	AXIS CAPITAL HOLDINGS LTD	111,661	77,315
480	AXON ENTERPRISE INC	285,274	46,841
2,700	AZEK CO INC CL A	128,169	91,158
1,600	AZENTA INC	80,000	94,610
385	BEACON ROOFING SUPPLY INC	39,108	15,936
1,800	BELLRING BRANDS INC	135,612	55,215
3,170	BERRY GLOBAL GROUP INC	205,004	155,845
1,750	BILL HOLDINGS INC	148,243	133,728
965	BLACK HILLS CORP	56,472	56,065
7,250	BLOOM ENERGY CORP COM CL A	161,023	153,549
775	BOOT BARN HOLDINGS INC	117,661	118,415
1,275	BRINKER INTL INC	168,670	133,880
1,500	BROADSTONE NET LEASE INC	23,790	21,950
3,513	BROOKLINE BANCORP INC	41,453	46,604
855	CABOT CORP	78,070	37,881
790	CADENCE DESIGN SYS INC	237,363	210,218
1,000	CARPENTER TECHNOLOGY CORP	169,710	98,527
310	CARTERS INC	16,799	21,402
1,650	CELANESE CORP SER A	114,197	118,432
2,000	CERIDIAN HCM HOLDING INC	145,280	119,274
2,005	CHATHAM LODGING TRUST	17,945	36,762
6,900	CITIZENS FINANCIAL GROUP	301,944	232,096
3,145	CNO FINANCIAL GROUP INC	117,025	50,538
381	COLUMBIA SPORTSWEAR CO	31,977	28,801
1,913	CONCENTRIX CORP	82,776	112,381
6,150	CONFLUENT INC CL A	171,954	171,044
650	CONMED CORP	44,486	46,875
684	CROWN HLDGS INC	56,560	45,852
1,585	CUSHMAN WAKEFIELD PLC	20,732	14,028
1,665	CVB FINL CORP	35,648	28,139
7,865	DENTSPLY SIRONA INC	149,278	228,861
7,423	DEVON ENERGY CORP	242,955	249,676
4,190	DIGITALOCEAN HLDGS INC COM	142,753	112,686
	<u>Forward</u>	<u>\$ 11,981,255</u>	<u>\$ 8,118,900</u>

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 11,981,255	\$ 8,118,900
4,025	DOXIMITY INC CL A	214,895	112,376
5,720	DUN BRADSTREET HLDGS INC COM	71,271	68,187
475	DUOLINGO INC CL A COM	154,009	89,744
2,750	DUTCH BROS INC CL A	144,045	91,254
7,360	DYNATRACE INC	400,016	380,879
1,495	E L F BEAUTY INC	187,697	39,139
1,275	ELASTIC NV	126,327	143,382
985	ENERGIZER HLDGS INC	34,367	39,936
975	ENSIGN GROUP INC THE	129,539	61,996
3,105	ENVISTA HOLDINGS CORPORATION COM	59,895	58,151
65	FIRST CTZNS BANCSHARES INC CL A	137,346	42,634
4,445	FIRST HAWAIIAN INC	115,348	87,982
2,720	FISERV INC	558,742	329,557
1,175	FIVE BELOW	123,328	138,967
3,300	FIVE9 INC	134,112	129,937
1,790	FLOWERS FOODS INC COM	36,981	39,356
14,895	FNB CORP	220,148	148,838
6,800	FORTINET INC	642,464	444,283
1,150	FRESHPET INC	170,327	52,739
8,300	FRESHWORKS INC CLASS A COM	134,211	137,342
675	FRONTDOOR INC	36,902	24,537
1,100	FTAI AVIATION LTD SHS	158,444	124,356
370	GE VERNOVA LLC	121,704	83,556
1,425	GENPACT LIMITED	61,204	47,492
695	GENTHERM INC	27,748	22,389
2,300	GITLAB INC CLASS A COM	129,605	122,102
1,925	GLOBUS MED INCA	159,217	121,433
1,570	GRANITE CONSTRUCTION INC	137,705	58,742
7,900	GRAPHIC PACKAGING HLDG CO COM	214,564	135,184
765	GREIF INC CL A	46,757	32,506
1,725	GRIFFON CORP	122,941	134,949
5,075	GUARDANT HEALTH INC	155,041	114,337
2,400	HALOZYME THERAPEUTICS INC	114,744	82,082
8,700	HANESBRANDS INC	70,818	100,625
1,350	HEALTH EQUITY INC	129,533	88,360
11,792	HEALTHPEAK PROPERTIES INC	239,024	226,954
2,858	HILLENBRAND INC	87,969	118,628
4,830	HOPE BANCORP INC	59,361	57,451
1,645	HORACE MANN EDUCATORS CORP	64,533	53,777
2,140	HOWMET AEROSPACE INC COM	234,052	214,982
200	HYSTER YALE INC	10,186	11,132
1,001	ICU MEDICAL INC	155,325	134,474
2,300	INARI MED INC	117,415	115,428
850	INGREDION INC	116,926	130,768
650	INSPIRE MEDICAL SYSTEMS INC	120,497	116,933
3,225	INTAPP INC COM	206,690	118,134
2,800	INTEGRA LIFESCIENCES HOLDINGS CORP	63,504	80,166
955	INTUIT INC	600,218	312,772
1,695	JAMES RIVER GROUP HOLDINGS L	8,255	29,894
525	JBT MAREL CORPORATION COM	66,728	48,279
3,496	JELD WEN HOLDING INC	28,632	56,007
	<u>Forward</u>	\$ 19,642,565	\$ 13,874,008

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No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 19,642,565	\$ 13,874,008
2,610	KEMPER CORP	173,408	148,570
803	KENNAMETAL INC	19,288	23,538
18,675	KEYCORP	320,090	251,379
1,025	KIRBY CORP COM	108,445	114,336
3,606	KITE REALTY GROUP TRUST	91,015	51,988
831	KOPPERS HLDGS INC	26,924	28,274
5,600	KRATOS DEFENSE & SECURITY	147,728	116,319
4,975	LIFE TIME GROUP HOLDINGS INC COMMON	110,047	109,631
1,725	LIVANOVA PLC	79,885	106,360
3,205	LKQ CORPORATION	117,784	122,152
2,125	LUMENTUM HOLDINGS INC W I	178,394	110,007
925	MAGNERA CORP COM SHS	16,807	14,936
985	MARRIOTT VACATIONS WORLD	88,453	81,044
560	MASTERCARD INC	294,879	193,630
418	MATSON INC	56,363	18,825
915	MAXIMUS INC	68,305	64,847
935	MERCURY SYSTEMS INC	39,270	28,939
1,325	MERIT MED SYS INC	128,154	56,890
2,060	META PLATFORMS INC	1,206,151	1,035,563
4,410	MICROSOFT CORP COM	1,858,815	344,622
1,717	MILLERKNOLL INC COM	38,787	44,874
1,775	MODINE MANUFACTURING CO	205,776	91,317
2,821	MRC GLOBAL INC	36,052	40,059
420	MSC INDL DIRECT CO INC CL A	31,370	35,522
1,602	NCR ATLEOS LLC W I	54,340	31,391
4,305	NCR VOYIX CORPORATION	59,581	63,161
2,545	NEUROCRINE BIOSCIENCES INC	347,393	241,535
2,125	NEXTRACKER INC CLASS A COM	77,626	93,601
3,565	NOMAD FOODS LTD	59,821	57,277
389	NORTHWESTERN ENERGY GROUP INC	20,796	20,992
5,550	NOVO NORDISK AS A D R	477,411	664,433
16,560	NVIDIA CORP	2,223,842	408,754
11,218	OLD NATL BANCORP IND	243,487	175,468
3,345	OLIN CORP NEW	113,061	82,736
12,159	PATTERSON U T I ENERGY INC	100,433	118,523
4,715	PEBBLEBROOK HOTEL TRUST	63,888	64,468
2,075	PEGASYSTEMS INC	193,390	138,778
2,966	PORTLAND GENERAL ELECTRIC CO	129,377	125,700
1,090	POST HOLDINGS INC	124,761	115,080
3,125	PRIMO BRANDS CORPORATION CLASS A COM	96,156	37,894
1,905	RADIAN GROUP INC COM	60,427	38,481
3,640	RANGE RESOURCES CORP	130,967	74,330
706	RAYONIER INC	18,427	18,513
5,410	RESIDEO TECHNOLOGIES INC	124,701	88,392
4,910	REVOLVE GROUP INC	164,436	100,645
760	SCIENCE APPLICATNS INTE	84,953	78,313
2,600	SEMTECH CORP	160,810	112,834
4,015	SENSATA TECHNOLOGIES HOLDING	110,011	137,280
875	SILGAN HLDGS INC	45,544	37,063
1,210	SIMMONS 1ST NATIONAL CORP CL A	26,838	25,881
	<u>Forward</u>	\$ 30,397,232	\$ 20,259,153

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 30,397,232	\$ 20,259,153
975	SOUTHWEST GAS HOLDINGS INC COM	68,942	63,348
2,380	SPIRE INC	161,435	143,014
1,250	SPROUTS FARMERS MARKETS INC	158,838	123,220
1,490	STRIDE INC	154,856	79,345
340	SYNOPSIS INC	165,022	175,767
1,680	TEGNA INC	30,727	32,969
1,564	TEREX CORP	72,288	68,454
5,050	TETRA TECHNOLOGIES INC DEL	18,079	32,783
1,215	THE BRINKS CO	112,716	65,006
915	TIMKEN CO	65,304	73,869
275	TRI POINTE HOMES INC	9,972	3,481
2,800	TXNM ENERGY INC	137,676	102,754
6,650	UBER TECHNOLOGIES INC	401,128	457,849
4,984	UGI CORP	140,698	120,610
15,350	UNDER ARMOUR INC CL A	127,098	119,148
1,140	UNITED BANKSHARES INC W VA	42,807	38,643
1,875	UPSTART HLDGS INC COM	115,444	136,918
2,925	URBAN OUTFITTERS INC	160,524	136,496
6,234	VALLEY NATIONAL BANCORP	56,480	59,976
1,685	VERADIGM INC	16,429	20,712
2,390	VERINT SYSTEMS INC	65,606	74,001
3,400	VERTEX INC CL A	181,390	112,854
2,865	VERTIV HOLDINGS CO	325,493	37,985
5,225	VICTORIAS SECRET AND CO	216,420	109,463
1,480	VISA INC COM CL A	467,739	92,830
2,680	WAFD INC	86,403	72,298
3,975	WAYSTAR HLDG CORP	145,883	127,931
85	WHITE MTNS INS GROUP LTD	165,321	76,234
	<u>TOTALS - COMMON STOCK</u>	<u>\$ 34,267,950</u>	<u>\$ 23,017,111</u>

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Par Value	Corporate Debt Securities	Fair Value	Cost
\$ 8,479	321 HENDERSON 3.944% 7/15/41	\$ 7,862	\$ 8,472
11,000	AERCAP IRELAND 2.450% 10/29/26	10,530	10,593
5,000	AERCAP IRELAND L P 3.000% 10/29/28	4,630	4,354
30,000	AERCAP IRELAND L P 3.300% 1/30/32	26,140	29,075
60,000	AGL CLO 6.62299% 7/20/34	60,120	60,000
25,000	AIR LEASE CORP 3.250% 3/01/25	24,929	25,898
15,000	AIR LEASE CORP MTN 2.200% 1/15/27	14,239	14,820
10,000	AIR LEASE CORP MTN 2.300% 2/01/25	9,975	9,896
44,934	ALLEGRO CLO LTD 5.87512% 4/20/32	44,934	44,934
5,000	ALPHA GENERATION 6.750% 10/15/32	4,947	5,000
10,000	ALTICE FRANCE SA 8.125% 2/01/27	8,107	8,088
25,000	AMERICAN ASSETS L P 3.375% 2/01/31	21,747	22,195
15,000	AMERICAN HOMES 4 L P 3.375% 7/15/51	9,872	10,058
10,000	AMERICAN L P 4.300% 4/15/52	7,787	7,754
25,000	AMERICAN TOWER 5.550% 7/15/33	25,186	24,913
10,000	AMGEN INC 4.200% 2/22/52	7,722	7,621
35,000	AON CORP SR NT 2.800% 5/15/30	31,186	36,026
50,000	APPALACHIAN POWER CO 4.500% 3/01/49	40,036	49,658
23,000	ARDAGH PACKAGING SR 5.250% 8/15/27	13,057	20,930
5,000	ARDAGH PKG FIN HLDGS 4.125% 8/15/26	4,500	4,314
5,000	ARIZONA PUB SVC CO 6.350% 12/15/32	5,280	5,481
5,000	ARTERA SVCS LLC L P 8.500% 2/15/31	4,819	5,000
20,000	ATHENE GLOBAL MTN 1.608% 6/29/26	19,049	20,000
10,000	ATHENE GLOBAL MTN 3.205% 3/08/27	9,553	10,000
37,000	AVOLON HLDGS FDG LTD 2.528% 11/18/27	34,310	37,686
25,000	AVOLON HOLDINGS FNDG 2.875% 2/15/25	24,918	24,983
4,000	B A T INTL FIN PLC 1.668% 3/25/26	3,848	3,528
25,000	BACARDI LTD 4.450% 5/15/25	24,955	27,765
5,000	BANK AMER CORP MTN 2.592% 4/29/31	4,405	4,430
30,000	BANK OF AMERICA CORP 3.419% 12/20/28	28,763	28,643
30,000	BANK OF AMERICA MTN 2.884% 10/22/30	27,111	26,598
20,000	BAYER US FIN LLC 6.875% 11/21/53	20,163	19,722
50,000	BAYER US FINANCE II 4.625% 6/25/38	41,666	54,225
62,000	BBCMS MORTGAGE 5.844% 9/17/57	63,186	64,654
3,026	BC AMERICA FUNDING 6.50002% 6/25/32	3,031	3,131
11,936	BEAR STEARNS ALT 5.43282% 4/25/34	11,803	11,780
20,000	BECTON DICKINSON 4.298% 8/22/32	18,832	20,000
50,000	BENCHMARK MTG TR 6.24954% 7/17/56	52,134	52,432
5,000	BERRY GLOBAL INC 5.650% 1/15/34	5,014	4,986
30,000	BK OF AMERICA CORP 2.572% 10/20/32	25,313	24,934
25,000	BK OF AMERICA MTN 1.922% 10/24/31	20,886	20,432
10,000	BK OF AMERICA MTN 2.299% 7/21/32	8,337	8,167
60,000	BMO 2023-5C1 MTG 7.11755% 8/17/56	63,207	62,372
44,000	BMO MTG TR 2024-5C 0.00001% 9/17/57	44,381	45,320
5,000	BOEING CO CR SEN 6.528% 5/01/34	5,238	5,000
20,000	BOEING CO CR SEN SR 5.805% 5/01/50	18,603	18,591
50,000	BX COML MTG TR 3.54875% 3/11/44	44,264	40,078
10,000	BX TRUST 3.202% 12/09/41	9,032	10,299
18,000	CHARTER 3.700% 4/01/51	11,244	11,294
23,000	CHARTER 3.900% 6/01/52	14,796	14,365
	<u>Forward</u>	\$ 1,045,647	\$ 1,090,495

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Par Value	Corporate Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 1,045,647	\$ 1,090,495
\$ 15,000	CHARTER COMM OPT LLC 4.800% 3/01/50	11,267	15,350
29,000	CHARTER COMM OPT LLC 5.750% 4/01/48	24,790	34,864
16,000	CIGNA CORP 3.400% 3/15/51	10,436	16,277
15,000	CIGNA CORP NEW GLBL 3.400% 3/01/27	14,586	15,549
100,465	CITIGROUP 2.500% 9/25/51	80,360	84,861
100,000	CITIGROUP COMMERCIAL 2.456% 11/10/42	84,863	84,938
15,000	CITIGROUP INC 2.561% 5/01/32	12,696	12,924
25,000	CITIGROUP INC 2.666% 1/29/31	22,119	21,910
20,000	CITIGROUP INC 2.976% 11/05/30	18,038	18,105
30,000	CLOUD CAPITAL 5.781% 11/22/49	29,899	30,000
65,000	CLOVER CLO LLC 1.19632% 1/25/35	65,000	65,000
100,000	COMM MORTGAGE TRUST 2.173% 11/10/46	82,134	84,508
20,000	COMMONSPIRIT 2.782% 10/01/30	17,704	20,379
30,000	CONSTELLATION 5.158% 2/16/29	30,140	30,000
20,000	CPT MORTGAGE TRUST 2.865% 11/13/39	17,526	20,600
79,266	CREDIT SUISSE 2.265% 11/25/66	70,495	68,615
98,254	CREDIT SUISSE 5.169% 6/25/67	97,813	97,579
5,000	CVS HEALTH CORP 4.780% 3/25/38	4,323	4,605
5,000	CVS HEALTH CORP 5.050% 3/25/48	4,123	4,333
6,000	CVS HEALTH CORP 5.125% 7/20/45	5,041	5,441
10,000	CVS HEALTH CORP 5.875% 6/01/53	9,173	9,942
5,000	CVS HEALTH CORP 6.750% 12/10/54	4,903	4,952
15,000	CVS HEALTH CORP 7.000% 3/10/55	15,050	15,000
60,000	DATA 2023 CNTR 5.72808% 8/12/43	60,743	60,047
25,000	DC OFFICE TRUST 2.965% 9/15/45	21,770	25,748
51,165	DELTA AIR LINES 2.000% 6/10/28	47,104	51,165
39,000	DUKE ENERGY 5.350% 1/15/53	37,101	39,125
10,000	ELEVANCE HEALTH INC 5.200% 2/15/35	9,766	9,965
3,000	ENERGY TRANSFER L P 6.550% 12/01/33	3,194	2,997
30,000	EVERGY MO WEST INC 5.650% 6/01/34	30,326	29,973
20,000	EVERSOURCE ENERGY 4.600% 7/01/27	19,862	19,976
20,000	EVERSOURCE ENERGY 5.950% 2/01/29	20,604	19,977
10,000	EXTRA SPACE LP 2.400% 10/15/31	8,309	8,010
8,000	EXTRA SPACE STORAGE 2.200% 10/15/30	6,807	6,329
75,000	FARMERS EXCHANGE CAP 7.200% 7/15/48	76,859	59,438
10,000	FERRELLGAS ESCROW 5.375% 4/01/26	9,895	9,925
15,000	FERRELLGAS ESCROW 5.875% 4/01/29	13,710	14,094
81,000	FIRSTENERGY 2.866% 9/15/28	75,000	81,000
30,000	FIRSTENERGY 5.000% 1/15/35	28,984	29,949
25,000	FRESENIUS MED CARE 1.875% 12/01/26	23,511	25,093
83,784	GCAT TR 6.000% 8/25/53	83,559	81,716
10,000	GGAM FIN LTD 8.000% 6/15/28	10,500	10,000
35,000	GLOBAL PMTS INC 5.300% 8/15/29	35,061	34,998
14,000	GLP CAP LP GLP FING 4.000% 1/15/31	12,805	11,856
10,000	GOLDMAN SACHS 1.948% 10/21/27	9,488	9,517
55,000	GOLDMAN SACHS GROUP 1.431% 3/09/27	52,801	55,016
45,000	GOLDMAN SACHS GROUP 1.542% 9/10/27	42,551	43,738
15,000	GOLDMAN SACHS GROUP 3.750% 2/25/26	14,834	14,965
	<u>Forward</u>	\$ 2,533,270	\$ 2,610,844

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E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

Par Value	Corporate Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 2,533,270	\$ 2,610,844
\$ 20,000	GRIFOLS ESCROW 4.750% 10/15/28	18,379	16,988
100,000	GS MORTGAGE SECRT 2.012% 12/12/53	82,406	83,434
99,979	GS MTG BACKED SEC 2.500% 10/25/51	91,556	89,293
2,000	HAH GROUP HLDG 9.750% 10/01/31	2,002	2,000
34,232	HARBORVIEW MTG LN 4.47935% 6/20/35	32,007	33,718
28,000	HCA INC 5.250% 4/15/25	28,028	29,870
20,000	HCA INC 5.500% 6/15/47	18,160	22,595
20,000	HEALTHCARE TRUST OF 3.100% 2/15/30	17,974	17,563
60,000	HIGHBRIDGE LOAN 6.16182% 1/23/35	60,107	60,000
20,000	HSBC HLDGS PLC SR 2.013% 9/22/28	18,440	19,957
10,000	HSBC HOLDINGS PLC 2.099% 6/04/26	9,882	9,295
10,000	HUDSON PACIFIC 3.250% 1/15/30	6,805	6,975
30,000	HUDSON PACIFIC 4.650% 4/01/29	22,609	32,793
25,000	HUDSON YARDS 2.9428% 12/10/41	22,244	25,693
55,000	HUMANA INC 3.700% 3/23/29	51,916	54,930
9,000	ICAHN ENTERPRISES 9.000% 6/15/30	8,637	8,865
10,000	ICAHN ENTERPRISES LP 9.750% 1/15/29	10,026	10,063
50,000	ILLUMINA INC 5.750% 12/13/27	51,307	49,932
15,000	INTERNATIONAL 2.300% 11/01/30	12,738	11,602
25,000	INTERSTATE PWR LT CO 5.450% 9/30/54	23,647	24,903
5,000	INTL FLAVOR 4.375% 6/01/47	3,910	3,525
10,000	INTL FLAVOR 5.000% 9/26/48	8,583	10,107
5,000	INTL FLAVORS 1.832% 10/15/27	4,592	4,146
5,000	INTL FLAVORS 3.268% 11/15/40	3,569	3,569
5,000	INTL FLAVORS 3.468% 12/01/50	3,275	3,280
5,000	INVITATION HOMES L P 2.000% 8/15/31	4,057	3,778
15,000	INVITATION HOMES LTD 5.500% 8/15/33	14,912	14,351
81,679	J P MORGAN MTG TR 2.500% 11/27/51	71,598	83,682
5,000	JBS USA LUX S A 3.000% 2/02/29	4,561	5,000
10,000	JBS USA LUX S A 3.000% 5/15/32	8,325	10,000
5,000	JBS USA LUX S A 3.750% 12/01/31	4,436	5,000
19,000	JBS USA LUX S A 6.750% 3/15/34	20,088	18,975
20,000	JBS USA LUX S A JBS 6.500% 12/01/52	20,344	20,000
15,000	JP MORGAN CHASE 3.3973% 6/05/39	13,677	15,450
81,752	JP MORGAN MORTGAGE 2.500% 2/25/52	71,655	83,118
86,068	JP MORGAN MORTGAGE 2.500% 4/25/52	68,844	86,485
122,817	JP MORGAN MRTG 2.500% 12/25/51	107,466	106,021
40,000	JPMORGAN CHASE 2.580% 4/22/32	34,312	35,799
5,000	JPMORGAN CHASE CO 1.040% 2/04/27	4,804	4,635
15,000	JPMORGAN CHASE CO 2.069% 6/01/29	13,630	12,816
35,000	JPMORGAN CHASE CO 3.900% 7/15/25	34,875	36,542
55,000	JPMORGAN CHASE CO SR 1.578% 4/22/27	52,813	55,347
15,000	KEVLAR S P A 6.500% 9/01/29	14,108	13,050
55,000	KEYSPAN GAS EAST MTN 3.586% 1/18/52	36,464	55,000
2,000	KRAFT HEINZ FOODS CO 5.000% 7/15/35	1,936	2,157
100,000	LCM LTD 1.38028% 4/15/34	100,000	100,000
5,000	LXP INDUSTRIAL TRUST 6.750% 11/15/28	5,236	4,971
40,000	MADISON PK FDG 6.36743% 4/22/30	40,012	39,240
	<u>Forward</u>	\$ 3,894,222	\$ 4,057,357

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

Par Value	Corporate Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 3,894,222	\$ 4,057,357
\$ 20,000	MAGIC MERGECO INC 5.250% 5/01/28	15,100	20,213
23,000	MODIVCARE INC SR 5.000% 10/01/29	13,526	16,858
482	MORGAN STANLEY 3.40763% 2/25/36	481	481
25,000	MORGAN STANLEY MTN 1.593% 5/04/27	23,963	25,000
20,000	MORGAN STANLEY MTN 1.928% 4/28/32	16,359	15,914
5,000	MORGAN STANLEY MTN 2.943% 1/21/33	4,284	4,286
6,688	MORTGAGEIT TRUST 5.09317% 2/25/35	6,700	6,611
20,000	NEW YORK LIFE 3.750% 5/15/50	14,563	21,903
25,000	NY PRESBYTERIAN 3.563% 8/01/36	20,824	24,999
115,058	OCEANVIEW MORTGAGE 2.500% 6/25/51	100,804	100,742
92,642	OCEANVIEW MTG 2.500% 7/25/51	81,118	77,942
60,000	OCP CLO LTD 6.16299% 10/20/34	60,015	60,000
60,000	ONE BRYANT PARK 2.51641% 9/13/49	52,397	55,071
97,407	ON SLOW BAY 2.500% 5/25/51	85,680	82,229
50,000	OPEN TEXT CORP 6.900% 12/01/27	51,667	51,813
49,000	ORACLE CORP 3.950% 3/25/51	36,295	44,551
5,000	ORACLE CORPORATION 2.800% 4/01/27	4,801	5,203
55,000	PALMER SQUARE 6.06934% 4/20/35	55,087	55,000
5,000	PAPA JOHNS 3.875% 9/15/29	4,479	4,650
20,000	PECO ENERGY CO 1M 4.600% 5/15/52	17,175	19,855
3,000	PETROLEOS MEXICANOS 6.350% 2/12/48	1,971	1,828
2,000	PETROLEOS MEXICANOS 6.750% 9/21/47	1,375	1,267
20,000	PIEDMONT NAT GAS 5.100% 2/15/35	19,386	20,064
73,937	PMT LOAN TRUST 5.500% 10/25/59	72,513	72,631
15,000	PNC FINL SVCS GROUP 6.875% 10/20/34	16,373	14,982
79,372	POPULAR ABS MTG TR 4.75862% 6/25/47	72,910	46,829
80,240	PRKCM TRUST 1.510% 7/25/56	65,950	64,518
104,994	PRKCM TRUST 2.071% 11/25/56	90,755	89,950
2,000	RAISING CANES 9.375% 5/01/29	2,143	2,000
55,000	RECETTE CLO LTD 6.09143% 4/20/34	55,078	55,000
54,136	REGATTA XIV CLO 5.98035% 10/25/31	54,153	54,136
60,000	ROCKFORD TOWER CLO 0.00001% 1/20/36	60,062	60,000
10,000	S L M A 2.10771% 4/25/29	10,441	9,030
10,000	S L M A 5.68195% 1/25/29	10,360	8,661
40,181	S L M A 5.74215% 1/25/29	39,173	39,377
10,000	S L M A 6.66771% 7/25/29	10,339	9,698
10,000	S L M A 6.66771% 7/25/29	10,285	9,552
34,985	S L M A 7.41064% 7/25/22	35,058	35,380
15,000	SANTANDER UK GROUP 1.532% 8/24/26	14,657	15,025
34,263	SEQUOIA MORTGAGE 5.500% 10/25/54	33,626	33,669
10,000	SFAVE COMMERCIAL 3.872% 1/05/43	8,425	9,603
40,000	SOUTHERN CO GAS CAP 5.150% 9/15/32	39,928	39,888
29,250	SPRINT SPECTRUM 5.152% 3/20/28	29,364	31,393
2,500	SPRINT SPECTRUM 4.79064% 3/20/25	2,499	2,609
8,330	STRUCTURED ASSET 4.96083% 4/19/35	7,891	8,174
10,000	SUNOCO LP 7.250% 5/01/32	10,330	10,000
25,000	T MOBILE USA INC 2.250% 2/15/26	24,282	25,000
16,000	T MOBILE USA INC 3.375% 4/15/29	14,934	14,209
	<u>Forward</u>	\$ 5,373,801	\$ 5,535,151

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

Par Value	<u>Corporate Debt Securities (Continued)</u>	Fair Value	Cost
	<u>Forwarded</u>	\$ 5,373,801	\$ 5,535,151
\$ 30,000	T MOBILE USA INC SR 4.700% 1/15/35	28,374	29,956
112,988	TACO BELL FUNDING 1.946% 8/25/51	105,516	104,765
20,000	TAKE TWO INTERACTIVE 4.000% 4/14/32	18,459	19,979
45,000	TEACHERS INSURANCE 3.300% 5/15/50	29,984	46,818
25,372	THORNBURG MTG SECS 5.09321% 9/25/43	24,088	25,024
37,000	TIME WARNER CABL 5.500% 9/01/41	31,398	33,975
30,000	TIME WARNER CABL 5.875% 11/15/40	26,844	29,076
55,000	TRESTLES CLO LTD 6.6741% 10/20/34	55,300	55,000
35,000	UBER TECHNOLOGIES 4.800% 9/15/34	33,497	34,975
80,000	UBS COMMERCIAL 3.2034% 10/15/52	70,900	69,284
14,665	UNITED AIR LINES 5.800% 7/15/37	14,955	14,665
15,102	UNITED AIRLINES 4.300% 2/15/27	15,019	15,516
40,000	UNITEDHEALTH GROUP 5.150% 7/15/34	39,466	41,861
10,000	UNIVERSAL HLTH SVCS 1.650% 9/01/26	9,466	9,988
15,000	US BANCORP 4.839% 2/01/34	14,358	14,720
25,000	VENTAS REALTY LP 2.650% 1/15/25	24,960	24,864
25,000	VENTURE GLOBAL LNG 7.000% 1/15/30	25,375	25,000
97,693	VERUS SECURITIZ TR 5.535% 8/25/69	97,140	97,692
88,206	VERUS SECURITIZATION 1.013% 9/25/66	73,347	72,343
5,000	VICI PROPERTIES L P 5.625% 5/15/52	4,652	4,989
9,972	WAMU MORTGAGE 5.13423% 12/25/45	9,911	9,951
30,905	WAMU MORTGAGE PASS 5.04967% 4/25/45	30,902	30,649
15,703	WAMU MORTGAGE PASS 5.42154% 7/25/44	14,847	15,663
65,209	WAMU MORTGAGE PASS 5.48708% 10/25/44	62,589	63,510
55,780	WAMU MTG CERT 5.19105% 6/25/45	53,473	54,734
23,000	WARNERMEDIA HLDGS 4.279% 3/15/32	20,268	20,600
30,000	WARNERMEDIA HLDGS 5.050% 3/15/42	24,086	30,000
88,000	WARNERMEDIA HLDGS 5.141% 3/15/52	65,384	78,763
41,000	WB COML MTG TR 6.13438% 3/16/40	41,128	40,679
15,000	WELLS FARGO CO 4.897% 7/25/33	14,487	14,509
10,000	WELLS FARGO CO 5.013% 4/04/51	8,877	12,657
75,000	WELLS FARGO CO MTN 2.393% 6/02/28	70,637	77,992
5,000	WELLS FARGO CO MTN 3.350% 3/02/33	4,383	4,762
35,000	WELLS FARGO CO MTN 5.574% 7/25/29	35,536	33,941
15,000	WILLIS NORTH AMERICA 2.950% 9/15/29	13,636	15,457
40,000	WISCONSIN PWR LT 6.06181% 3/30/34	39,829	39,924
25,000	WRKCO INC 3.750% 3/15/25	24,928	25,268
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>	<u>\$ 6,651,800</u>	<u>\$ 6,874,700</u>

Government Debt Securities

\$ 15,000	CALIFORNIA HEALTH 3.000% 8/15/51	\$ 11,990	\$ 11,267
86,315	F H L M C #QE0312 2.000% 4/01/52	67,242	76,011
81,362	F H L M C #SD8189 2.500% 12/01/51	66,635	72,937
106,680	F H L M C #SD8193 2.000% 1/01/52	83,240	92,960
103,496	F H L M C #SD8194 2.500% 1/01/52	84,658	96,336
	<u>Forward</u>	<u>\$ 313,765</u>	<u>\$ 349,511</u>

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

Par Value	Government Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 313,765	\$ 349,511
\$ 85,106	F H L M C #SD8205 2.500% 4/01/52	69,587	77,796
108,721	F H L M C #SD8212 2.500% 4/01/52	88,733	100,225
129,187	F H L M C #SD8213 3.000% 5/01/52	109,869	110,793
40,274	F H L M C #SD8265 4.000% 10/01/52	36,887	38,378
2,990	F H L M C #ZA5103 3.500% 12/01/47	2,683	3,162
6,110	F H L M C #ZT0542 4.000% 7/01/48	5,683	6,532
6,289	F H L M C GD G07786 4.000% 8/01/44	5,918	6,634
17,763	F H L M C GD G07849 3.500% 5/01/44	16,187	18,462
7,520	F H L M C GD G07924 3.500% 1/01/45	6,815	7,854
9,616	F H L M C GD G08710 3.000% 6/01/46	8,358	9,883
8,535	F H L M C GD G08711 3.500% 6/01/46	7,670	8,975
32,338	F H L M C GD G08715 3.000% 7/01/46	28,100	33,129
12,225	F H L M C GD G08716 3.500% 7/01/46	11,065	12,917
6,239	F H L M C GD G08722 3.500% 8/01/46	5,630	6,591
18,712	F H L M C GD G08726 3.000% 9/01/46	16,254	19,408
12,753	F H L M C GD G08732 3.000% 10/01/46	11,078	13,156
3,223	F H L M C GD G08738 3.500% 11/01/46	2,896	3,288
6,558	F H L M C GD G08757 3.500% 3/01/47	5,894	6,738
7,129	F H L M C GD G08784 3.500% 9/01/47	6,413	7,041
31,535	F H L M C GD G08796 3.500% 12/01/47	28,322	32,318
1,684	F H L M C GD G08833 5.000% 6/01/48	1,661	1,779
1,011	F H L M C GD G08844 5.000% 10/01/48	993	1,058
2,218	F H L M C GD G08849 5.000% 11/01/48	2,186	2,321
20,298	F H L M C GD G60138 3.500% 8/01/45	18,512	21,065
30,172	F H L M C GD G60278 4.000% 10/01/45	28,356	32,445
36,043	F H L M C GD G60440 3.500% 3/01/46	32,584	37,100
49,189	F H L M C GD G61556 3.500% 8/01/48	44,229	49,428
42,325	F H L M C GD G67707 3.500% 1/01/48	38,171	42,877
13,358	F H L M C GD G67711 4.000% 3/01/48	12,443	13,630
8,836	F H L M C GD Q52319 3.500% 11/01/47	7,941	8,839
57,919	F H L M C GD Q52850 3.500% 12/01/47	52,054	58,091
5,339	F H L M C MLTCL M 20.500% 2/15/32	5,991	5,628
14,399	F H L M C MLTCL MT 6.03403% 11/25/54	14,338	14,388
47,854	F H L M C MLTCL MTG 4.000% 2/15/47	44,272	50,231
691	F H L M C MLTCL MTG 4.000% 6/15/47	687	695
11,716	F H L M C MLTCL MTG 5.000% 1/15/34	11,768	10,934
5,563	F N M A #607794 7.500% 11/01/31	5,613	5,811
9,253	F N M A #655928 7.000% 8/01/32	9,588	9,866
22,573	F N M A #AL0149 4.000% 2/01/41	21,298	22,690
55,941	F N M A #AS6451 3.500% 1/01/46	50,502	56,155
2,028	F N M A #AS9830 4.000% 6/01/47	1,881	2,135
2,138	F N M A #AS9972 4.000% 7/01/47	1,983	2,252
2,508	F N M A #BD5046 3.500% 2/01/47	2,251	2,589
11,521	F N M A #BM2003 4.000% 10/01/47	10,686	11,969
30,781	F N M A #BN7755 3.000% 9/01/49	26,648	32,525
63,593	F N M A #BQ6913 2.000% 12/01/51	49,619	56,166
159,163	F N M A #BV8477 3.000% 5/01/52	136,327	144,076
85,904	F N M A #BV8515 3.000% 5/01/52	73,152	79,196
	<u>Forward</u>	\$ 1,493,541	\$ 1,648,730

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

Par Value	Government Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 1,493,541	\$ 1,648,730
\$ 2,782	F N M A #CA0996 3.500% 1/01/48	2,494	2,756
34,902	F N M A #CA1182 3.500% 2/01/48	31,231	36,486
10,114	F N M A #CA1710 4.500% 5/01/48	9,633	10,517
1,952	F N M A #CA1711 4.500% 5/01/48	1,858	2,026
5,739	F N M A #CA2327 4.000% 9/01/48	5,347	5,892
35,192	F N M A #CA3633 3.500% 6/01/49	31,584	37,490
105,355	F N M A #CB2610 2.000% 1/01/52	82,849	93,445
61,820	F N M A #CB2802 2.000% 2/01/52	48,768	50,866
144,161	F N M A #FM9669 2.000% 12/01/51	113,821	128,101
25,948	F N M A #FS1598 2.000% 4/01/52	20,238	22,190
23,628	F N M A #FS7252 5.000% 11/01/53	22,848	23,001
9,949	F N M A #MA1561 3.000% 8/01/33	9,354	9,801
14,945	F N M A #MA1584 3.500% 9/01/33	14,279	15,157
43,757	F N M A #MA2705 3.000% 7/01/46	37,985	43,199
16,326	F N M A #MA2895 3.000% 2/01/47	14,188	15,834
6,095	F N M A #MA3014 3.500% 5/01/27	6,023	6,277
2,915	F N M A #MA3027 4.000% 6/01/47	2,714	3,074
11,901	F N M A #MA3088 4.000% 8/01/47	11,037	12,561
4,480	F N M A #MA3210 3.500% 12/01/47	4,017	4,483
11,220	F N M A #MA3295 3.500% 2/01/28	11,049	11,563
4,105	F N M A #MA3537 4.500% 11/01/48	3,915	4,270
12,147	F N M A #MA3811 3.000% 10/01/49	10,265	12,192
13,353	F N M A #MA4093 2.000% 8/01/40	11,176	13,783
66,566	F N M A #MA4158 2.000% 9/01/50	52,287	54,865
55,226	F N M A #MA4176 2.000% 10/01/40	46,140	56,961
109,325	F N M A #MA4356 2.500% 6/01/51	89,834	92,926
103,650	F N M A #MA4548 2.500% 1/01/52	84,629	96,451
104,430	F N M A #MA4563 2.500% 3/01/52	85,264	96,165
44,181	F N M A #MA4978 5.000% 3/01/53	42,658	42,952
67,469	F N M A #MA5038 5.000% 5/01/53	65,229	65,730
15,548	F N M A GTD REMIC 3.000% 6/25/49	13,609	15,641
29,297	F N M A GTD REMIC 6.04671% 5/25/44	29,306	29,297
250,000	F N M A TBA 30YR 2.500% 1/15/44	203,595	209,678
375,000	F N M A TBA 30YR 3.000% 1/15/47	318,458	326,709
550,000	F N M A TBA 30YR 3.500% 1/15/44	486,431	497,440
550,000	F N M A TBA 30YR 4.000% 1/15/44	502,909	516,529
900,000	F N M A TBA 30YR 4.500% 1/15/45	846,423	867,638
275,000	F N M A TBA 30YR 5.000% 1/15/53	265,397	270,642
775,000	FHLMC TBA 30YR 2.000% 1/15/51	602,865	620,543
110,570	FNMA CB0610 2.500% 5/01/51	91,876	95,056
150,000	G N M A I I # 5.500% 1/15/53	148,760	150,541
19,031	G N M A I I #AU1220 3.000% 8/20/46	16,754	18,775
6,110	G N M A I I #MA3597 3.500% 4/20/46	5,533	6,374
45,158	G N M A I I #MA3937 3.500% 9/20/46	40,865	46,859
7,435	G N M A I I #MA4126 3.000% 12/20/46	6,540	7,528
4,286	G N M A I I #MA4450 3.000% 5/20/47	3,766	4,360
17,092	G N M A I I #MA4510 3.500% 3/20/47	15,435	17,247
5,520	G N M A I I #MA4567 4.000% 6/20/47	5,164	5,678
	<u>Forward</u>	\$ 6,069,941	\$ 6,426,279

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

Par Value	Government Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 6,069,941	\$ 6,426,279
\$ 7,726	G N M A I I #MA4588 4.500% 7/20/47	7,422	8,057
13,651	G N M A I I #MA4719 3.500% 9/20/47	12,309	14,133
25,633	G N M A I I #MA4777 3.000% 10/20/47	22,506	25,851
8,034	G N M A I I #MA4837 3.500% 11/20/47	7,270	8,115
3,718	G N M A I I #MA4838 4.000% 11/20/47	3,472	3,904
24,555	G N M A I I #MA4900 3.500% 12/20/47	22,191	24,762
14,274	G N M A I I #MA5020 4.000% 2/20/48	13,317	14,822
14,170	G N M A I I #MA5399 4.500% 8/20/48	13,581	14,675
5,356	G N M A I I #MA5466 4.000% 9/20/48	4,994	5,499
13,042	G N M A I I #MA5528 4.000% 10/20/48	12,125	13,384
9,860	G N M A I I #MA6209 3.000% 10/20/49	8,408	9,918
105,792	G N M A I I #MA8201 4.500% 8/20/52	100,224	100,837
250,000	G N M A I I TBA 4.000% 1/15/44	230,245	235,205
225,000	G N M A I I TBA 4.500% 1/15/44	212,661	217,052
2,274	G N M A GTD REMIC 1.575% 8/16/38	9	278
13,790	G N M A GTD REMIC 2.288% 7/16/39	684	1,879
75,000	G N M A GTD REMIC 3.000% 7/20/46	63,034	75,281
3,937	G N M A GTD REMIC 3.000% 9/20/49	3,419	3,971
55	G N M A GTD REMIC 3.500% 12/20/48	54	56
22,523	G N M A GTD REMIC 5.855% 2/20/54	22,629	22,509
24,739	G N M A GTD REMIC 6.48002% 6/20/54	24,765	24,677
300,000	GNMA II TBA 30YR 5.000% 1/15/53	291,012	296,238
300,000	GNMAII TBA 30YR 2.500% 1/15/50	250,500	254,771
50,000	NEW YORK CITY NY 3.950% 8/01/32	46,732	51,724
30,000	NEW YORK ST DORM 5.289% 3/15/33	29,727	35,510
35,000	SAN FRANCISCO CA 6.000% 11/01/40	35,772	43,148
235,000	U S TREASURY BD 4.250% 8/15/44	212,668	233,725
1,520,000	U S TREASURY NT 4.000% 12/15/27	1,508,311	1,515,851
725,000	U S TREASURY NT 4.125% 11/30/29	716,764	724,475
1,340,000	U S TREASURY NT 4.250% 11/15/34	1,305,080	1,331,368
445,000	U S TREASURY NT 4.250% 11/30/26	444,911	445,267
1,755,000	U S TREASURY NT 4.250% 12/31/26	1,755,140	1,752,635
3,465,000	U S TREASURY NT 4.375% 12/31/29	3,463,268	3,456,530
915,000	U S TREASURY NT 4.500% 11/15/54	872,388	910,583
930,000	U S TREASURY NT 4.625% 11/15/44	901,737	944,441
300,000	UMBS TBA 30YR 5.500% 1/15/53	296,021	300,289
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>	<u>\$ 18,985,291</u>	<u>\$ 19,547,699</u>

MEDIA GUILD RETIREMENT PLAN
 FORM 5500
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 E.I.N. 94-6052176; PLAN NO. 001
 DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Mutual Fund</u>	<u>Fair Value</u>	<u>Cost</u>
739,847	MFS INSTL INTERNATIONAL EQUITY FUND	\$ 25,021,629	\$ 15,579,034
	<u>Common Investment Trusts</u>		
40,337	MARSHALL WACE EUREKA FUND	\$ 13,485,805	\$ 5,913,978
6,947,864	PARTNERS GROUP PRIVATE EQUITY LLC	14,912,897	6,863,091
	<u>TOTALS - COMMON INVESTMENT TRUSTS</u>	<u>\$ 28,398,702</u>	<u>\$ 12,777,069</u>
	<u>Common/Collective Trusts</u>		
816,226	JPM GLOBAL EMERGING MARKETS DISCOVERY FUND	\$ 16,855,070	\$ 13,263,879
214,019	BLACKROCK EQUITY INDEX FUND	23,014,013	7,680,101
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 39,869,083</u>	<u>\$ 20,943,980</u>
	<u>Limited Partnership</u>		
	BPIF NON-TAXABLE LP	\$ 13,128,785	\$ 10,848,707
	<u>Short Term Investment Fund</u>		
2,482,364	FIRST AMERICAN GOVERNMENT OBLIGATION FUND	\$ 2,482,364	\$ 2,482,364
	<u>TOTALS - INVESTMENTS AT FAIR VALUE</u>	<u>\$ 168,805,604</u>	<u>\$ 112,070,664</u>

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 94-6052176; PLAN NO. 001
JANUARY 1, 2024 TO DECEMBER 31, 2024

Description of Asset	Interest Rate (%)	Maturity Date	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
FIRST AMERICAN GOVERNMENT OBLIGATION FUND	-	-	\$ 108,122,472	\$ -	\$ 108,122,472	\$ -
	-	-	-	107,675,206	107,675,206	-

2024 Schedule MB (Form 5500), Line 8b(2)

Plan Name: Media Guild Retirement Plan
Employer ID: 94-6052176
Plan Number: 001

SCHEDULE MB, LINE 8b(2) – SCHEDULE OF ACTIVE PARTICIPANT DATA

Attained Age	Years of Credited Service							Total
	Under 5	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 & up	
Under 25	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0
45 to 49	0	0	1	1	2	0	0	4
50 to 54	0	1	0	1	4	1	0	7
55 to 59	0	0	1	2	1	5	1	10
60 to 64	0	0	0	1	6	3	3	13
65 to 69	0	0	0	0	2	4	1	7
70 & up	0	0	0	0	0	0	1	1
Total	0	1	2	5	15	13	6	42

2024 Schedule MB (Form 5500), Line 6

Plan Name: Media Guild Retirement Plan
Employer ID: 94-6052176
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Cost Method: Entry Age Normal Method.

Asset Valuation Method: Investment income during the year is equal to expected income plus 20% of the excess (or minus 20% of the deficit) of market earnings over assumed earnings for the current and prior four years. Actuarial value may not be less than 80% or more than 120% of market value.

Actuarial Assumptions:

Interest Discount Rate: For Funding: 7.50% compounded annually.
For ASC960: 6.00%.
For Current Liability: 3.29%.

Investment Yield: 7.50% compounded annually, net of investment expenses.

Operational Expenses: Estimated based on the most recent audit report with a 5% increase for inflation. Administrative expenses are assumed to remain constant. Investment expenses are assumed to be provided for by fund earnings.

Mortality: RP-2014 (adjusted to 2006 Base Year) with Generational Projections from 2006 using scale MP2020.

Accrued Benefits: No additional accruals after January 1, 2010.

Non-retired Marital Status: For active participants, 50% are assumed to be married and husbands are assumed to be 4 years older than wives. For inactive participants, form of payment has been selected and includes spouse's date of birth.

Exempt Employees: Valued as vested terminations.

2024 Schedule MB (Form 5500), Line 6

Plan Name: Media Guild Retirement Plan
Employer ID: 94-6052176
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Assumptions (Continued):

Inactive Retirement Date: Vested terminated and exempt employees are assumed to retire at age 65 or immediately, if over age 65.

Active Termination: Active participants are assumed to work until retirement and retire from active status.

Active Retirement:	<u>Age</u>	<u>Retirement Rate</u>
	55-57	0.025
	58-59	0.035
	60	0.250
	61	0.090
	62	0.200
	63	0.150
	64	0.200
	65	1.000

Form of Payments: Married participants are assumed to retire with a 100% Joint & Survivor Annuity and non-married participants are assumed to retire with a Single Life Annuity.

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

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

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan MEDIA GUILD RETIREMENT PLAN	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	12/18/1957
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MEDIA GUILD RETIREMENT PLAN 433 NATOMA ST STE 250 SAN FRANCISCO, CA 94103	2b Employer Identification Number (EIN)	94-6052176
	2c Plan Sponsor's telephone number	415-543-2569
	2d Business code (see instructions)	511110

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

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

SIGN HERE	DocuSigned by: <i>Michael Applegate</i>	10/14/2025	Michael Applegate
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	DocuSigned by: <i>Carolene Eaddy</i>	10/14/2025	Carolene Eaddy
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 94-6052176
	3c Administrator's telephone number 415-543-2569

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1819
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 42
a(2) Total number of active participants at the end of the plan year	6a(2) 30
b Retired or separated participants receiving benefits	6b 1032
c Other retired or separated participants entitled to future benefits.	6c 617
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 1679
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 118
f Total. Add lines 6d and 6e.	6f 1797
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 1

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1B 1I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 _____

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 94-6052176; PLAN NO. 001
JANUARY 1, 2024 TO DECEMBER 31, 2024

Description of Asset	Interest Rate (%)	Maturity Date	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
FIRST AMERICAN GOVERNMENT OBLIGATION FUND	-	-	\$ 108,122,472	\$ -	\$ 108,122,472	\$ -
	-	-	-	107,675,206	107,675,206	-

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

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

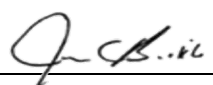
A Name of plan MEDIA GUILD RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MEDIA GUILD RETIREMENT PLAN	D Employer Identification Number (EIN) 94-6052176	

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

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

b Assets		
(1) Current value of assets	1b(1)	158,835,170
(2) Actuarial value of assets for funding standard account.....	1b(2)	166,966,475
c (1) Accrued liability for plan using immediate gain methods	1c(1)	159,977,973
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	0
(b) Accrued liability under entry age normal method.....	1c(2)(b)	0
(c) Normal cost under entry age normal method	1c(2)(c)	0
(3) Accrued liability under unit credit cost method.....	1c(3)	160,190,665
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	237,748,789
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	0
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	13,850,204
(3) Expected plan disbursements for the plan year	1d(3)	14,212,056

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

SIGN HERE	 Signature of actuary	<u>10/9/2025</u> Date
	<u>JASON C. BIRKLE</u> Type or print name of actuary	<u>2307856</u> Most recent enrollment number
	<u>NWPS</u> Firm name	<u>408-298-1170</u> Telephone number (including area code)
	<u>160 W. SANTA CLARA STREET SUITE 1550 SAN JOSE CA 95113</u> Address of the firm	

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

k Has a change been made in funding method for this plan year? Yes No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? Yes No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability 6a 3.29%

	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	7P	7P
(2) Females	7P	7P
d Valuation liability interest rate	7.50%	7.50%
e Salary scale	%	<input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.4%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.7%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	375,177
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1,694,533	-178,576

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval 8a

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. Yes No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). Yes No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. Yes No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? Yes No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? Yes No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. 8d(2)

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? Yes No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). 8d(4)

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension 8d(5)

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? Yes No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	430,825
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	28,460,608
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	456,067
e Total charges. Add lines 9a through 9d	9e	6,536,955
Credits to funding standard account:		
f Prior year credit balance, if any	9f	451,420
g Employer contributions. Total from column (b) of line 3	9g	563,000
	Outstanding balance	
h Amortization credits as of valuation date	9h	34,997,690
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	516,547
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	3,225,163
(2) "RPA '94" override (90% current liability FFL)	9j(2)	44,030,801
(3) FFL credit	9j(3)	
k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	7,690,430
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	1,153,475
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

October 9, 2025

Mr. Jesse Ward
Partner/CPA
Miller Kaplan
595 Market Street, Suite 920
San Francisco, CA 94105

Re: Media Guild Retirement Plan – 2024 Form 5500 Schedule MB

Dear Jesse:

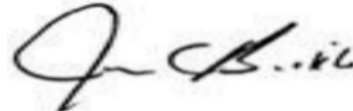
Enclosed is the following item for the Media Guild Retirement Plan:

- 2024 Form 5500 Schedule MB, Actuarial Information with attachments. The Schedule MB and attachments should be attached to the 2024 Form 5500 filing.
- Notice to Terminated Enrolled Actuary.
There is a change in the Enrolled Actuary this year. The change in the Enrolled Actuary signing the MB must be reported on Schedule C, Part III as a termination of the Plan's Enrolled Actuary. You can provide the following explanation for the termination on the Schedule C: "The enrolled actuary terminated due to voluntary resignation from the firm."

The plan administrator must provide a notice to the terminated enrolled actuary. We have attached a draft Notice for your review. The administrator must sign and send this or a similar notice to Kelly Lambert at the address on the notice, or another more current address, if available.

Please let me know if you have any questions or need further assistance or information.

Sincerely,



Jason C. Birkle, FCA, EA, MAAA, ASA
Director of Actuarial Services
NWPS

Enclosures

cc: Jess Olivares
Michael Applegate

2024 Schedule MB (Form 5500), Line 8b(1)

Plan Name: Media Guild Retirement Plan
Employer ID: 94-6052176
Plan Number: 001

SCHEDULE MB, LINE 8b(1) – SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$254,859	\$818,924	\$12,771,030	\$13,844,813
2025	345,689	1,263,512	12,446,845	14,056,046
2026	373,934	1,623,535	12,107,688	14,105,157
2027	398,107	2,125,633	11,753,430	14,277,170
2028	419,102	2,546,070	11,383,997	14,349,168
2029	435,587	2,877,214	10,999,336	14,312,138
2030	453,396	3,316,650	10,599,468	14,369,514
2031	480,602	3,652,022	10,184,545	14,317,170
2032	490,831	3,960,381	9,754,935	14,206,146
2033	501,084	4,209,820	9,311,326	14,022,230
2034	507,335	4,466,220	8,854,774	13,828,329
2035	515,265	4,672,256	8,386,684	13,574,205
2036	523,575	4,893,705	7,908,872	13,326,151
2037	520,967	5,026,056	7,423,460	12,970,484
2038	516,927	5,152,148	6,932,851	12,601,926
2039	510,998	5,244,487	6,439,762	12,195,248
2040	502,726	5,313,858	5,947,140	11,763,724
2041	493,683	5,299,677	5,458,103	11,251,463
2042	488,471	5,265,999	4,975,919	10,730,389
2043	475,773	5,211,453	4,503,956	10,191,182
2044	461,994	5,156,993	4,045,650	9,664,637
2045	447,102	5,057,695	3,604,469	9,109,266
2046	431,079	4,947,563	3,183,825	8,562,466
2047	413,933	4,805,372	2,786,917	8,006,221
2048	395,702	4,640,706	2,416,591	7,452,999
2049	376,459	4,461,662	2,075,207	6,913,328
2050	356,317	4,272,573	1,764,522	6,393,412
2051	335,434	4,069,808	1,485,591	5,890,832
2052	314,003	3,856,094	1,238,701	5,408,798
2053	292,241	3,634,132	1,023,344	4,949,718
2054	270,380	3,405,759	838,261	4,514,401
2055	248,657	3,173,085	681,533	4,103,275
2056	227,298	2,938,418	550,729	3,716,446
2057	206,512	2,704,167	443,085	3,353,764
2058	186,480	2,472,703	355,668	3,014,852
2059	167,352	2,246,252	285,524	2,699,129
2060	149,241	2,026,818	229,834	2,405,893
2061	132,224	1,816,156	186,015	2,134,395
2062	116,353	1,615,753	151,750	1,883,857
2063	101,660	1,426,820	125,044	1,653,524
2064	88,154	1,250,284	104,234	1,442,672
2065	75,837	1,086,819	87,977	1,250,632
2066	64,693	936,864	75,217	1,076,775
2067	54,696	800,621	65,143	920,460
2068	45,808	678,059	57,143	781,010
2069	37,979	568,931	50,759	657,670
2070	31,153	472,792	45,649	549,593
2071	25,268	389,013	41,550	455,831
2072	20,254	316,808	38,260	375,323
2073	16,035	255,281	35,616	306,931

2024 Schedule MB (Form 5500), Line 8b(3)

Plan Name: Media Guild Retirement Plan

Employer ID: 94-6052176

Plan Number: 001

**SCHEDULE MB, LINE 8b(3) – SCHEDULE OF PROJECTION OF EMPLOYER CONTRIBUTIONS
AND WITHDRAWAL LIABILITY PAYMENTS**

<u>Plan Year</u>	<u>Employer Contributions</u>	<u>Withdrawal Liability Payments</u>	<u>Total</u>
2024	\$563,000	\$0	\$563,000
2025	724,000	0	724,000
2026	1,816,000	0	1,816,000
2027	1,122,000	0	1,122,000
2028	251,000	0	251,000
2029	1,001,000	0	1,001,000
2030	908,000	0	908,000
2031	352,000	0	352,000
2032	486,000	0	486,000

2024 Schedule MB (Form 5500), Line 6

Plan Name: Media Guild Retirement Plan
Employer ID: 94-6052176
Plan Number: 001

SCHEDULE MB, LINE 6 – SUMMARY OF PLAN PROVISIONS

Plan Type: Qualified defined benefit plan.

Plan Effective Date: December 18, 1957.

Plan Year: January 1 – December 31.

Monthly Normal Retirement Benefit: One-twelfth (1/12) of the sum of (A) through (D) below:

- (A) **Basic Benefit:** 3.2137% times the Participant's career earnings through December 31, 2005.
- (B) **Additional Benefit:** Up to \$8.25 for each year of credited service through December 31, 2005.
- (C) **New Benefit:** One percent (1%) times the Participant's earnings between January 1, 2006 and December 31, 2009.
- (D) **Supplemental Benefit:** One week's pay for each six months of continued and uninterrupted service through December 31, 2005. Payable as an actuarial equivalent life annuity.

Maximum Pension:

Basic Benefit: Maximum of \$1,000 per month for up to 15 years of service; maximum is increased by \$12 per year of service beginning with 15 years of service up to \$1,300 for participants with 39 or more years of service.

Supplemental Benefit: Maximum of 60 week's pay.

No additional accruals after January 1, 2010.

Normal Retirement Age: Age 65 with 5 years of service.

Normal Form of Benefit: Life Annuity for single participants and 100% Joint and Survivor Annuity for married participants.

Early Retirement Age: Age 55 and 5 years of service.

Early Retirement Benefit: The accrued benefit is reduced on an actuarially equivalent basis for each year preceding normal retirement age.

Late Retirement Benefit: Actuarially increased normal retirement benefit payable for life.

Vesting: 5 Years of Vesting Credit.

Death Benefit: The Basic, Additional and Supplemental benefits are payable to the participant's spouse or domestic partner of as if the participant retired on date of death and elected 100% joint and survivor form of payment. Payments begin at date the participant turns 45 if participant dies before age 45.

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

No. of Shares	<u>Common Stock</u>	Fair Value	Cost
2,090	ABBOTT LABS COM	\$ 236,400	\$ 239,036
900	ABERCROMBIE & FITCH CO CL A	134,523	44,662
860	ABM INDS INC	44,015	39,331
570	ADOBE INC	253,468	119,240
2,285	ADVANCE AUTO PARTS INC	108,058	118,298
3,230	ADVANCED MICRO DEVICES INC	390,152	542,996
1,885	AGCO CORP	176,210	184,870
807	ALEXANDER BALDWIN INC NEW	14,316	24,134
6,360	ALPHABET INC CL A	1,203,948	395,265
7,370	AMAZON COM INC	1,616,904	792,772
1,925	AMBARELLA INC	140,025	142,646
2,148	AMERICAN AXLE & MFG HLDGS INC	12,523	21,347
505	APPFOLIO INC A	124,594	92,407
4,820	APPLE INC COM	1,207,024	927,737
13,680	ARISTA NETWORKS INC	1,512,050	588,148
575	ARMSTRONG WORLD INDS INC	81,265	38,901
805	ASSURED GUARANTY LTD	72,458	28,972
1,300	ASTERA LABS INC COM	172,185	116,210
1,520	AUTODESK INC	449,266	324,938
4,450	AXALTA COATING SYSTEMS LTD	152,279	172,406
1,260	AXIS CAPITAL HOLDINGS LTD	111,661	77,315
480	AXON ENTERPRISE INC	285,274	46,841
2,700	AZEK CO INC CL A	128,169	91,158
1,600	AZENTA INC	80,000	94,610
385	BEACON ROOFING SUPPLY INC	39,108	15,936
1,800	BELLRING BRANDS INC	135,612	55,215
3,170	BERRY GLOBAL GROUP INC	205,004	155,845
1,750	BILL HOLDINGS INC	148,243	133,728
965	BLACK HILLS CORP	56,472	56,065
7,250	BLOOM ENERGY CORP COM CL A	161,023	153,549
775	BOOT BARN HOLDINGS INC	117,661	118,415
1,275	BRINKER INTL INC	168,670	133,880
1,500	BROADSTONE NET LEASE INC	23,790	21,950
3,513	BROOKLINE BANCORP INC	41,453	46,604
855	CABOT CORP	78,070	37,881
790	CADENCE DESIGN SYS INC	237,363	210,218
1,000	CARPENTER TECHNOLOGY CORP	169,710	98,527
310	CARTERS INC	16,799	21,402
1,650	CELANESE CORP SER A	114,197	118,432
2,000	CERIDIAN HCM HOLDING INC	145,280	119,274
2,005	CHATHAM LODGING TRUST	17,945	36,762
6,900	CITIZENS FINANCIAL GROUP	301,944	232,096
3,145	CNO FINANCIAL GROUP INC	117,025	50,538
381	COLUMBIA SPORTSWEAR CO	31,977	28,801
1,913	CONCENTRIX CORP	82,776	112,381
6,150	CONFLUENT INC CL A	171,954	171,044
650	CONMED CORP	44,486	46,875
684	CROWN HLDGS INC	56,560	45,852
1,585	CUSHMAN WAKEFIELD PLC	20,732	14,028
1,665	CVB FINL CORP	35,648	28,139
7,865	DENTSPLY SIRONA INC	149,278	228,861
7,423	DEVON ENERGY CORP	242,955	249,676
4,190	DIGITALOCEAN HLDGS INC COM	142,753	112,686
	<u>Forward</u>	<u>\$ 11,981,255</u>	<u>\$ 8,118,900</u>

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 11,981,255	\$ 8,118,900
4,025	DOXIMITY INC CL A	214,895	112,376
5,720	DUN BRADSTREET HLDGS INC COM	71,271	68,187
475	DUOLINGO INC CL A COM	154,009	89,744
2,750	DUTCH BROS INC CL A	144,045	91,254
7,360	DYNATRACE INC	400,016	380,879
1,495	E L F BEAUTY INC	187,697	39,139
1,275	ELASTIC NV	126,327	143,382
985	ENERGIZER HLDGS INC	34,367	39,936
975	ENSIGN GROUP INC THE	129,539	61,996
3,105	ENVISTA HOLDINGS CORPORATION COM	59,895	58,151
65	FIRST CTZNS BANCSHARES INC CL A	137,346	42,634
4,445	FIRST HAWAIIAN INC	115,348	87,982
2,720	FISERV INC	558,742	329,557
1,175	FIVE BELOW	123,328	138,967
3,300	FIVE9 INC	134,112	129,937
1,790	FLOWERS FOODS INC COM	36,981	39,356
14,895	FNB CORP	220,148	148,838
6,800	FORTINET INC	642,464	444,283
1,150	FRESHPET INC	170,327	52,739
8,300	FRESHWORKS INC CLASS A COM	134,211	137,342
675	FRONTDOOR INC	36,902	24,537
1,100	FTAI AVIATION LTD SHS	158,444	124,356
370	GE VERNOVA LLC	121,704	83,556
1,425	GENPACT LIMITED	61,204	47,492
695	GENTHERM INC	27,748	22,389
2,300	GITLAB INC CLASS A COM	129,605	122,102
1,925	GLOBUS MED INCA	159,217	121,433
1,570	GRANITE CONSTRUCTION INC	137,705	58,742
7,900	GRAPHIC PACKAGING HLDG CO COM	214,564	135,184
765	GREIF INC CL A	46,757	32,506
1,725	GRIFFON CORP	122,941	134,949
5,075	GUARDANT HEALTH INC	155,041	114,337
2,400	HALOZYME THERAPEUTICS INC	114,744	82,082
8,700	HANESBRANDS INC	70,818	100,625
1,350	HEALTH EQUITY INC	129,533	88,360
11,792	HEALTHPEAK PROPERTIES INC	239,024	226,954
2,858	HILLENBRAND INC	87,969	118,628
4,830	HOPE BANCORP INC	59,361	57,451
1,645	HORACE MANN EDUCATORS CORP	64,533	53,777
2,140	HOWMET AEROSPACE INC COM	234,052	214,982
200	HYSTER YALE INC	10,186	11,132
1,001	ICU MEDICAL INC	155,325	134,474
2,300	INARI MED INC	117,415	115,428
850	INGREDION INC	116,926	130,768
650	INSPIRE MEDICAL SYSTEMS INC	120,497	116,933
3,225	INTAPP INC COM	206,690	118,134
2,800	INTEGRA LIFESCIENCES HOLDINGS CORP	63,504	80,166
955	INTUIT INC	600,218	312,772
1,695	JAMES RIVER GROUP HOLDINGS L	8,255	29,894
525	JBT MAREL CORPORATION COM	66,728	48,279
3,496	JELD WEN HOLDING INC	28,632	56,007
	<u>Forward</u>	\$ 19,642,565	\$ 13,874,008

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 19,642,565	\$ 13,874,008
2,610	KEMPER CORP	173,408	148,570
803	KENNAMETAL INC	19,288	23,538
18,675	KEYCORP	320,090	251,379
1,025	KIRBY CORP COM	108,445	114,336
3,606	KITE REALTY GROUP TRUST	91,015	51,988
831	KOPPERS HLDGS INC	26,924	28,274
5,600	KRATOS DEFENSE & SECURITY	147,728	116,319
4,975	LIFE TIME GROUP HOLDINGS INC COMMON	110,047	109,631
1,725	LIVANOVA PLC	79,885	106,360
3,205	LKQ CORPORATION	117,784	122,152
2,125	LUMENTUM HOLDINGS INC W I	178,394	110,007
925	MAGNERA CORP COM SHS	16,807	14,936
985	MARRIOTT VACATIONS WORLD	88,453	81,044
560	MASTERCARD INC	294,879	193,630
418	MATSON INC	56,363	18,825
915	MAXIMUS INC	68,305	64,847
935	MERCURY SYSTEMS INC	39,270	28,939
1,325	MERIT MED SYS INC	128,154	56,890
2,060	META PLATFORMS INC	1,206,151	1,035,563
4,410	MICROSOFT CORP COM	1,858,815	344,622
1,717	MILLERKNOLL INC COM	38,787	44,874
1,775	MODINE MANUFACTURING CO	205,776	91,317
2,821	MRC GLOBAL INC	36,052	40,059
420	MSC INDL DIRECT CO INC CL A	31,370	35,522
1,602	NCR ATLEOS LLC W I	54,340	31,391
4,305	NCR VOYIX CORPORATION	59,581	63,161
2,545	NEUROCRINE BIOSCIENCES INC	347,393	241,535
2,125	NEXTRACKER INC CLASS A COM	77,626	93,601
3,565	NOMAD FOODS LTD	59,821	57,277
389	NORTHWESTERN ENERGY GROUP INC	20,796	20,992
5,550	NOVO NORDISK AS A D R	477,411	664,433
16,560	NVIDIA CORP	2,223,842	408,754
11,218	OLD NATL BANCORP IND	243,487	175,468
3,345	OLIN CORP NEW	113,061	82,736
12,159	PATTERSON U T I ENERGY INC	100,433	118,523
4,715	PEBBLEBROOK HOTEL TRUST	63,888	64,468
2,075	PEGASYSTEMS INC	193,390	138,778
2,966	PORTLAND GENERAL ELECTRIC CO	129,377	125,700
1,090	POST HOLDINGS INC	124,761	115,080
3,125	PRIMO BRANDS CORPORATION CLASS A COM	96,156	37,894
1,905	RADIAN GROUP INC COM	60,427	38,481
3,640	RANGE RESOURCES CORP	130,967	74,330
706	RAYONIER INC	18,427	18,513
5,410	RESIDEO TECHNOLOGIES INC	124,701	88,392
4,910	REVOLVE GROUP INC	164,436	100,645
760	SCIENCE APPLICATNS INTE	84,953	78,313
2,600	SEMTECH CORP	160,810	112,834
4,015	SENSATA TECHNOLOGIES HOLDING	110,011	137,280
875	SILGAN HLDGS INC	45,544	37,063
1,210	SIMMONS 1ST NATIONAL CORP CL A	26,838	25,881
	<u>Forward</u>	\$ 30,397,232	\$ 20,259,153

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 30,397,232	\$ 20,259,153
975	SOUTHWEST GAS HOLDINGS INC COM	68,942	63,348
2,380	SPIRE INC	161,435	143,014
1,250	SPROUTS FARMERS MARKETS INC	158,838	123,220
1,490	STRIDE INC	154,856	79,345
340	SYNOPSIS INC	165,022	175,767
1,680	TEGNA INC	30,727	32,969
1,564	TEREX CORP	72,288	68,454
5,050	TETRA TECHNOLOGIES INC DEL	18,079	32,783
1,215	THE BRINKS CO	112,716	65,006
915	TIMKEN CO	65,304	73,869
275	TRI POINTE HOMES INC	9,972	3,481
2,800	TXNM ENERGY INC	137,676	102,754
6,650	UBER TECHNOLOGIES INC	401,128	457,849
4,984	UGI CORP	140,698	120,610
15,350	UNDER ARMOUR INC CL A	127,098	119,148
1,140	UNITED BANKSHARES INC W VA	42,807	38,643
1,875	UPSTART HLDGS INC COM	115,444	136,918
2,925	URBAN OUTFITTERS INC	160,524	136,496
6,234	VALLEY NATIONAL BANCORP	56,480	59,976
1,685	VERADIGM INC	16,429	20,712
2,390	VERINT SYSTEMS INC	65,606	74,001
3,400	VERTEX INC CL A	181,390	112,854
2,865	VERTIV HOLDINGS CO	325,493	37,985
5,225	VICTORIAS SECRET AND CO	216,420	109,463
1,480	VISA INC COM CL A	467,739	92,830
2,680	WAFD INC	86,403	72,298
3,975	WAYSTAR HLDG CORP	145,883	127,931
85	WHITE MTNS INS GROUP LTD	165,321	76,234
	<u>TOTALS - COMMON STOCK</u>	<u>\$ 34,267,950</u>	<u>\$ 23,017,111</u>

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

Par Value	Corporate Debt Securities	Fair Value	Cost
\$ 8,479	321 HENDERSON 3.944% 7/15/41	\$ 7,862	\$ 8,472
11,000	AERCAP IRELAND 2.450% 10/29/26	10,530	10,593
5,000	AERCAP IRELAND L P 3.000% 10/29/28	4,630	4,354
30,000	AERCAP IRELAND L P 3.300% 1/30/32	26,140	29,075
60,000	AGL CLO 6.62299% 7/20/34	60,120	60,000
25,000	AIR LEASE CORP 3.250% 3/01/25	24,929	25,898
15,000	AIR LEASE CORP MTN 2.200% 1/15/27	14,239	14,820
10,000	AIR LEASE CORP MTN 2.300% 2/01/25	9,975	9,896
44,934	ALLEGRO CLO LTD 5.87512% 4/20/32	44,934	44,934
5,000	ALPHA GENERATION 6.750% 10/15/32	4,947	5,000
10,000	ALTICE FRANCE SA 8.125% 2/01/27	8,107	8,088
25,000	AMERICAN ASSETS L P 3.375% 2/01/31	21,747	22,195
15,000	AMERICAN HOMES 4 L P 3.375% 7/15/51	9,872	10,058
10,000	AMERICAN L P 4.300% 4/15/52	7,787	7,754
25,000	AMERICAN TOWER 5.550% 7/15/33	25,186	24,913
10,000	AMGEN INC 4.200% 2/22/52	7,722	7,621
35,000	AON CORP SR NT 2.800% 5/15/30	31,186	36,026
50,000	APPALACHIAN POWER CO 4.500% 3/01/49	40,036	49,658
23,000	ARDAGH PACKAGING SR 5.250% 8/15/27	13,057	20,930
5,000	ARDAGH PKG FIN HLDGS 4.125% 8/15/26	4,500	4,314
5,000	ARIZONA PUB SVC CO 6.350% 12/15/32	5,280	5,481
5,000	ARTERA SVCS LLC L P 8.500% 2/15/31	4,819	5,000
20,000	ATHENE GLOBAL MTN 1.608% 6/29/26	19,049	20,000
10,000	ATHENE GLOBAL MTN 3.205% 3/08/27	9,553	10,000
37,000	AVOLON HLDGS FDG LTD 2.528% 11/18/27	34,310	37,686
25,000	AVOLON HOLDINGS FNDG 2.875% 2/15/25	24,918	24,983
4,000	B A T INTL FIN PLC 1.668% 3/25/26	3,848	3,528
25,000	BACARDI LTD 4.450% 5/15/25	24,955	27,765
5,000	BANK AMER CORP MTN 2.592% 4/29/31	4,405	4,430
30,000	BANK OF AMERICA CORP 3.419% 12/20/28	28,763	28,643
30,000	BANK OF AMERICA MTN 2.884% 10/22/30	27,111	26,598
20,000	BAYER US FIN LLC 6.875% 11/21/53	20,163	19,722
50,000	BAYER US FINANCE II 4.625% 6/25/38	41,666	54,225
62,000	BBCMS MORTGAGE 5.844% 9/17/57	63,186	64,654
3,026	BC AMERICA FUNDING 6.50002% 6/25/32	3,031	3,131
11,936	BEAR STEARNS ALT 5.43282% 4/25/34	11,803	11,780
20,000	BECTON DICKINSON 4.298% 8/22/32	18,832	20,000
50,000	BENCHMARK MTG TR 6.24954% 7/17/56	52,134	52,432
5,000	BERRY GLOBAL INC 5.650% 1/15/34	5,014	4,986
30,000	BK OF AMERICA CORP 2.572% 10/20/32	25,313	24,934
25,000	BK OF AMERICA MTN 1.922% 10/24/31	20,886	20,432
10,000	BK OF AMERICA MTN 2.299% 7/21/32	8,337	8,167
60,000	BMO 2023-5C1 MTG 7.11755% 8/17/56	63,207	62,372
44,000	BMO MTG TR 2024-5C 0.00001% 9/17/57	44,381	45,320
5,000	BOEING CO CR SEN 6.528% 5/01/34	5,238	5,000
20,000	BOEING CO CR SEN SR 5.805% 5/01/50	18,603	18,591
50,000	BX COML MTG TR 3.54875% 3/11/44	44,264	40,078
10,000	BX TRUST 3.202% 12/09/41	9,032	10,299
18,000	CHARTER 3.700% 4/01/51	11,244	11,294
23,000	CHARTER 3.900% 6/01/52	14,796	14,365
	<u>Forward</u>	\$ 1,045,647	\$ 1,090,495

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

Par Value	Corporate Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 1,045,647	\$ 1,090,495
\$ 15,000	CHARTER COMM OPT LLC 4.800% 3/01/50	11,267	15,350
29,000	CHARTER COMM OPT LLC 5.750% 4/01/48	24,790	34,864
16,000	CIGNA CORP 3.400% 3/15/51	10,436	16,277
15,000	CIGNA CORP NEW GLBL 3.400% 3/01/27	14,586	15,549
100,465	CITIGROUP 2.500% 9/25/51	80,360	84,861
100,000	CITIGROUP COMMERCIAL 2.456% 11/10/42	84,863	84,938
15,000	CITIGROUP INC 2.561% 5/01/32	12,696	12,924
25,000	CITIGROUP INC 2.666% 1/29/31	22,119	21,910
20,000	CITIGROUP INC 2.976% 11/05/30	18,038	18,105
30,000	CLOUD CAPITAL 5.781% 11/22/49	29,899	30,000
65,000	CLOVER CLO LLC 1.19632% 1/25/35	65,000	65,000
100,000	COMM MORTGAGE TRUST 2.173% 11/10/46	82,134	84,508
20,000	COMMONSPIRIT 2.782% 10/01/30	17,704	20,379
30,000	CONSTELLATION 5.158% 2/16/29	30,140	30,000
20,000	CPT MORTGAGE TRUST 2.865% 11/13/39	17,526	20,600
79,266	CREDIT SUISSE 2.265% 11/25/66	70,495	68,615
98,254	CREDIT SUISSE 5.169% 6/25/67	97,813	97,579
5,000	CVS HEALTH CORP 4.780% 3/25/38	4,323	4,605
5,000	CVS HEALTH CORP 5.050% 3/25/48	4,123	4,333
6,000	CVS HEALTH CORP 5.125% 7/20/45	5,041	5,441
10,000	CVS HEALTH CORP 5.875% 6/01/53	9,173	9,942
5,000	CVS HEALTH CORP 6.750% 12/10/54	4,903	4,952
15,000	CVS HEALTH CORP 7.000% 3/10/55	15,050	15,000
60,000	DATA 2023 CNTR 5.72808% 8/12/43	60,743	60,047
25,000	DC OFFICE TRUST 2.965% 9/15/45	21,770	25,748
51,165	DELTA AIR LINES 2.000% 6/10/28	47,104	51,165
39,000	DUKE ENERGY 5.350% 1/15/53	37,101	39,125
10,000	ELEVANCE HEALTH INC 5.200% 2/15/35	9,766	9,965
3,000	ENERGY TRANSFER L P 6.550% 12/01/33	3,194	2,997
30,000	EVERGY MO WEST INC 5.650% 6/01/34	30,326	29,973
20,000	EVERSOURCE ENERGY 4.600% 7/01/27	19,862	19,976
20,000	EVERSOURCE ENERGY 5.950% 2/01/29	20,604	19,977
10,000	EXTRA SPACE LP 2.400% 10/15/31	8,309	8,010
8,000	EXTRA SPACE STORAGE 2.200% 10/15/30	6,807	6,329
75,000	FARMERS EXCHANGE CAP 7.200% 7/15/48	76,859	59,438
10,000	FERRELLGAS ESCROW 5.375% 4/01/26	9,895	9,925
15,000	FERRELLGAS ESCROW 5.875% 4/01/29	13,710	14,094
81,000	FIRSTENERGY 2.866% 9/15/28	75,000	81,000
30,000	FIRSTENERGY 5.000% 1/15/35	28,984	29,949
25,000	FRESENIUS MED CARE 1.875% 12/01/26	23,511	25,093
83,784	GCAT TR 6.000% 8/25/53	83,559	81,716
10,000	GGAM FIN LTD 8.000% 6/15/28	10,500	10,000
35,000	GLOBAL PMTS INC 5.300% 8/15/29	35,061	34,998
14,000	GLP CAP LP GLP FING 4.000% 1/15/31	12,805	11,856
10,000	GOLDMAN SACHS 1.948% 10/21/27	9,488	9,517
55,000	GOLDMAN SACHS GROUP 1.431% 3/09/27	52,801	55,016
45,000	GOLDMAN SACHS GROUP 1.542% 9/10/27	42,551	43,738
15,000	GOLDMAN SACHS GROUP 3.750% 2/25/26	14,834	14,965
	<u>Forward</u>	\$ 2,533,270	\$ 2,610,844

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

Par Value	Corporate Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 2,533,270	\$ 2,610,844
\$ 20,000	GRIFOLS ESCROW 4.750% 10/15/28	18,379	16,988
100,000	GS MORTGAGE SECRT 2.012% 12/12/53	82,406	83,434
99,979	GS MTG BACKED SEC 2.500% 10/25/51	91,556	89,293
2,000	HAH GROUP HLDG 9.750% 10/01/31	2,002	2,000
34,232	HARBORVIEW MTG LN 4.47935% 6/20/35	32,007	33,718
28,000	HCA INC 5.250% 4/15/25	28,028	29,870
20,000	HCA INC 5.500% 6/15/47	18,160	22,595
20,000	HEALTHCARE TRUST OF 3.100% 2/15/30	17,974	17,563
60,000	HIGHBRIDGE LOAN 6.16182% 1/23/35	60,107	60,000
20,000	HSBC HLDGS PLC SR 2.013% 9/22/28	18,440	19,957
10,000	HSBC HOLDINGS PLC 2.099% 6/04/26	9,882	9,295
10,000	HUDSON PACIFIC 3.250% 1/15/30	6,805	6,975
30,000	HUDSON PACIFIC 4.650% 4/01/29	22,609	32,793
25,000	HUDSON YARDS 2.9428% 12/10/41	22,244	25,693
55,000	HUMANA INC 3.700% 3/23/29	51,916	54,930
9,000	ICAHN ENTERPRISES 9.000% 6/15/30	8,637	8,865
10,000	ICAHN ENTERPRISES LP 9.750% 1/15/29	10,026	10,063
50,000	ILLUMINA INC 5.750% 12/13/27	51,307	49,932
15,000	INTERNATIONAL 2.300% 11/01/30	12,738	11,602
25,000	INTERSTATE PWR LT CO 5.450% 9/30/54	23,647	24,903
5,000	INTL FLAVOR 4.375% 6/01/47	3,910	3,525
10,000	INTL FLAVOR 5.000% 9/26/48	8,583	10,107
5,000	INTL FLAVORS 1.832% 10/15/27	4,592	4,146
5,000	INTL FLAVORS 3.268% 11/15/40	3,569	3,569
5,000	INTL FLAVORS 3.468% 12/01/50	3,275	3,280
5,000	INVITATION HOMES L P 2.000% 8/15/31	4,057	3,778
15,000	INVITATION HOMES LTD 5.500% 8/15/33	14,912	14,351
81,679	J P MORGAN MTG TR 2.500% 11/27/51	71,598	83,682
5,000	JBS USA LUX S A 3.000% 2/02/29	4,561	5,000
10,000	JBS USA LUX S A 3.000% 5/15/32	8,325	10,000
5,000	JBS USA LUX S A 3.750% 12/01/31	4,436	5,000
19,000	JBS USA LUX S A 6.750% 3/15/34	20,088	18,975
20,000	JBS USA LUX S A JBS 6.500% 12/01/52	20,344	20,000
15,000	JP MORGAN CHASE 3.3973% 6/05/39	13,677	15,450
81,752	JP MORGAN MORTGAGE 2.500% 2/25/52	71,655	83,118
86,068	JP MORGAN MORTGAGE 2.500% 4/25/52	68,844	86,485
122,817	JP MORGAN MRTG 2.500% 12/25/51	107,466	106,021
40,000	JPMORGAN CHASE 2.580% 4/22/32	34,312	35,799
5,000	JPMORGAN CHASE CO 1.040% 2/04/27	4,804	4,635
15,000	JPMORGAN CHASE CO 2.069% 6/01/29	13,630	12,816
35,000	JPMORGAN CHASE CO 3.900% 7/15/25	34,875	36,542
55,000	JPMORGAN CHASE CO SR 1.578% 4/22/27	52,813	55,347
15,000	KEVLAR S P A 6.500% 9/01/29	14,108	13,050
55,000	KEYSPAN GAS EAST MTN 3.586% 1/18/52	36,464	55,000
2,000	KRAFT HEINZ FOODS CO 5.000% 7/15/35	1,936	2,157
100,000	LCM LTD 1.38028% 4/15/34	100,000	100,000
5,000	LXP INDUSTRIAL TRUST 6.750% 11/15/28	5,236	4,971
40,000	MADISON PK FDG 6.36743% 4/22/30	40,012	39,240
	<u>Forward</u>	\$ 3,894,222	\$ 4,057,357

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

Par Value	Corporate Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 3,894,222	\$ 4,057,357
\$ 20,000	MAGIC MERGECO INC 5.250% 5/01/28	15,100	20,213
23,000	MODIVCARE INC SR 5.000% 10/01/29	13,526	16,858
482	MORGAN STANLEY 3.40763% 2/25/36	481	481
25,000	MORGAN STANLEY MTN 1.593% 5/04/27	23,963	25,000
20,000	MORGAN STANLEY MTN 1.928% 4/28/32	16,359	15,914
5,000	MORGAN STANLEY MTN 2.943% 1/21/33	4,284	4,286
6,688	MORTGAGEIT TRUST 5.09317% 2/25/35	6,700	6,611
20,000	NEW YORK LIFE 3.750% 5/15/50	14,563	21,903
25,000	NY PRESBYTERIAN 3.563% 8/01/36	20,824	24,999
115,058	OCEANVIEW MORTGAGE 2.500% 6/25/51	100,804	100,742
92,642	OCEANVIEW MTG 2.500% 7/25/51	81,118	77,942
60,000	OCP CLO LTD 6.16299% 10/20/34	60,015	60,000
60,000	ONE BRYANT PARK 2.51641% 9/13/49	52,397	55,071
97,407	ON SLOW BAY 2.500% 5/25/51	85,680	82,229
50,000	OPEN TEXT CORP 6.900% 12/01/27	51,667	51,813
49,000	ORACLE CORP 3.950% 3/25/51	36,295	44,551
5,000	ORACLE CORPORATION 2.800% 4/01/27	4,801	5,203
55,000	PALMER SQUARE 6.06934% 4/20/35	55,087	55,000
5,000	PAPA JOHNS 3.875% 9/15/29	4,479	4,650
20,000	PECO ENERGY CO 1M 4.600% 5/15/52	17,175	19,855
3,000	PETROLEOS MEXICANOS 6.350% 2/12/48	1,971	1,828
2,000	PETROLEOS MEXICANOS 6.750% 9/21/47	1,375	1,267
20,000	PIEDMONT NAT GAS 5.100% 2/15/35	19,386	20,064
73,937	PMT LOAN TRUST 5.500% 10/25/59	72,513	72,631
15,000	PNC FINL SVCS GROUP 6.875% 10/20/34	16,373	14,982
79,372	POPULAR ABS MTG TR 4.75862% 6/25/47	72,910	46,829
80,240	PRKCM TRUST 1.510% 7/25/56	65,950	64,518
104,994	PRKCM TRUST 2.071% 11/25/56	90,755	89,950
2,000	RAISING CANES 9.375% 5/01/29	2,143	2,000
55,000	RECETTE CLO LTD 6.09143% 4/20/34	55,078	55,000
54,136	REGATTA XIV CLO 5.98035% 10/25/31	54,153	54,136
60,000	ROCKFORD TOWER CLO 0.00001% 1/20/36	60,062	60,000
10,000	S L M A 2.10771% 4/25/29	10,441	9,030
10,000	S L M A 5.68195% 1/25/29	10,360	8,661
40,181	S L M A 5.74215% 1/25/29	39,173	39,377
10,000	S L M A 6.66771% 7/25/29	10,339	9,698
10,000	S L M A 6.66771% 7/25/29	10,285	9,552
34,985	S L M A 7.41064% 7/25/22	35,058	35,380
15,000	SANTANDER UK GROUP 1.532% 8/24/26	14,657	15,025
34,263	SEQUOIA MORTGAGE 5.500% 10/25/54	33,626	33,669
10,000	SFAVE COMMERCIAL 3.872% 1/05/43	8,425	9,603
40,000	SOUTHERN CO GAS CAP 5.150% 9/15/32	39,928	39,888
29,250	SPRINT SPECTRUM 5.152% 3/20/28	29,364	31,393
2,500	SPRINT SPECTRUM 4.79064% 3/20/25	2,499	2,609
8,330	STRUCTURED ASSET 4.96083% 4/19/35	7,891	8,174
10,000	SUNOCO LP 7.250% 5/01/32	10,330	10,000
25,000	T MOBILE USA INC 2.250% 2/15/26	24,282	25,000
16,000	T MOBILE USA INC 3.375% 4/15/29	14,934	14,209
	<u>Forward</u>	\$ 5,373,801	\$ 5,535,151

MEDIA GUILD RETIREMENT PLAN
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E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

Par Value	<u>Corporate Debt Securities (Continued)</u>	Fair Value	Cost
	<u>Forwarded</u>	\$ 5,373,801	\$ 5,535,151
\$ 30,000	T MOBILE USA INC SR 4.700% 1/15/35	28,374	29,956
112,988	TACO BELL FUNDING 1.946% 8/25/51	105,516	104,765
20,000	TAKE TWO INTERACTIVE 4.000% 4/14/32	18,459	19,979
45,000	TEACHERS INSURANCE 3.300% 5/15/50	29,984	46,818
25,372	THORNBURG MTG SECS 5.09321% 9/25/43	24,088	25,024
37,000	TIME WARNER CABL 5.500% 9/01/41	31,398	33,975
30,000	TIME WARNER CABL 5.875% 11/15/40	26,844	29,076
55,000	TRESTLES CLO LTD 6.6741% 10/20/34	55,300	55,000
35,000	UBER TECHNOLOGIES 4.800% 9/15/34	33,497	34,975
80,000	UBS COMMERCIAL 3.2034% 10/15/52	70,900	69,284
14,665	UNITED AIR LINES 5.800% 7/15/37	14,955	14,665
15,102	UNITED AIRLINES 4.300% 2/15/27	15,019	15,516
40,000	UNITEDHEALTH GROUP 5.150% 7/15/34	39,466	41,861
10,000	UNIVERSAL HLTH SVCS 1.650% 9/01/26	9,466	9,988
15,000	US BANCORP 4.839% 2/01/34	14,358	14,720
25,000	VENTAS REALTY LP 2.650% 1/15/25	24,960	24,864
25,000	VENTURE GLOBAL LNG 7.000% 1/15/30	25,375	25,000
97,693	VERUS SECURITIZ TR 5.535% 8/25/69	97,140	97,692
88,206	VERUS SECURITIZATION 1.013% 9/25/66	73,347	72,343
5,000	VICI PROPERTIES L P 5.625% 5/15/52	4,652	4,989
9,972	WAMU MORTGAGE 5.13423% 12/25/45	9,911	9,951
30,905	WAMU MORTGAGE PASS 5.04967% 4/25/45	30,902	30,649
15,703	WAMU MORTGAGE PASS 5.42154% 7/25/44	14,847	15,663
65,209	WAMU MORTGAGE PASS 5.48708% 10/25/44	62,589	63,510
55,780	WAMU MTG CERT 5.19105% 6/25/45	53,473	54,734
23,000	WARNERMEDIA HLDGS 4.279% 3/15/32	20,268	20,600
30,000	WARNERMEDIA HLDGS 5.050% 3/15/42	24,086	30,000
88,000	WARNERMEDIA HLDGS 5.141% 3/15/52	65,384	78,763
41,000	WB COML MTG TR 6.13438% 3/16/40	41,128	40,679
15,000	WELLS FARGO CO 4.897% 7/25/33	14,487	14,509
10,000	WELLS FARGO CO 5.013% 4/04/51	8,877	12,657
75,000	WELLS FARGO CO MTN 2.393% 6/02/28	70,637	77,992
5,000	WELLS FARGO CO MTN 3.350% 3/02/33	4,383	4,762
35,000	WELLS FARGO CO MTN 5.574% 7/25/29	35,536	33,941
15,000	WILLIS NORTH AMERICA 2.950% 9/15/29	13,636	15,457
40,000	WISCONSIN PWR LT 6.06181% 3/30/34	39,829	39,924
25,000	WRKCO INC 3.750% 3/15/25	24,928	25,268
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>	<u>\$ 6,651,800</u>	<u>\$ 6,874,700</u>

Government Debt Securities

\$ 15,000	CALIFORNIA HEALTH 3.000% 8/15/51	\$ 11,990	\$ 11,267
86,315	F H L M C #QE0312 2.000% 4/01/52	67,242	76,011
81,362	F H L M C #SD8189 2.500% 12/01/51	66,635	72,937
106,680	F H L M C #SD8193 2.000% 1/01/52	83,240	92,960
103,496	F H L M C #SD8194 2.500% 1/01/52	84,658	96,336
	<u>Forward</u>	<u>\$ 313,765</u>	<u>\$ 349,511</u>

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

Par Value	Government Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 313,765	\$ 349,511
\$ 85,106	F H L M C #SD8205 2.500% 4/01/52	69,587	77,796
108,721	F H L M C #SD8212 2.500% 4/01/52	88,733	100,225
129,187	F H L M C #SD8213 3.000% 5/01/52	109,869	110,793
40,274	F H L M C #SD8265 4.000% 10/01/52	36,887	38,378
2,990	F H L M C #ZA5103 3.500% 12/01/47	2,683	3,162
6,110	F H L M C #ZT0542 4.000% 7/01/48	5,683	6,532
6,289	F H L M C GD G07786 4.000% 8/01/44	5,918	6,634
17,763	F H L M C GD G07849 3.500% 5/01/44	16,187	18,462
7,520	F H L M C GD G07924 3.500% 1/01/45	6,815	7,854
9,616	F H L M C GD G08710 3.000% 6/01/46	8,358	9,883
8,535	F H L M C GD G08711 3.500% 6/01/46	7,670	8,975
32,338	F H L M C GD G08715 3.000% 7/01/46	28,100	33,129
12,225	F H L M C GD G08716 3.500% 7/01/46	11,065	12,917
6,239	F H L M C GD G08722 3.500% 8/01/46	5,630	6,591
18,712	F H L M C GD G08726 3.000% 9/01/46	16,254	19,408
12,753	F H L M C GD G08732 3.000% 10/01/46	11,078	13,156
3,223	F H L M C GD G08738 3.500% 11/01/46	2,896	3,288
6,558	F H L M C GD G08757 3.500% 3/01/47	5,894	6,738
7,129	F H L M C GD G08784 3.500% 9/01/47	6,413	7,041
31,535	F H L M C GD G08796 3.500% 12/01/47	28,322	32,318
1,684	F H L M C GD G08833 5.000% 6/01/48	1,661	1,779
1,011	F H L M C GD G08844 5.000% 10/01/48	993	1,058
2,218	F H L M C GD G08849 5.000% 11/01/48	2,186	2,321
20,298	F H L M C GD G60138 3.500% 8/01/45	18,512	21,065
30,172	F H L M C GD G60278 4.000% 10/01/45	28,356	32,445
36,043	F H L M C GD G60440 3.500% 3/01/46	32,584	37,100
49,189	F H L M C GD G61556 3.500% 8/01/48	44,229	49,428
42,325	F H L M C GD G67707 3.500% 1/01/48	38,171	42,877
13,358	F H L M C GD G67711 4.000% 3/01/48	12,443	13,630
8,836	F H L M C GD Q52319 3.500% 11/01/47	7,941	8,839
57,919	F H L M C GD Q52850 3.500% 12/01/47	52,054	58,091
5,339	F H L M C MLTCL M 20.500% 2/15/32	5,991	5,628
14,399	F H L M C MLTCL MT 6.03403% 11/25/54	14,338	14,388
47,854	F H L M C MLTCL MTG 4.000% 2/15/47	44,272	50,231
691	F H L M C MLTCL MTG 4.000% 6/15/47	687	695
11,716	F H L M C MLTCL MTG 5.000% 1/15/34	11,768	10,934
5,563	F N M A #607794 7.500% 11/01/31	5,613	5,811
9,253	F N M A #655928 7.000% 8/01/32	9,588	9,866
22,573	F N M A #AL0149 4.000% 2/01/41	21,298	22,690
55,941	F N M A #AS6451 3.500% 1/01/46	50,502	56,155
2,028	F N M A #AS9830 4.000% 6/01/47	1,881	2,135
2,138	F N M A #AS9972 4.000% 7/01/47	1,983	2,252
2,508	F N M A #BD5046 3.500% 2/01/47	2,251	2,589
11,521	F N M A #BM2003 4.000% 10/01/47	10,686	11,969
30,781	F N M A #BN7755 3.000% 9/01/49	26,648	32,525
63,593	F N M A #BQ6913 2.000% 12/01/51	49,619	56,166
159,163	F N M A #BV8477 3.000% 5/01/52	136,327	144,076
85,904	F N M A #BV8515 3.000% 5/01/52	73,152	79,196
	<u>Forward</u>	\$ 1,493,541	\$ 1,648,730

MEDIA GUILD RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

Par Value	Government Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 1,493,541	\$ 1,648,730
\$	2,782 F N M A #CA0996 3.500% 1/01/48	2,494	2,756
	34,902 F N M A #CA1182 3.500% 2/01/48	31,231	36,486
	10,114 F N M A #CA1710 4.500% 5/01/48	9,633	10,517
	1,952 F N M A #CA1711 4.500% 5/01/48	1,858	2,026
	5,739 F N M A #CA2327 4.000% 9/01/48	5,347	5,892
	35,192 F N M A #CA3633 3.500% 6/01/49	31,584	37,490
	105,355 F N M A #CB2610 2.000% 1/01/52	82,849	93,445
	61,820 F N M A #CB2802 2.000% 2/01/52	48,768	50,866
	144,161 F N M A #FM9669 2.000% 12/01/51	113,821	128,101
	25,948 F N M A #FS1598 2.000% 4/01/52	20,238	22,190
	23,628 F N M A #FS7252 5.000% 11/01/53	22,848	23,001
	9,949 F N M A #MA1561 3.000% 8/01/33	9,354	9,801
	14,945 F N M A #MA1584 3.500% 9/01/33	14,279	15,157
	43,757 F N M A #MA2705 3.000% 7/01/46	37,985	43,199
	16,326 F N M A #MA2895 3.000% 2/01/47	14,188	15,834
	6,095 F N M A #MA3014 3.500% 5/01/27	6,023	6,277
	2,915 F N M A #MA3027 4.000% 6/01/47	2,714	3,074
	11,901 F N M A #MA3088 4.000% 8/01/47	11,037	12,561
	4,480 F N M A #MA3210 3.500% 12/01/47	4,017	4,483
	11,220 F N M A #MA3295 3.500% 2/01/28	11,049	11,563
	4,105 F N M A #MA3537 4.500% 11/01/48	3,915	4,270
	12,147 F N M A #MA3811 3.000% 10/01/49	10,265	12,192
	13,353 F N M A #MA4093 2.000% 8/01/40	11,176	13,783
	66,566 F N M A #MA4158 2.000% 9/01/50	52,287	54,865
	55,226 F N M A #MA4176 2.000% 10/01/40	46,140	56,961
	109,325 F N M A #MA4356 2.500% 6/01/51	89,834	92,926
	103,650 F N M A #MA4548 2.500% 1/01/52	84,629	96,451
	104,430 F N M A #MA4563 2.500% 3/01/52	85,264	96,165
	44,181 F N M A #MA4978 5.000% 3/01/53	42,658	42,952
	67,469 F N M A #MA5038 5.000% 5/01/53	65,229	65,730
	15,548 F N M A GTD REMIC 3.000% 6/25/49	13,609	15,641
	29,297 F N M A GTD REMIC 6.04671% 5/25/44	29,306	29,297
	250,000 F N M A TBA 30YR 2.500% 1/15/44	203,595	209,678
	375,000 F N M A TBA 30YR 3.000% 1/15/47	318,458	326,709
	550,000 F N M A TBA 30YR 3.500% 1/15/44	486,431	497,440
	550,000 F N M A TBA 30YR 4.000% 1/15/44	502,909	516,529
	900,000 F N M A TBA 30YR 4.500% 1/15/45	846,423	867,638
	275,000 F N M A TBA 30YR 5.000% 1/15/53	265,397	270,642
	775,000 FHLMC TBA 30YR 2.000% 1/15/51	602,865	620,543
	110,570 FNMA CB0610 2.500% 5/01/51	91,876	95,056
	150,000 G N M A I I # 5.500% 1/15/53	148,760	150,541
	19,031 G N M A I I #AU1220 3.000% 8/20/46	16,754	18,775
	6,110 G N M A I I #MA3597 3.500% 4/20/46	5,533	6,374
	45,158 G N M A I I #MA3937 3.500% 9/20/46	40,865	46,859
	7,435 G N M A I I #MA4126 3.000% 12/20/46	6,540	7,528
	4,286 G N M A I I #MA4450 3.000% 5/20/47	3,766	4,360
	17,092 G N M A I I #MA4510 3.500% 3/20/47	15,435	17,247
	5,520 G N M A I I #MA4567 4.000% 6/20/47	5,164	5,678
	<u>Forward</u>	\$ 6,069,941	\$ 6,426,279

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E.I.N. 94-6052176; PLAN NO. 001
DECEMBER 31, 2024

Par Value	Government Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 6,069,941	\$ 6,426,279
\$ 7,726	G N M A I I #MA4588 4.500% 7/20/47	7,422	8,057
13,651	G N M A I I #MA4719 3.500% 9/20/47	12,309	14,133
25,633	G N M A I I #MA4777 3.000% 10/20/47	22,506	25,851
8,034	G N M A I I #MA4837 3.500% 11/20/47	7,270	8,115
3,718	G N M A I I #MA4838 4.000% 11/20/47	3,472	3,904
24,555	G N M A I I #MA4900 3.500% 12/20/47	22,191	24,762
14,274	G N M A I I #MA5020 4.000% 2/20/48	13,317	14,822
14,170	G N M A I I #MA5399 4.500% 8/20/48	13,581	14,675
5,356	G N M A I I #MA5466 4.000% 9/20/48	4,994	5,499
13,042	G N M A I I #MA5528 4.000% 10/20/48	12,125	13,384
9,860	G N M A I I #MA6209 3.000% 10/20/49	8,408	9,918
105,792	G N M A I I #MA8201 4.500% 8/20/52	100,224	100,837
250,000	G N M A I I TBA 4.000% 1/15/44	230,245	235,205
225,000	G N M A I I TBA 4.500% 1/15/44	212,661	217,052
2,274	G N M A GTD REMIC 1.575% 8/16/38	9	278
13,790	G N M A GTD REMIC 2.288% 7/16/39	684	1,879
75,000	G N M A GTD REMIC 3.000% 7/20/46	63,034	75,281
3,937	G N M A GTD REMIC 3.000% 9/20/49	3,419	3,971
55	G N M A GTD REMIC 3.500% 12/20/48	54	56
22,523	G N M A GTD REMIC 5.855% 2/20/54	22,629	22,509
24,739	G N M A GTD REMIC 6.48002% 6/20/54	24,765	24,677
300,000	GNMA II TBA 30YR 5.000% 1/15/53	291,012	296,238
300,000	GNMAII TBA 30YR 2.500% 1/15/50	250,500	254,771
50,000	NEW YORK CITY NY 3.950% 8/01/32	46,732	51,724
30,000	NEW YORK ST DORM 5.289% 3/15/33	29,727	35,510
35,000	SAN FRANCISCO CA 6.000% 11/01/40	35,772	43,148
235,000	U S TREASURY BD 4.250% 8/15/44	212,668	233,725
1,520,000	U S TREASURY NT 4.000% 12/15/27	1,508,311	1,515,851
725,000	U S TREASURY NT 4.125% 11/30/29	716,764	724,475
1,340,000	U S TREASURY NT 4.250% 11/15/34	1,305,080	1,331,368
445,000	U S TREASURY NT 4.250% 11/30/26	444,911	445,267
1,755,000	U S TREASURY NT 4.250% 12/31/26	1,755,140	1,752,635
3,465,000	U S TREASURY NT 4.375% 12/31/29	3,463,268	3,456,530
915,000	U S TREASURY NT 4.500% 11/15/54	872,388	910,583
930,000	U S TREASURY NT 4.625% 11/15/44	901,737	944,441
300,000	UMBS TBA 30YR 5.500% 1/15/53	296,021	300,289
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>	<u>\$ 18,985,291</u>	<u>\$ 19,547,699</u>

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 FORM 5500
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<u>No. of Shares</u>	<u>Mutual Fund</u>	<u>Fair Value</u>	<u>Cost</u>
739,847	MFS INSTL INTERNATIONAL EQUITY FUND	\$ 25,021,629	\$ 15,579,034
	<u>Common Investment Trusts</u>		
40,337	MARSHALL WACE EUREKA FUND	\$ 13,485,805	\$ 5,913,978
6,947,864	PARTNERS GROUP PRIVATE EQUITY LLC	14,912,897	6,863,091
	<u>TOTALS - COMMON INVESTMENT TRUSTS</u>	<u>\$ 28,398,702</u>	<u>\$ 12,777,069</u>
	<u>Common/Collective Trusts</u>		
816,226	JPM GLOBAL EMERGING MARKETS DISCOVERY FUND	\$ 16,855,070	\$ 13,263,879
214,019	BLACKROCK EQUITY INDEX FUND	23,014,013	7,680,101
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 39,869,083</u>	<u>\$ 20,943,980</u>
	<u>Limited Partnership</u>		
	BPIF NON-TAXABLE LP	\$ 13,128,785	\$ 10,848,707
	<u>Short Term Investment Fund</u>		
2,482,364	FIRST AMERICAN GOVERNMENT OBLIGATION FUND	\$ 2,482,364	\$ 2,482,364
	<u>TOTALS - INVESTMENTS AT FAIR VALUE</u>	<u>\$ 168,805,604</u>	<u>\$ 112,070,664</u>

2024 Schedule MB (Form 5500), Lines 9c and 9h

Plan Name: Media Guild Retirement Plan
Employer ID: 94-6052176
Plan Number: 001

SCHEDULE MB, LINES 9c AND 9h – SCHEDULE OF FUNDING STANDARD ACCOUNT BASES

Description	Date Established	Outstanding Balance	Remaining Period	Amortization Amount
Charges				
Assumption Change	1/1/1995	\$189,945	1	\$189,945
Amendment	1/1/1997	1,425,946	3	510,074
Amendment	1/1/2000	1,069,170	6	211,889
Amendment	1/1/2001	3,259,367	7	572,437
Amendment	1/1/2003	2,486,880	9	362,662
Assumption Change	1/1/2006	4,396,816	12	528,754
Experience Loss	1/1/2011	878,593	2	455,175
Experience Loss	1/1/2012	2,295,297	3	821,049
Experience Loss	1/1/2013	2,239,683	4	622,043
Assumption Change	1/1/2018	3,260,415	9	475,466
Experience Loss	1/1/2019	2,738,396	10	371,112
Experience Loss	1/1/2020	3,812,163	11	484,756
Experience Loss	1/1/2023	407,937	14	44,701
Subtotal Charges		\$28,460,608		\$5,650,063

2024 Schedule MB (Form 5500), Lines 9c and 9h

Plan Name: Media Guild Retirement Plan
Employer ID: 94-6052176
Plan Number: 001

SCHEDULE MB, LINES 9c AND 9h – SCHEDULE OF FUNDING STANDARD ACCOUNT BASES

Description	Date Established	Outstanding Balance	Remaining Period	Amortization Amount
Credits				
Assumption Change	1/1/1996	\$444,797	2	\$230,437
Amendment	1/1/2006	6,447,785	12	775,401
Experience Gain	1/1/2010	483,923	1	483,923
Amendment	1/1/2010	1,065,385	1	1,065,385
Experience Gain	1/1/2014	3,104,382	5	713,762
Experience Gain	1/1/2015	570,179	6	112,999
Experience Gain	1/1/2016	150,152	7	26,371
Experience Gain	1/1/2017	745,537	8	118,403
Experience Gain	1/1/2018	2,383,116	9	347,530
Experience Gain	1/1/2021	9,793,775	12	1,177,784
Experience Gain	1/1/2022	8,114,126	13	928,892
Experience Gain	1/1/2024	1,694,533	15	178,576
Subtotal Credits		\$34,997,690		\$6,159,463
Net Charges/Credits		(\$6,537,082)		(\$509,400)

2024 Schedule MB (Form 5500), Line 11

Plan Name: Media Guild Retirement Plan
Employer ID: 94-6052176
Plan Number: 001

SCHEDULE MB, LINE 11 – JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTIONS

The RPA '94 current liability interest rate was changed from 2.55% to 3.29% in accordance with IRC 412(l)(7)(C). The RPA '94 current liability mortality was updated in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.