

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan AFTRA RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 11/16/1954
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, AFTRA RETIREMENT PLAN 1411 BROADWAY, 18TH FLOOR NEW YORK, NY 10018
2b	Employer Identification Number (EIN) 13-6414972
2c	Plan Sponsor's telephone number 818-954-9400
2d	Business code (see instructions) 515100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2026	DAVID CHOI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2026	MARC SANDMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 45395
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) 16806 6a(2) 16456 6b 13135 6c 14003 6d 43594 6e 1868 6f 45462 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 1805

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

1A

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025

- ▶ 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 AFTRA 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 BOARD OF TRUSTEES, AFTRA RETIREMENT PLAN	D Employer Identification Number (EIN) 13-6414972

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

1a Enter the valuation date: Month 12 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 2895687185
(2) Actuarial value of assets for funding standard account	1b(2) 3034480720
c (1) Accrued liability for plan using immediate gain methods	1c(1) 3589488318
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 3589488318
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) 5383896759
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 63846278
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 297919178
(3) Expected plan disbursements for the plan year	1d(3) 282047189

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	09/09/2026
Signature of actuary KENNETH N. DENSMORE	Date 26-08324
Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC	Most recent enrollment number 678-317-4100
Firm name HORIZON ACTUARIAL SERVICES, LLC 990 HAMMOND DRIVE, SUITE 220 ATLANTA, GA 30328	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	2895687185
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	15156	2446979354
(2) For terminated vested participants	14496	1067639134
(3) For active participants:		
(a) Non-vested benefits		12310243
(b) Vested benefits		1856968028
(c) Total active	22411	1869278271
(4) Total	52063	5383896759
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	53.78 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/31/2025	110263300				
Totals ►			3(b)	110263300	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 20442

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	84.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a	3.95 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	8MP	8MP
(2) Females	6c(2)	8FP	8FP
d Valuation liability interest rate	6d	7.75 %	7.75 %
e Salary scale	6e	2.50 % ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.75 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.4 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.2 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	17700000	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	110050205	11750834

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	38651608

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)	1278224817	187764857
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 17547276**e** Total charges. Add lines 9a through 9d.....**9e** 243963741**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 486167629**g** Employer contributions. Total from column (b) of line 3.....**9g** 110263300**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 45607483**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

	Outstanding balance	
9h	237049590	47184368
9j(1)	1313063449	
9j(2)	1862761608	

9j(3) 0**k** (1) Waived funding deficiency

(2) Other credits

9k(1) 0**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 689222780**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 445259039**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1) 0

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

(a) Reconciliation outstanding balance as of valuation date

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

(3) Total as of valuation date

9o(2)(a) 0**9o(2)(b)** 0**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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

For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025

A Name of plan AFTRA RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, AFTRA RETIREMENT PLAN	D Employer Identification Number (EIN) 13-6414972

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).....

X

YesNo

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

ALINDA

20-3103500

(b)

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

CENTERBRIDGE PARTNERS REAL ESTATE

85-2615113

(b)

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

GLOBAL INFRASTRUCTURE PARTNERS

93-1839204

(b)

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

GQG

81-2946944

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

HARBOURVEST

74-3130888

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

MESIROW

20-5889427

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

TA REALTY

01-0065490

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

UBS REALTY INVESTORS LLC

06-6033492

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

THE VANGUARD GROUP

46-0652669

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

WCM FOCUSED INTERNATIONAL GROWTH FN

20-8941519

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

DIMENSIONAL FUND ADVISORS

30-0447847

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

BLACKROCK ALTERNATIVES MANAGEMENT

82-1529989

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)

MIS DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	2256071	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

I SQUARED CAPITAL ADVISORS LLC

98-1043772

(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	1539813	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONTRIBUTION SERVICES DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	1437854	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CONSTITUTION CAPITAL

74-3246212

(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	928727	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXECUTIVE DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	833287	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARTISAN

30-0551775

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	820808	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HUMAN RESOURCES DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	786936	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JPMORGAN CHASE BANK

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?
21 24 27 28 51 50	NONE	782460	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAG-AFTRA HP

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	744147	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BDO USA LLP

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 50	NONE	628356	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACCOUNTING DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	542281	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	510207	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EARNEST PARTNERS

58-2386669

(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	497350	Yes ☒ No ☐	Yes ☒ No ☐	2943	Yes ☐ No ☐

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

HORIZON ACTUARIAL SERVICES LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 17 50	NONE	497144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RETIREMENT SERVICES DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	420088	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TORCHLIGHT

13-3976737

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 52	NONE	415287	Yes ☒ No ☐	Yes ☒ No ☐	305319	Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 28 50 51 52	NONE	363649	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

STRATEGIC INVESTORS FUND

84-3399287

(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 52 99	NONE	358734	Yes ☒ No ☐	Yes ☒ No ☐	1299435	Yes ☐ No ☐

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

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

MEKETA

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 50	NONE	353406	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PREMIER GRAPHICS INC

22-2872375

(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 36 49 50	NONE	351630	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENEFITS DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	348686	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROCKPOINT FEEDER/REALTY GROUP

47-2190176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	337931	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	313336	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARTICIPANT SERVICES DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	297811	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FINANCE DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	268428	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NIGRO, KARLIN, SEGAL, FELDSTEIN LLP

95-3632755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 50	NONE	261945	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICE HALL JAMES

43-1992528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68 71	NONE	248401	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WINMILL SOFTWARE

52-2247044

(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	231570	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COHEN WEISS SIMON

13-1592323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	223366	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERNAL AUDIT DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	188156	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BEESON TAYER BODINE

94-3126136

(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	177213	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMMUNICATIONS DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	123235	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CENTRAL SERVICES DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	106611	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ORACLE AMERICA

94-2805249

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	102998	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EPLUS TECHNOLOGY

54-1904151

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 49 50	NONE	100643	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AB DATA

39-1398000

(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?
36 49 50	NONE	97796	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ACCESS CORP

04-3408536

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	47721	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HORIZONTEK INC

11-3448259

(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?
50 99	NONE	46250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PITNEY BOWES

84-1386389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	41979	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NJEVITY

20-0407642

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	33170	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USPS

36-2407381

(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?
50 99	NONE	32170	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KONICA MINOLTA

96-1686094

(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?
50 99	NONE	31855	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AT&T MOBIL

84-1659970

(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?
50 99	NONE	31695	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRO CONVERSIONS CORP

30-0528615

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	31119	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CABLEVISION LIGHTPATH, INC.

11-3052355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	29089	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SPLUNK INC

86-1106510

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	28743	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OKTA INC

26-4175727

(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?
50 99	NONE	28703	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRAYON SOFTWARE EXPERTS LLC

47-2237420

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	28213	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ZOHO CORPORATION

80-0722734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	22809	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRISTEN BROWDE

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	19115	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARC SANDMAN

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	18868	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ENGHOUSE INTERACTIVE INC

86-0486871

(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?
50 99	NONE	16889	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZOOM

61-1648780

(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?
50 99	NONE	16418	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOX

20-2714444

(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?
50 99	NONE	16157	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MATTHEW KIMBROUGH

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	15561	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEXIS NEXIS

65-0852445

(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 17 49 50	NONE	15234	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINKEDIN CORPORATION

47-0912023

(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?
50 99	NONE	15200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THOMSON REUTERS

98-0435183

(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 16 50	NONE	15058	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT HENRY LACHMUND JR.

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	15039	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUNTRESS LABS INC

47-4827554

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14861	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MATHIS DUNN JR.

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	14608	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VATES SAS

61-1928128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUMEN COMMUNICATIONS LLC

47-0735805

(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?
50 99	NONE	13256	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PAYLOCITY CORPORATION

36-4227403

(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 99	NONE	12928	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERIDIAN IT INC

36-3818238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	11095	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BACHRACH GROUP LTD

03-0408733

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50 99	NONE	10915	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ZIX CORPORATION

75-2834355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	9739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COGENT COMMUNICATIONS LLC

52-2192026

(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?
50 99	NONE	9150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NCCMP

52-1041104

(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?
50 99	NONE	9000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GROUND LABS

81-4788581

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8982	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICROSOFT AZURE

91-1144442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8711	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DENNY DELK

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	8694	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

J. KEITH GORHAM

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	8068	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PILOT FIBER INC

46-5243269

(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?
50 99	NONE	7150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAYSCALE

91-1618647

(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?
50 99	NONE	6871	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ALEX DUMAS

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	6279	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMAZON CAPITAL SERVICES INC

45-3328644

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6215	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARRY ISAACS

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	6180	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DUO

77-0059951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IFM INVESTORS

98-0569684

(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 40 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	2448800	Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	143884	Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	29461

(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.
AMWINS 13-4279678	INSURANCE COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	23100

(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.
AXIS 39-1338397	INSURANCE COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	52013

(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.
CHUBB 13-1963496	INSURANCE COMMISSIONS

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
SEGAL SELECT INSURANCE	53	12551

(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.
ENCORE 45-3957469	INSURANCE COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	6487

(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.
RLI INSURANCE 37-0915434	INSURANCE COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	20272

(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.
ULLICO 13-2988846	INSURANCE COMMISSIONS

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025		
A Name of plan AFTRA RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, AFTRA RETIREMENT PLAN		D Employer Identification Number (EIN) 13-6414972
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: S&P GLOBAL LARGEMIDCAP NAT RESOURCE		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-287	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91555260
a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST LIQUIDITY		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 13-6285055-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3
a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST FUND SPEC		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 13-3980309-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16755324
a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST FUND STRA		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 13-6038770-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46069284
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 R VALUE INDEX FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-015	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71893201
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 R INDEX FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39631232
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 R INDX NL FUND CMCQ		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY		
c EIN-PN 90-0337987-160	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 323354404
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG US TREASURY INDEX

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 04-0025081-472	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117123585
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EAFE INDX NL FUND (FD12)

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 04-0025081-182	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14441629
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. AGGREGATE BOND IN

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 04-0025081-070	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 541700594
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS EMERGING MARKETS CIT

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN 82-6258259-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110841525
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET DAILY MSCI EMERGING MA

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-192	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31307764
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025

A Name of plan AFTRA RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, AFTRA RETIREMENT PLAN	D Employer Identification Number (EIN) 13-6414972

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	23885032	22824883
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	17711685	11529787
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	14358505	49379862
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11357116	29522403
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	41220606	39311813
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	112353181	116320390
(5) Partnership/joint venture interests	1c(5)	826372189	801722625
(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)	1362222727	1404673805
(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)	474047761	563240252
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	10033406	16188950

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	23516779	4063573
f Total assets (add all amounts in lines 1a through 1e)	1f	2917078987	3058778343
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	4326345	4754225
i Acquisition indebtedness	1i		
j Other liabilities	1j	17065457	49850265
k Total liabilities (add all amounts in lines 1g through 1j)	1k	21391802	54604490
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2895687185	3004173853

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)	110263300	
(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)		110263300
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	111692	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	2662012	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	13376679	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16150383
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	1392663	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7437562	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8830225
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	127184364	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	173298445	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-46114081
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	99199111	
(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)		294241330
(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)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-109337845
c Other income	2c		142760
d Total income. Add all income amounts in column (b) and enter total	2d		373375183

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	233529020	
(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)		233529020
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)	7604836	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	280479	
(5) Investment advisory and investment management fees	2i(5)	13796665	
(6) Bank or trust company trustee/custodial fees	2i(6)	521060	
(7) Actuarial fees	2i(7)	497144	
(8) Legal fees	2i(8)	910786	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	115576	
(11) Other expenses	2i(11)	7632949	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		31359495
j Total expenses. Add all expense amounts in column (b) and enter total	2j		264888515

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		108486668
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: **WITHUMSMITH&BROWN**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		6000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		1364971853
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 593221.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025					
A Name of plan AFTRA RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, AFTRA RETIREMENT PLAN				D Employer Identification Number (EIN) 13-6414972	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	11
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☒ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer CBS BROADCASTING INC

b EIN 20-3656897

c Dollar amount contributed by employer 7157076

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 UNIVERSAL MUSIC GROUP

b EIN 13-2613071

c Dollar amount contributed by employer 7142782

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

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

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

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

a Name of contributing employer NBC (NATIONAL BROADCASTING CO)

b EIN 14-1682529

c Dollar amount contributed by employer 4721273

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 SONY MUSIC ENTERTAINMENT

b EIN 13-3431958

c Dollar amount contributed by employer 4614654

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

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

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

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

a Name of contributing employer ABC SIGNATURE LLC

b EIN 95-4771596

c Dollar amount contributed by employer 3190877

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 IHEART MEDIA

b EIN 74-2722883

c Dollar amount contributed by employer 2849546

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **WARNER BROS RECORDS INC**

b EIN **95-1976532**

c Dollar amount contributed by employer **2652513**

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

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

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

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

a Name of contributing employer **ABC (AMERICAN BROADCASTING COMPANIES)**

b EIN **13-3331738**

c Dollar amount contributed by employer **2395390**

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 **UNIVERSAL TELEVISION LLC**

b EIN **13-1946472**

c Dollar amount contributed by employer **1969690**

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 **NEXTSTAR MEDIA GROUP (FORMERLY TRIBUNE)**

b EIN **23-3083125**

c Dollar amount contributed by employer **1938140**

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

0

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

14b

0

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

14c

0

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

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

15a

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

15b

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

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

16a

0

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 38.40 % Private Equity: 15.40 % Investment-Grade Debt and Interest Rate Hedging Assets: 25.20 %

High-Yield Debt: 1.90 % Real Assets: 17.80 % Cash or Cash Equivalents: 1.30 % Other: 0.00 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

**AFTRA Retirement Fund
Financial Statements
November 30, 2025 and 2024
With Independent Auditor's Reports**

AFTRA Retirement Fund
Table of Contents
November 30, 2025 and 2024

Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974	17
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	18
Schedule H, Line 4j – Schedule of Reportable Transactions	29

Independent Auditor's Report

To the Board of Trustees of
AFTRA Retirement Fund:

Opinion

We have audited the financial statements of AFTRA Retirement Fund, 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 November 30, 2025 and 2024 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of November 30, 2025 and 2024 and the changes in net assets available for benefits for the years then ended in accordance with the accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of AFTRA Retirement Fund 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 AFTRA Retirement Fund's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

Responsibilities of Management for the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

WithumSmith+Brown, PC

September 10, 2026

AFTRA Retirement Fund
Statements of Net Assets Available for Benefits
November 30, 2025 and 2024

	2025	2024
Assets		
Investments at fair value	\$ 2,970,980,238	\$ 2,837,606,986
Receivables		
Employer contributions	11,529,787	17,711,685
Interest and dividend income	921,395	930,668
Amounts due from brokers for securities sold	48,458,467	13,427,837
Total receivables	<u>60,909,649</u>	<u>32,070,190</u>
Cash and cash equivalents	22,824,883	23,885,032
Fixed assets - net of accumulated depreciation and amortization	1,633,559	1,781,044
Right-of-use assets, operating leases	1,833,789	1,752,122
Other assets	596,225	19,983,613
Total assets	<u>3,058,778,343</u>	<u>2,917,078,987</u>
Liabilities		
Payables		
Accounts payable and accrued expenses	4,754,225	4,326,345
Due to brokers for securities purchased	47,834,352	15,006,837
Due to related parties	-	129,731
Total payables	<u>52,588,577</u>	<u>19,462,913</u>
Operating lease liabilities, current	2,015,913	1,928,889
Total liabilities	<u>54,604,490</u>	<u>21,391,802</u>
Net assets available for benefits	<u><u>\$ 3,004,173,853</u></u>	<u><u>\$ 2,895,687,185</u></u>

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

AFTRA Retirement Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended November 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income, net		
Net appreciation in fair value of investments	\$ 226,063,790	\$ 283,901,006
Interest and dividends	36,905,333	30,580,994
Other investment income	140,591	296,713
Investment expenses	(13,796,665)	(15,628,273)
Total investment income, net	<u>249,313,049</u>	<u>299,150,440</u>
 Contributions		
Employers' contributions, net	110,263,300	113,638,250
Other income	2,169	3,991
Total additions	<u>359,578,518</u>	<u>412,792,681</u>
 Deductions		
Benefits paid to participants	233,529,020	229,429,024
Administrative expenses	17,562,830	18,841,169
Total deductions	<u>251,091,850</u>	<u>248,270,193</u>
 Net change in net assets available for benefits	108,486,668	164,522,488
 Net assets available for benefits		
Beginning of year	2,895,687,185	2,731,164,697
End of year	<u><u>\$ 3,004,173,853</u></u>	<u><u>\$ 2,895,687,185</u></u>

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

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2025 and 2024

1. Description of Plan

The following description of the AFTRA Retirement Fund (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer non-contributory defined benefit plan that was established as a result of collective bargaining agreements between SAG-AFTRA (the "Union") and various employers. The Plan provides retirement benefits, including disability pensions, for eligible participants. The Plan is administered by a Board of Trustees ("Trustees"), which consists of union representatives and contributing employer representatives with equal voting power vested in the two groups. All Trustees serve without compensation from the Plan; however, the Plan reimburses Trustees for certain expenses incurred on behalf of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, and has complied with the minimum funding requirements of ERISA.

AFTRA Health Fund Merger

In June 2016, the Trustees of the Screen Actors Guild-Producers Health Plan and the AFTRA Health Fund agreed to merge to form the SAG-AFTRA Health Plan (the "Merged Plan"). As such, the AFTRA Health Fund formally terminated on January 1, 2017.

Prior to the merger, the Plan and the AFTRA Health Fund jointly carried an operating lease for the rental of the office premises located in New York, New York. As of January 1, 2017, the AFTRA Health Fund's obligation for this operating lease was transferred to the Merged Plan along with the AFTRA Health Fund's other obligations. During the year ended November 30, 2024 the lease jointly carried by AFTRA Health Fund and the Merged Plan expired and was not renewed.

Participation

A performer engaged in covered employment during the contribution period shall become an active participant on the earliest of December 1 or June 1, following the completion of a period of 12 consecutive months with earnings greater than the threshold required to earn a Pension Credit for vesting and accrual purposes. The earnings threshold is \$15,000.

Plan Benefits and Vesting

The Plan, as amended, provides as a basic benefit, a regular monthly annuity for participants who have achieved certain minimum earnings levels, vesting service and minimum age, as defined. Generally, a participant vests with five or more years of vesting service if at least one of those years commenced on or after December 1, 1989 (through November 30, 1989, a participant vested with 10 or more years of vesting service). A vested participant is entitled to receive a regular monthly annuity at normal retirement age (65), as defined. For benefits earned prior to May 1, 2009, the monthly regular annuity for a vested participant who retires equals one-twelfth the sum of the applicable percentages listed below times the corresponding covered earnings for each year a pension credit is earned:

Covered Earnings	<u>12/1/54 - 11/30/95</u>	<u>12/1/95 - 11/30/97</u>	<u>12/1/97 - 11/30/02</u>	<u>12/1/02 - 5/31/03</u>	<u>6/1/03 - 11/30/04</u>	<u>12/1/04 - 11/30/07</u>	<u>12/1/07 - 4/30/09</u>
\$0 - \$49,999	3.10%	3.10%	3.60%	3.00%	2.00%	1.50%	1.70%
\$50,000 - \$99,999	3.10%	3.10%	3.10%	3.00%	2.00%	1.50%	1.50%
\$100,000 - IRS Maximum compensation used for retirement plans	1.05%	3.10%	3.10%	3.00%	2.00%	1.50%	1.50%

AFTRA Retirement Fund

Notes to Financial Statements

November 30, 2025 and 2024

For benefits earned after May 1, 2009, the monthly regular annuity for a vested participant who retires equals one-twelfth the sum of the applicable percentages listed below times the corresponding covered contributions for each year a pension credit is earned:

Covered Contributions	<u>5/1/09 - 11/30/12</u>	<u>12/1/12 - 11/30/14</u>	<u>12/1/14 - 11/30/25</u>
Health and Retirement \$0 - IRS Maximum Compensation used for Retirement Plans	7.00%	7.55%	4.86%
Retirement only \$0 - IRS Maximum Compensation used for Retirement Plans	20.00%	21.57%	10.34%

The Plan permits early retirement at ages 55 through 64 with benefits reduced by 0.5% for each month that the participant is younger than age 65. For participants who have earned a pension credit as of June 1, 2003, the total regular monthly annuity benefit at retirement will not be less than \$22.50 multiplied by the number of pension credits (up to 10 pension credits) that are earned by the participant prior to June 1, 2003, subject to adjustments applicable to regular annuity payments. Subject to certain conditions set forth in the Plan document, participants may elect the form of an annuity to be received from a choice of options. An alternative benefit, including a lump-sum option is based on retirement accounts established for certain participants who had covered earnings prior to February 1, 1972.

Disability Pensions

For disability dates occurring on or after December 1, 1995, the participant qualifies for a disability pension if he or she: (a) has 10 or more pension credits, and (b) at least two of those pension credits were earned within the period consisting of the base year which includes the disability date and the five base years immediately before that base year.

If the disability date occurs before the participant reaches age 55 and on or after December 1, 1995, the participant is entitled to a disability pension if he or she complies with certain other requirements established by the Plan.

Death Benefits

The Plan provides for the payment of certain benefits to a participant's designated beneficiary upon the death of the participant. The calculation and form of death benefits are determined by the participant's status at the time of death.

Plan Funding

The Plan and the Merged Plan are funded by employers' contributions which are based on performers' covered compensation pursuant to the terms of various collective bargaining agreements between employers at applicable rates. Unless otherwise specified in the collective bargaining agreements, the allocation of these contributions between the Plan and the Merged Plan was set at the rate of 50.5% and 49.5%, respectively, beginning with the effective date of the merger. Prior to effective date of the merger, contributions were allocated between the Plan and the AFTRA Health Fund by the Trustees, acting in their settlor capacity, which administered both plans.

2. Summary of Accounting Policies

The Plan's accounting policies conform with accounting principles generally accepted in the United States of America. Significant accounting policies are summarized as follows:

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2025 and 2024

Use of Estimates

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

Cash Equivalents

All highly liquid investments with maturities of three months or less when acquired are considered cash equivalents.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

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

Investment Expenses

Certain investment related expenses are included in the determination of net appreciation or depreciation in fair value of investments presented on the statements of changes in net assets available for benefits.

Benefits

Benefits are recognized when paid.

Employers' Contributions Receivable

For the years ended November 30, 2025 and 2024, the Plan reported as employers' contributions receivable any amounts received by the Plan subsequent to the fiscal year-end date which related to performances occurring on or before November 30 of the respective years, plus an estimated collectible amount from delinquent employers. No provision for uncollectible accounts has been reported.

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

Fixed Assets, Depreciation and Amortization

Fixed assets are capitalized at cost. Costs of major additions, replacements and improvements are capitalized, and maintenance and repairs which do not improve or extend the useful lives of the respective assets are charged to expense as incurred. Depreciation and amortization are provided on the straight-line method over the estimated useful lives of the related assets. The estimated useful lives are as follows:

Description	Estimated Life (Years)
Computer equipment and software	3-10
Computer licenses	Term of licenses
Office equipment and furniture	Lesser of remaining lease term or the useful economic life
Leasehold improvements	Lesser of remaining lease term or the useful economic life of the improvement

AFTRA Retirement Fund

Notes to Financial Statements

November 30, 2025 and 2024

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the services that the participants have rendered. Accumulated plan benefits include vested benefits expected to be paid to (a) participants receiving benefits, (b) inactive participants with deferred benefits, and (c) active participants with vested benefits and (d) nonvested participants, as defined in the Plan document, with a balance greater than zero. The accumulated plan benefits also include benefits expected to be paid to Type II active participants. A Type II active participant is one that did not earn a Pension Credit in the prior plan year but did earn a Pension Credit in at least one of the prior five plan years.

The cost method and significant assumptions used in the determination of the actuarial present value of accumulated plan benefit are detailed in Note 3.

Leases

The Plan recognizes a lease liability and a right-of-use asset on the financial statements of net assets available for benefits for all operating leases with contractual terms longer than 12 months. Finance leases are generally those leases that allow the Plan to substantially utilize or pay for the entire asset over its useful life. All other leases are categorized as operating leases. Leases with contractual terms of 12 months or less are not recorded on the financial statements of net assets available for benefits. The Plan had no financing leases at November 30, 2025 and 2024.

Certain lease contracts include obligations to pay for other services, such as operations, property taxes, and maintenance. For the lease of the property, the Plan does not account for these other services as a component of the lease.

The lease liability is recognized at the present value of the fixed lease payments, using the risk-free rate as the discount rate. The weighted average remaining lease term at November 30, 2025, was 4.15 years. The weighted average discount rate at November 30, 2025, was 3.46%. The right-of-use asset is recognized based on the initial present value of the fixed lease payments, plus any direct costs from executing the lease. The lease asset is tested for impairment in the same manner as long-lived assets used in operations.

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

Reclassification of Prior Period Amounts

Certain amounts in the 2024 financial statements have been reclassified to conform with the current period presentation. These reclassifications had no effect on previously reported totals in the statement of net asset available for benefits and the statement of changes in net assets available for benefits. These changes were made to enhance the clarity and consistency of the financial statements and do not represent a correction of an error.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after November 30, 2025 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through September 10, 2026, the date the financial statements were available to be issued, and no items have come to the attention of management that require disclosure.

On March 26, 2026, the Board of Trustees of the Plan, together with the Board of Trustees of the Screen Actors' Guild Producers Pension Plan (SAG Pension Plan) and the Merged Plan, approved the administrative consolidation of the Plan with the SAG Pension Plan and the Merged Plan. Effective April 1, 2026, the fund office of the Merged Plan and SAG Pension Plan was granted the responsibility and authority for providing the administrative services necessary and desirable to administer the Plan. The administrative consolidation affects plan administration only and did not result in a merger of plan assets or any change to participant benefits.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2025 and 2024

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

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

Actuarial present value of accumulated plan benefits as of November 30, 2024 is as follows:

Vested benefits

Participants currently receiving payments	\$ 2,007,775,889
Inactive participants with deferred benefits	708,075,578
Active participants	1,096,460,963
Total vested benefits	3,812,312,430
Nonvested benefits	15,854,301
Total actuarial present value of accumulated plan benefits	\$ 3,828,166,731

Changes in accumulated plan benefits for the year ended November 30, 2024 consisted of the following:

Actuarial present value of accumulated plan benefits at December 1, 2023	\$ 3,746,403,784
Increase (decrease) during the year attributable to:	
Benefits Accumulated and Actuarial (Gains)/Losses	47,053,243
Interest due to Decrease in the Discount Period	282,297,409
Benefits paid	(229,780,170)
Operating expenses paid	(17,807,535)
Net increase	81,762,947
Actuarial present value of accumulated plan benefits at November 30, 2024	\$ 3,828,166,731

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2025 and 2024

The actuarial present value of accumulated plan benefits was determined by the Plan's consulting actuary, Horizon Actuarial Services, LLC, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawals, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of November 30, 2024:

- The PRI-2012 Mortality Tables for males and females, with assumed future generational improvements based on 85% of Scale MP-2021; The PRI-2012 Disabled Mortality Tables, with assumed future generational improvements based on 85% of Scale MP-2021.
- Retirement rates (%):

<u>Age</u>	<u>Rate</u>
55-59	2%
60-61	4%
62	9%
63	6%
64	9%
65	37%
66	33%
67	19%
68	18%
69	20%
70	25%
71	42%
72 or older	100%

- Inactive participants with either a vested Regular Annuity benefit or a Retirement Account balance are assumed to commence benefits at age 65 (or their current age, if later).
- Assumed net investment return of 7.75% per year.
- The definition of Active Participant includes those with at least \$15,000 in earnings in the prior plan year.
- In general, Covered Earnings are assumed to increase by 2.5% per year. However, Covered Earnings are assumed to increase by 40% from the first year to the second year that a performer earns (or returns to earn) a Pension Credit and 15% from the second year to the third year.
- Administrative expenses - For the plan year beginning December 1, 2024, general and administrative expenses were \$17,700,000.
- As of November 30, 2024, termination rates are based on the Sarason T-8 Table adjusted by a factor of 2.0 for males and females younger than age 25 and a factor of 2.5 for females age 45 and older. The rates are further adjusted by a factor of 2.5 if prior year covered earnings were less than \$25,000, a factor of 0.5 if prior year covered earnings were at least \$25,000 and less than \$175,000, and a factor of 0.2 if prior year covered earnings were at least \$175,000. The total adjustment factor is limited to a maximum of 2.5.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2025 and 2024

- Termination rates (%):

Age	Rate
20	11.94%
25	11.62%
30	11.21%
35	10.55%
40	9.40%
45	7.08%
50	4.83%
55	1.73%
60	0.16%

- Actuarial cost method - The Traditional Unit Credit cost method is used to determine the normal cost and the actuarial accrued liability for all statutory purposes, including the funding standard account (minimum required contribution) and certification status under the Pension Protection Act of 2006 ("PPA").

Changes in the actuarial assumptions and methods from those used in the previous valuation, are as follows:

- The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the assumptions prescribed by the IRS.
- During the Plan Year, the Trustees amended the Trust Agreement effective July 1, 2025. The amendment to Section 2.3 of the Trust Agreement has been reflected in this valuation, removing the need for results determined using the Entry Age Normal actuarial cost method.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of actuarial present value of accumulated plan benefits was made as of December 1, 2024. Had the valuation been performed as of November 30, 2024, there would be no material differences.

4. Fair Value Measurements

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

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

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

- 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;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2025 and 2024

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

The following is a description of the valuation methodologies used for assets measured at fair value.

- Short-term investments and cash equivalents are recorded at cost which generally approximates fair value.
- Corporate stocks and mutual funds are valued based on quoted market prices.
- Corporate bonds are valued using quoted prices of identical or like assets, in corroborated market data, indices, and/or yield curves.
- Certain investments are stated at fair value based on the net asset value ("NAV") of units or shares held. The NAV is used as a practical expedient to estimate fair value.
 - Investments in equity commingled funds are stated at fair value based on the fair value of underlying investments held by the funds.
 - Investments in real estate commingled funds are stated at fair value based on the fair values of the underlying real estate investments of the funds, which are determined based on valuations by independent appraisers performed on an annual or more frequent basis.
 - Real estate partnerships are reported at fair value based on the value of underlying real estate investments owned by the limited partnership and whose values are based on either independent appraisals performed during the year or the estimate of value as determined in good faith by the sponsor general partner.
 - Investment partnerships are valued based on the NAV of shares in the partnership by dividing the total fair value of the partnerships' portfolio investments and other assets, less any liabilities, by the total number of shares outstanding.
 - Investments in pooled separate accounts are managed by an investment management company. The fair values of the underlying real estate investments held in the real estate pooled separate account are based on valuations performed by independent appraisers on an annual basis. Underlying mortgage investments are held in the mortgage pooled separate account which consists of mortgage loans at fixed interest rates. The fair values of the mortgages held are based on valuations by independent appraisers based upon the property's net cash flow after debt service and residual interest in the form of participation in the appreciation of the underlying property.
 - Private equity funds are valued using market-based present value and other subjective valuation techniques.
 - Investments in inflation protected securities funds are stated at fair value based on the fair values of the underlying investments. The underlying investments are valued at NAV.
 - Investments in the aggregate bond fund are stated at fair value based on the fair values of the underlying investments. The underlying investments are also valued at NAV.
 - Investments in the long-term government bond fund are stated at fair value based on the fair values of the underlying investments. The underlying investments are valued at NAV.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in the methodology used at November 30, 2025 and 2024.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

Management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. During the years ended November 30, 2025 and 2024, there were no transfers between levels.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2025 and 2024

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2025 and 2024:

	November 30, 2025			
	Level 1	Level 2	Level 3	Total Fair Value
Short-term investments	\$ -	\$ 29,532,717	\$ -	\$ 29,532,717
Corporate stocks	116,177,385	-	-	116,177,385
Corporate bonds	-	55,633,455	-	55,633,455
Investment measured at NAV (a)	-	-	-	2,769,636,681
Investments at fair value	116,177,385	85,166,172	-	2,970,980,238
Cash equivalents	-	21,471,822	-	21,471,822
Total recurring fair value measurements	\$ 116,177,385	\$ 106,637,994	\$ -	\$ 2,992,452,060

	November 30, 2024			
	Level 1	Level 2	Level 3	Total Fair Value
Short-term investments	\$ -	\$ 11,357,116	\$ -	\$ 11,357,116
Corporate stocks	112,353,200	-	-	112,353,200
Corporate bonds	-	51,254,004	-	51,254,004
Investments measured at NAV (a)	-	-	-	2,662,642,666
Investment at fair value	112,353,200	62,611,120	-	2,837,606,986
Cash equivalents	-	21,901,665	-	21,901,665
Total recurring fair value measurements	\$ 112,353,200	\$ 84,512,785	\$ -	\$ 2,859,508,651

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

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value ("NAVs") per share as of November 30, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	November 30, 2025		November 30, 2024	
	Fair Value	Unfunded Commitments	Fair Value	Unfunded Commitments
Equity commingled funds (a)	\$ 1,050,677,180	\$ 1,500,000	\$ 996,826,292	\$ 1,500,000
Real estate commingled funds (b)	62,824,611	-	73,881,202	-
Real estate partnerships (c)	204,062,884	24,306,648	198,479,628	30,126,553
Investment partnerships (d)	232,381,573	14,910,281	200,667,020	22,990,489
Pooled separate accounts (e)	29,800,636	-	33,013,204	-
Private equity funds (f)	436,013,897	143,844,551	427,225,531	152,642,595
Inflation protected securities (g)	95,051,721	-	89,733,857	-
Aggregate bond fund (h)	541,700,594	-	527,609,076	-
Long-term government bonds (i)	117,123,585	-	115,206,856	-
	\$ 2,769,636,681	\$ 184,561,480	\$ 2,662,642,666	\$ 207,259,637

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2025 and 2024

	Redemption Frequency	Redemption Notice Period
Equity commingled funds (a)	No restrictions	Written notice required
Real estate commingled funds (b)	Quarterly	45 days prior to quarter end
Real estate partnerships (c)	None/Quarterly	45 days prior to quarter end
Investment partnerships (d)	None/Quarterly	Written notice required
Pooled separate accounts (e)	Quarterly	60 days notice
Private equity funds (f)	None	N/A
Inflation protected securities (g)	Business days	N/A
Aggregate bond fund (h)	Business days	N/A
Long term government bonds (i)	Business days	N/A

- a. These funds invest in strategies that utilize equities, equity-linked instruments, emerging markets, and major indices.
- b. These funds invest primarily in U.S. real estate as well as mortgage loans on real estate. Property types include office, industrial, residential, and retail.
- c. These funds invest in geographically diversified portfolios of income-producing properties and real estate assets.
- d. These funds are partnerships, which invest in various opportunities that result in capital appreciation. The strategies include investing in infrastructure assets, utilizing the U.S. high yield corporate debt market, and using foreign currency contracts.
- e. These funds actively manage a core portfolio primarily consisting of participating mortgage loans and equity real estate investments located in the United States.
- f. These funds are primarily partnerships, which invest in other limited partnerships. Investment strategies include utilizing certain private placements for appreciation and income and acquiring and disposing of middle-market investment portfolios in a profitable manner through the use of operational efficiencies and product expansion.
- g. This fund invests in inflation indexed bonds of varying interest rates and maturities. The fund's strategy seeks to track the performance of a benchmark index that measures the investment return of inflation-protected public obligations.
- h. This fund consists of a portfolio of collective investment funds that invest in U.S. government bonds or U.S. asset-backed securities. The fund's strategy is to replicate the performance of the Bloomberg U.S. Aggregate Bond index.
- i. This fund invests in United States Treasury inflation indexed long-term bonds of varying interest rates and maturities over the long term. The fund's strategy is to replicate the performance of the Bloomberg U.S. Long Treasury Bond Index over the long term.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2025 and 2024

5. Fixed Assets

At November 30, 2025 and 2024, fixed assets were comprised of the following:

	<u>2025</u>	<u>2024</u>
Computer equipment, software and licenses	\$ 2,313,669	\$ 2,477,705
Office equipment and furniture	207,731	164,498
Leasehold improvements	135,142	118,864
	<u>2,656,542</u>	<u>2,761,067</u>
Accumulated depreciation and amortization	(1,022,983)	(980,023)
	<u>\$ 1,633,559</u>	<u>\$ 1,781,044</u>

Depreciation and amortization expense for the years ended November 30, 2025 and 2024, totaled \$225,350 and \$527,839, respectively.

6. Concentration of Credit Risk

Financial instruments that subject the Plan to concentrations of credit risk include cash, investments and a short-term money management cash account. The Plan maintains accounts at a high-quality financial institution. While the Plan attempts to limit any financial exposure, its investment balances exceed federally insured limits and its cash deposit may, at times, exceed federally insured limits. Neither the short-term investment funds nor the short-term money management cash account are federally insured. The Plan has not experienced any losses on such accounts.

7. Risks and Uncertainties

Due to various risks (e.g., interest rate, market, credit) associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Financial instruments that potentially subject the Plan to concentrations of credit risk include cash, accounts receivable, and investments. While management of the Plan attempts to limit any financial exposure by maintaining accounts at high quality financial institutions, cash and investment balances regularly exceed the federally insured limit of \$250,000 and \$500,000, respectively. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's financial condition results of operations and cash flows. The Plan has not experienced any losses on such federally insured accounts. Credit risk associated with accounts receivable high collection rate of receivables.

8. Tax Status

The Plan is a qualified Plan under Section 401(a) and the underlying trust is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code (the "IRC"). The Plan obtained a favorable determination letter dated May 7, 2015, in which the Internal Revenue Service (the "IRS") stated that the Plan was in compliance with the applicable requirements of the IRC subject to the adoption of certain amendments. The amendments were adopted within the time prescribed by the IRS. The Trustees believe that the Plan continues to be designed and operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2025 and 2024

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken and recognize an income tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other taxing authorities. Management has evaluated the tax positions taken by the Plan and concluded that as of November 30, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there have been no tax related interest or penalties for the periods presented in these financial statements.

9. Leases

Operating Leases

The Plan leases office equipment and office space under long-term operating leases. As of November 30, 2025, future minimum annual lease payments for the years ending November 30, under non-cancelable leases are as follows:

2026	\$ 526,639
2027	526,639
2028	517,429
2029	471,380
2030	117,845
Total future annual payments	<u>2,159,932</u>
Less: Imputed interest	(144,020)
Total lease liabilities	<u><u>\$ 2,015,912</u></u>

The Plan's allocated lease expense was \$414,149 and \$212,479 for the years ended November 30, 2025 and 2024, respectively.

10. Related Party Transactions

At November 30, 2025 and 2024, the Plan had the following amounts due from (to) affiliated funds mainly representing the Plan's share of administrative expenses paid by the Merged Plan.

Due from (to) affiliated funds	<u>2025</u>	<u>2024</u>
SAG-AFTRA Health Plan	<u>\$ -</u>	<u>\$ (129,731)</u>

Additionally, certain Plan investments are holdings related to the custodian during the years ended November 30, 2025 and 2024. These investments and transactions in these investments qualify as party-in interest transactions which are exempt from the prohibited transaction rules of ERISA.

11. Plan Termination

It is the intent of the Trustees to continue the Plan in full force and effect. However, the Plan may be terminated in the manner prescribed by the governing documents, in accordance with applicable law. In the event of termination, the assets of the Plan will be used for the payment of benefits and administrative expenses and will not revert to any employer or to the Union under any condition. The Plan is insured by the Pension Benefit Guaranty Corporation ("PBGC"); however, the PBGC does not guarantee the payment of all benefits provided under the Plan. Moreover, the PBGC guarantees apply only when the Plan becomes insolvent, that is, when available resources are insufficient to pay benefits under the Plan. Additional information describing pension guarantees can be found in the Summary Plan Description, as well as the annual funding notice.

Supplementary Information

Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974

Independent Auditor's Report

To the Board of Trustees of
AFTRA Retirement Fund:

We have audited the financial statements of the AFTRA Retirement Fund as of and for the years ended November 30, 2025 and 2024, and have issued our report thereon September 10, 2026, which contained an unmodified opinion on those financial statements.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions, as of or for the year ended November 30, 2025, 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 ("DOL") 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 auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

WithumSmith+Brown, PC

September 10, 2026

AFTRA Retirement Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
November 30, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date		
	<u>Interest Bearing Cash</u>	STIF	N/A	N/A	\$ 29,522,403	\$ 29,522,403
	<u>Corporate Debt Instruments - Other</u>					
	ACRISURE LLC / ACRISURE FINANCE INC CALLABLE BOND	Bonds	7.500%	11/6/2030	219,000	227,407
	ACRISURE LLC / ACRISURE FINANCE INC CALLABLE NOTES	Bonds	4.250%	2/15/2029	117,000	113,645
	ACRISURE LLC / ACRISURE FINANCE INC CALLABLE NOTES	Bonds	6.000%	8/1/2029	608,000	597,140
	ACRISURE LLC / ACRISURE FINANCE INC CALLABLE NOTES	Bonds	8.250%	2/1/2029	276,911	287,233
	ACRISURE LLC / ACRISURE FINANCE INC CALLABLE NOTES	Bonds	8.500%	6/15/2029	234,000	245,250
	ALLIANT HOLDINGS INTERMEDIATE LLC / ALLIANT	Bonds	6.750%	10/15/2027	425,000	426,381
	ALLIANT HOLDINGS INTERMEDIATE LLC / ALLIANT	Bonds	4.250%	10/15/2027	76,000	74,959
	ALLIANT HOLDINGS INTERMEDIATE LLC / ALLIANT	Bonds	5.875%	11/1/2029	330,000	326,103
	ALLIANT HOLDINGS INTERMEDIATE LLC / ALLIANT	Bonds	7.000%	1/15/2031	107,000	111,172
	ALLIANT HOLDINGS INTERMEDIATE LLC / ALLIANT	Bonds	6.500%	10/1/2031	351,000	361,079
	ALLIANT HOLDINGS INTERMEDIATE LLC / ALLIANT	Bonds	7.375%	10/1/2032	57,000	58,928
	ALTICE FRANCE SA CALLABLE NOTES FIXED 6.5%	Bonds	6.500%	4/15/2032	500,565	487,014
	ALTICE FRANCE SA CALLABLE NOTES FIXED 6.875%	Bonds	6.875%	7/15/2032	572,184	557,716
	AMERICAN BUILDERS & CONTRACTORS SUPPLY CO INC	Bonds	3.875%	11/15/2029	27,000	25,844
	AMERITEX HOLDCO INTERMEDIATE LLC CALLABLE BOND	Bonds	7.625%	8/15/2033	110,000	115,565
	AMWINS GROUP INC CALLABLE NOTES FIXED 4.875%	Bonds	4.875%	6/30/2029	47,000	45,840
	AMWINS GROUP INC CALLABLE NOTES FIXED 6.375%	Bonds	6.375%	2/15/2029	73,000	75,017
	AMYNTA AGENCY BORROWER INC AND AMYNTA WARRANTY	Bonds	7.500%	7/15/2033	177,000	181,080
	ANYWHERE REAL ESTATE GROUP LLC / REALOGY CO-ISSUER	Bonds	5.750%	1/15/2029	224,000	215,426
	ARCHES BUYER INC CALLABLE NOTES FIXED 4.25%	Bonds	4.250%	6/1/2028	1,126,000	1,109,643
	ARDAGH METAL PACKAGING FINANCE USA LLC / ARDAGH	Bonds	3.250%	9/1/2028	311,000	299,413
	ARDAGH METAL PACKAGING FINANCE USA LLC / ARDAGH	Bonds	4.000%	9/1/2029	352,000	327,620
	ARDAGH METAL PACKAGING FINANCE USA LLC / ARDAGH	Bonds	6.000%	6/15/2027	39,000	39,488
	ARDONAGH FINCO LTD CALLABLE NOTES FIXED 7.75%	Bonds	7.750%	2/15/2031	560,000	585,484
	ARDONAGH GROUP FINANCE LTD CALLABLE NOTES FIXED	Bonds	8.875%	2/15/2032	1,061,000	1,093,938
	ASBURY AUTOMOTIVE GROUP INC CALLABLE NOTES FIXED	Bonds	4.625%	11/15/2029	178,000	174,600
	BALDWIN INSURANCE GROUP HOLDINGS LLC / BALDWIN	Bonds	7.125%	5/15/2031	370,000	384,097
	BATH & BODY WORKS INC CALLABLE NOTES FIXED 6.625%	Bonds	6.625%	10/1/2030	61,000	61,986
	BATH & BODY WORKS INC CALLABLE NOTES FIXED 6.75%	Bonds	6.750%	7/1/2036	70,000	69,250
	BATH & BODY WORKS INC CALLABLE NOTES FIXED 6.875%	Bonds	6.875%	11/1/2035	174,000	174,171
	BELLRING BRANDS INC CALLABLE NOTES FIXED 7%	Bonds	7.000%	3/15/2030	506,000	521,933
	BKV UPSTREAM MIDSTREAM LLC CALLABLE NOTES FIXED	Bonds	7.500%	10/15/2030	43,000	43,319
	BLOCK INC CALLABLE NOTES FIXED 3.5% 01/JUN/2031	Bonds	3.500%	6/1/2031	45,000	42,213
	BLOCK INC CALLABLE NOTES FIXED 5.625% 15/AUG/2030	Bonds	5.625%	8/15/2030	67,000	68,269
	BLOCK INC CALLABLE NOTES FIXED 6% 15/AUG/2033 USD	Bonds	6.000%	8/15/2033	35,000	35,971
	BLOCK INC CALLABLE NOTES FIXED 6.5% 15/MAY/2032	Bonds	6.500%	5/15/2032	298,000	311,432
	BROADSTREET PARTNERS GROUP LLC CALLABLE NOTES	Bonds	5.875%	4/15/2029	424,000	423,283

See Independent Auditor's Report on Supplementary Information.

AFTRA Retirement Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
November 30, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost		(e) Current Value	
		Description	Rate of Interest	Maturity Date	Par/Maturity Value				
	CALDERYS FINANCING II LLC CALLABLE NOTES FIXED	Bonds	FLOATING	6/1/2028	193,000	\$	189,140	\$	201,668
	CALDERYS FINANCING LLC CALLABLE NOTES FIXED 11.25%	Bonds	11.250%	6/1/2028	228,000		245,670		242,362
	CANPACK SA / CANPACK US LLC CALLABLE NOTES FIXED	Bonds	3.875%	11/15/2029	37,000		33,863		35,175
	CARNIVAL CORP CALLABLE NOTES FIXED 4% 01/AUG/2028	Bonds	4.000%	8/1/2028	87,000		81,085		85,501
	CARNIVAL CORP CALLABLE NOTES FIXED 5.125%	Bonds	5.125%	5/1/2029	259,000		259,000		261,167
	CARNIVAL CORP CALLABLE NOTES FIXED 5.75%	Bonds	5.750%	8/1/2032	813,000		813,686		833,417
	CARNIVAL CORP CALLABLE NOTES FIXED 6.125%	Bonds	6.125%	2/15/2033	398,000		398,000		409,975
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	Bonds	5.125%	5/1/2027	169,000		162,032		168,762
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	Bonds	5.000%	2/1/2028	118,000		110,283		117,015
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	Bonds	4.750%	3/1/2030	258,000		221,929		245,739
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	Bonds	4.500%	8/15/2030	704,000		591,360		658,727
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	Bonds	4.250%	2/1/2031	622,000		505,375		573,006
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	Bonds	4.500%	5/1/2032	612,000		490,365		551,331
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	Bonds	4.250%	1/15/2034	157,000		118,190		133,030
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	Bonds	6.375%	9/1/2029	128,000		120,998		129,848
	CHART INDUSTRIES INC CALLABLE NOTES FIXED 7.5%	Bonds	7.500%	1/1/2030	120,000		123,636		125,033
	CHART INDUSTRIES INC CALLABLE NOTES FIXED 9.5%	Bonds	9.500%	1/1/2031	78,000		84,426		83,274
	CHOBANI HOLDCO II LLC CALLABLE NOTES FIXED 8.75%	Bonds	FLOATING	10/1/2029	105,694		104,804		112,302
	CHURCHILL DOWNS INC CALLABLE NOTES FIXED 4.75%	Bonds	4.750%	1/15/2028	117,000		111,770		116,477
	CHURCHILL DOWNS INC CALLABLE NOTES FIXED 5.75%	Bonds	5.750%	4/1/2030	54,000		52,395		54,418
	COMMERCIAL METALS CO CALLABLE NOTES FIXED 3.875%	Bonds	3.875%	2/15/2031	24,000		21,427		22,703
	COMMERCIAL METALS CO CALLABLE NOTES FIXED 4.125%	Bonds	4.125%	1/15/2030	78,000		71,693		75,440
	COMPASS MINERALS INTERNATIONAL INC CALLABLE NOTES	Bonds	8.000%	7/1/2030	177,000		177,086		184,267
	COMPASS MINERALS INTERNATIONAL INC CALLABLE NOTES	Bonds	6.750%	12/1/2027	170,000		164,929		169,966
	CP ATLAS BUYER INC CALLABLE NOTES FIXED 9.75%	Bonds	9.750%	7/15/2030	62,000		62,000		62,721
	CSC HOLDINGS LLC CALLABLE NOTES FIXED 11.25%	Bonds	11.250%	5/15/2028	157,000		138,984		121,782
	CSC HOLDINGS LLC CALLABLE NOTES FIXED 11.75%	Bonds	11.750%	1/31/2029	114,000		107,980		80,360
	CSC HOLDINGS LLC CALLABLE NOTES FIXED 3.375%	Bonds	3.375%	2/15/2031	9,000		5,828		4,998
	CSC HOLDINGS LLC CALLABLE NOTES FIXED 4.125%	Bonds	4.125%	12/1/2030	15,000		10,144		8,555
	CSC HOLDINGS LLC CALLABLE NOTES FIXED 4.5%	Bonds	4.500%	11/15/2031	239,000		153,866		135,127
	CSC HOLDINGS LLC CALLABLE NOTES FIXED 5.375%	Bonds	5.375%	2/1/2028	183,000		138,678		132,642
	CSC HOLDINGS LLC CALLABLE NOTES FIXED 5.5%	Bonds	5.500%	4/15/2027	125,000		109,300		107,860
	CSC HOLDINGS LLC CALLABLE NOTES FIXED 6.5%	Bonds	6.500%	2/1/2029	445,000		322,471		279,480
	CTEC II GMBH CALLABLE BOND FIXED 5.25% 15/FEB/2030	Bonds	5.250%	2/15/2030	112,000		114,392		119,241
	DISH NETWORK CORP CALLABLE NOTES FIXED 11.75%	Bonds	11.750%	11/15/2027	235,000		231,658		245,389
	ECHOSTAR CORP CALLABLE BOND FIXED 10.75%	Bonds	10.750%	11/30/2029	257,000		265,273		283,343
	ECHOSTAR CORP CALLABLE BOND FIXED 6.75%	Bonds	FLOATING	11/30/2030	175,269		156,781		182,024
	FLUTTER TREASURY DAC CALLABLE BOND FIXED 5.875%	Bonds	5.875%	6/4/2031	245,000		245,000		247,452
	FLUTTER TREASURY DAC CALLABLE NOTES FIXED 6.375%	Bonds	6.375%	4/29/2029	106,000		106,928		109,328
	GAP INC/THE CALLABLE NOTES FIXED 3.625%	Bonds	3.625%	10/1/2029	253,000		221,097		239,990

See Independent Auditor's Report on Supplementary Information.

AFTRA Retirement Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
November 30, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost		(e) Current Value	
		Description	Rate of Interest	Maturity Date	Par/Maturity Value				
	GAP INC/THE CALLABLE NOTES FIXED 3.875%	Bonds	3.875%	10/1/2031	175,000	\$	146,342	\$	162,314
	GATES CORP/DE CALLABLE NOTES FIXED 6.875%	Bonds	6.875%	7/1/2029	182,000		185,345		189,665
	GLOBAL NET LEASE INC / GLOBAL NET LEASE OPERATING	Bonds	3.750%	12/15/2027	346,000		305,345		335,827
	GLOBAL NET LEASE INC CALLABLE NOTES FIXED 4.5%	Bonds	4.500%	9/30/2028	204,000		178,569		198,860
	HUB INTERNATIONAL LTD CALLABLE NOTES FIXED 7.25%	Bonds	7.250%	6/15/2030	353,000		359,880		369,868
	INSIGHT ENTERPRISES INC CALLABLE NOTES FIXED	Bonds	6.625%	5/15/2032	47,000		47,742		48,117
	IQVIA INC CALLABLE NOTES FIXED 6.25% 01/JUN/2032	Bonds	6.250%	6/1/2032	205,000		205,000		214,423
	IRIS HOLDING INC CALLABLE NOTES FIXED 10%	Bonds	10.000%	12/15/2028	279,000		244,112		247,223
	IRON MOUNTAIN INC CALLABLE NOTES FIXED 5%	Bonds	5.000%	7/15/2028	13,000		12,465		12,934
	IRON MOUNTAIN INC CALLABLE NOTES FIXED 5.25%	Bonds	5.250%	7/15/2030	109,000		103,767		108,050
	JANE STREET GROUP / JSG FINANCE INC CALLABLE BOND	Bonds	6.750%	5/1/2033	93,000		93,604		97,267
	JANE STREET GROUP / JSG FINANCE INC CALLABLE NOTES	Bonds	6.125%	11/1/2032	93,000		91,838		94,608
	JH NORTH AMERICA HOLDINGS INC CALLABLE BOND FIXED	Bonds	5.875%	1/31/2031	68,000		68,000		68,916
	JH NORTH AMERICA HOLDINGS INC CALLABLE BOND FIXED	Bonds	6.125%	7/31/2032	68,000		68,000		69,706
	JONES DESLAURIERS INSURANCE MANAGEMENT INC	Bonds	7.250%	10/1/2033	30,000		21,674		21,520
	JONES DESLAURIERS INSURANCE MANAGEMENT INC	Bonds	6.875%	10/1/2033	282,000		282,110		278,193
	JONES DESLAURIERS INSURANCE MANAGEMENT INC	Bonds	8.500%	3/15/2030	535,000		561,750		559,955
	KIOXIA HOLDINGS CORP CALLABLE NOTES FIXED 6.25%	Bonds	6.250%	7/24/2030	200,000		200,000		205,802
	KIOXIA HOLDINGS CORP CALLABLE NOTES FIXED 6.625%	Bonds	6.625%	7/24/2033	222,000		222,000		230,892
	LAMAR MEDIA CORP CALLABLE NOTES FIXED 5.375%	Bonds	5.375%	11/1/2033	151,000		151,000		151,165
	LINDBLAD EXPEDITIONS LLC CALLABLE BOND FIXED 7%	Bonds	7.000%	9/15/2030	177,000		177,000		181,528
	LINDBLAD EXPEDITIONS LLC CALLABLE NOTES FIXED	Bonds	6.750%	2/15/2027	260,000		258,094		261,741
	MAGNOLIA OIL & GAS OPERATING LLC / MAGNOLIA OIL &	Bonds	6.875%	12/1/2032	47,000		47,000		48,304
	MEDLINE BORROWER LP CALLABLE NOTES FIXED 3.875%	Bonds	3.875%	4/1/2029	1,146,000		1,054,320		1,112,491
	MEDLINE BORROWER LP CALLABLE NOTES FIXED 5.25%	Bonds	5.250%	10/1/2029	390,000		370,945		390,911
	MEDLINE BORROWER LP/MEDLINE CO-ISSUER INC CALLABLE	Bonds	6.250%	4/1/2029	195,000		197,837		201,692
	MEG ENERGY CORP CALLABLE NOTES FIXED 5.875%	Bonds	5.875%	2/1/2029	427,000		417,513		433,273
	MERLIN ENTERTAINMENTS GROUP US HOLDINGS INC	Bonds	7.375%	2/15/2031	256,000		260,933		215,616
	METHANEX CORP CALLABLE NOTES FIXED 5.125%	Bonds	5.125%	10/15/2027	183,000		176,901		183,515
	METHANEX CORP CALLABLE NOTES FIXED 5.25%	Bonds	5.250%	12/15/2029	595,000		573,889		595,585
	METHANEX CORP CALLABLE NOTES FIXED 5.65%	Bonds	5.650%	12/1/2044	31,000		27,164		27,191
	METHANEX US OPERATIONS INC CALLABLE NOTES FIXED	Bonds	6.250%	3/15/2032	9,000		9,000		9,241
	MGM RESORTS INTERNATIONAL CALLABLE NOTES FIXED	Bonds	4.625%	9/1/2026	30,000		29,226		29,959
	MGM RESORTS INTERNATIONAL CALLABLE NOTES FIXED	Bonds	4.750%	10/15/2028	261,000		247,759		259,637
	NCL CORP LTD CALLABLE NOTES FIXED 5.875%	Bonds	5.875%	1/15/2031	261,000		261,000		257,567
	NCL CORP LTD CALLABLE NOTES FIXED 6.25%	Bonds	6.250%	9/15/2033	196,000		196,413		193,653
	NCL CORP LTD CALLABLE NOTES FIXED 6.75%	Bonds	6.750%	2/1/2032	183,000		183,063		185,727
	NCL CORP LTD CALLABLE NOTES FIXED 7.75%	Bonds	7.750%	2/15/2029	472,000		488,416		500,798
	NCL FINANCE LTD CALLABLE NOTES FIXED 6.125%	Bonds	6.125%	3/15/2028	882,000		869,873		900,792
	NORDSTROM INC CALLABLE NOTES FIXED 4% 15/MAR/2027	Bonds	4.000%	3/15/2027	95,000		91,491		93,549

See Independent Auditor's Report on Supplementary Information.

AFTRA Retirement Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
November 30, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost		(e) Current Value	
		Description	Rate of Interest	Maturity Date	Par/Maturity Value				
	NORDSTROM INC CALLABLE NOTES FIXED 4.25%	Bonds	4.250%	8/1/2031	138,000	\$	123,090	\$	126,616
	NORDSTROM INC CALLABLE NOTES FIXED 4.375%	Bonds	4.375%	4/1/2030	270,000		245,978		253,796
	NORDSTROM INC CALLABLE NOTES FIXED 5% 15/JAN/2044	Bonds	5.000%	1/15/2044	639,000		520,402		480,793
	ONEMAIN FINANCE CORP CALLABLE NOTES FIXED 7.875%	Bonds	7.875%	3/15/2030	54,000		55,820		57,154
	PARK RIVER HOLDINGS INC CALLABLE NOTES FIXED 8%	Bonds	8.000%	3/15/2031	177,000		177,746		182,850
	PRESTIGE BRANDS INC CALLABLE NOTES FIXED 3.75%	Bonds	3.750%	4/1/2031	149,000		129,800		138,843
	QUIKRETE HOLDINGS INC CALLABLE BOND FIXED 6.375%	Bonds	6.375%	3/1/2032	349,000		349,000		362,400
	QUIKRETE HOLDINGS INC CALLABLE NOTES FIXED 6.75%	Bonds	6.750%	3/1/2033	193,000		193,125		200,959
	REGAL REXNORD CORP CALLABLE NOTES FIXED 6.05%	Bonds	6.050%	2/15/2026	11,000		11,029		11,025
	REGAL REXNORD CORP CALLABLE NOTES FIXED 6.05%	Bonds	6.050%	4/15/2028	24,000		24,349		24,840
	REGAL REXNORD CORP CALLABLE NOTES FIXED 6.3%	Bonds	6.300%	2/15/2030	315,000		324,097		334,644
	REGAL REXNORD CORP CALLABLE NOTES FIXED 6.4%	Bonds	6.400%	4/15/2033	276,000		283,493		297,626
	RHP HOTEL PROPERTIES LP / RHP FINANCE CORP	Bonds	6.500%	6/15/2033	23,000		23,000		23,901
	ROYAL CARIBBEAN CRUISES LTD CALLABLE NOTES FIXED	Bonds	5.500%	4/1/2028	322,000		317,118		327,705
	ROYAL CARIBBEAN CRUISES LTD CALLABLE NOTES FIXED	Bonds	4.250%	7/1/2026	126,000		121,860		125,945
	ROYAL CARIBBEAN CRUISES LTD CALLABLE NOTES FIXED	Bonds	6.250%	3/15/2032	86,000		86,429		88,988
	ROYAL CARIBBEAN CRUISES LTD CALLABLE NOTES FIXED	Bonds	6.000%	2/1/2033	80,000		80,183		82,369
	RYAN SPECIALTY LLC CALLABLE BOND FIXED 5.875%	Bonds	5.875%	8/1/2032	136,000		135,616		139,025
	RYAN SPECIALTY LLC CALLABLE NOTES FIXED 4.375%	Bonds	4.375%	2/1/2030	25,000		23,273		24,491
	S&S HOLDINGS LLC CALLABLE BOND FIXED 8.375%	Bonds	8.375%	10/1/2031	142,000		142,000		133,582
	SEAWORLD PARKS & ENTERTAINMENT INC CALLABLE NOTES	Bonds	5.250%	8/15/2029	261,000		247,786		252,478
	SHIFT4 PAYMENTS LLC / SHIFT4 PAYMENTS FINANCE SUB	Bonds	6.750%	8/15/2032	172,000		173,480		178,779
	SIGNATURE AVIATION US HOLDINGS INC CALLABLE NOTES	Bonds	4.000%	3/1/2028	26,000		23,400		24,180
	SK INVICTUS INTERMEDIATE II SARL CALLABLE NOTES	Bonds	5.000%	10/30/2029	231,000		211,434		227,350
	SOMNIGROUP INTERNATIONAL INC CALLABLE NOTES FIXED	Bonds	3.875%	10/15/2031	128,000		108,134		119,758
	SPECIALTY BUILDING PRODUCTS HOLDINGS LLC / SBP	Bonds	7.750%	10/15/2029	91,000		88,647		90,003
	SS&C TECHNOLOGIES INC CALLABLE NOTES FIXED 6.5%	Bonds	6.500%	6/1/2032	9,000		9,048		9,366
	STATION CASINOS LLC CALLABLE NOTES FIXED 4.625%	Bonds	4.625%	12/1/2031	192,000		171,838		181,684
	TKC HOLDINGS INC CALLABLE NOTES FIXED 10.5%	Bonds	10.500%	5/15/2029	678,000		668,538		695,295
	TKC HOLDINGS INC CALLABLE NOTES FIXED 6.875%	Bonds	6.875%	5/15/2028	413,000		402,010		416,076
	TOUCAN FINCO LTD/TOUCAN FINCO CAN INC/TOUCAN FINCO	Bonds	9.500%	5/15/2030	185,000		185,000		175,528
	TRANSDIGM INC CALLABLE NOTES FIXED 6.25%	Bonds	6.250%	1/31/2034	31,000		31,000		32,142
	TRANSDIGM INC CALLABLE NOTES FIXED 6.75%	Bonds	6.750%	1/31/2034	133,000		133,000		138,964
	UKG INC CALLABLE NOTES FIXED 6.875% 01/FEB/2031	Bonds	6.875%	2/1/2031	234,000		236,977		241,571
	UNITED RENTALS NORTH AMERICA INC CALLABLE NOTES	Bonds	6.000%	12/15/2029	97,000		97,121		99,537
	VAIL RESORTS INC CALLABLE NOTES FIXED 5.625%	Bonds	5.625%	7/15/2030	87,000		87,000		88,277
	VAIL RESORTS INC CALLABLE NOTES FIXED 6.5%	Bonds	6.500%	5/15/2032	242,000		244,838		251,560
	VERITIV OPERATING CO CALLABLE NOTES FIXED 10.5%	Bonds	10.500%	11/30/2030	193,000		204,059		207,423
	VIKING CRUISES LTD CALLABLE NOTES FIXED 5.875%	Bonds	5.875%	10/15/2033	258,000		258,000		262,183
	VIRGIN MEDIA SECURED FINANCE PLC CALLABLE NOTES	Bonds	5.500%	5/15/2029	178,000		162,530		190,207

See Independent Auditor's Report on Supplementary Information.

AFTRA Retirement Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
November 30, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par/Maturity Value		
	VIRGIN MEDIA SECURED FINANCE PLC CALLABLE NOTES	Bonds	4.500%	8/15/2030	204,000	\$ 175,426	\$ 174,769
	VIRGIN MEDIA VENDOR FINANCING NOTES IV DAC	Bonds	5.000%	7/15/2028	148,000	132,575	144,784
	VISTAJET MALTA FINANCE PLC / VISTA MANAGEMENT	Bonds	6.375%	2/1/2030	1,574,000	1,240,263	1,510,568
	VISTAJET MALTA FINANCE PLC / VISTA MANAGEMENT	Bonds	7.875%	5/1/2027	374,000	330,990	376,805
	VISTAJET MALTA FINANCE PLC / VISTA MANAGEMENT	Bonds	9.500%	6/1/2028	127,000	112,452	131,604
	VMED O2 UK FINANCING I PLC CALLABLE BOND FIXED	Bonds	7.750%	4/15/2032	211,000	206,632	220,077
	VMED O2 UK FINANCING I PLC CALLABLE NOTES FIXED	Bonds	4.250%	1/31/2031	278,000	230,740	254,044
	VOYAGER PARENT LLC CALLABLE BOND FIXED 9.25%	Bonds	9.250%	7/1/2032	73,000	73,000	77,355
	VT TOPCO INC CALLABLE NOTES FIXED 8.5% 15/AUG/2030	Bonds	8.500%	8/15/2030	33,000	33,598	34,366
	WAND NEWCO 3 INC CALLABLE NOTES FIXED 7.625%	Bonds	7.625%	1/30/2032	195,000	200,251	205,477
	WEX INC CALLABLE NOTES FIXED 6.5% 15/MAR/2033 USD	Bonds	6.500%	3/15/2033	184,000	183,914	187,664
	WHITE CAP SUPPLY HOLDINGS LLC CALLABLE NOTES FIXED	Bonds	7.375%	11/15/2030	42,000	42,000	42,837
	WINDSOR HOLDINGS III LLC CALLABLE NOTES FIXED 8.5%	Bonds	8.500%	6/15/2030	281,000	297,073	295,688
	XHR LP CALLABLE NOTES FIXED 4.875% 01/JUN/2029 USD	Bonds	4.875%	6/1/2029	330,000	308,406	324,158
	XHR LP CALLABLE NOTES FIXED 6.625% 15/MAY/2030 USD	Bonds	6.625%	5/15/2030	33,000	33,000	33,825
						<u>37,609,722</u>	<u>39,311,813</u>
	<u>Common Stock</u>						
	ACADIA PHARMACEUTICALS INC COMMON STOCK USD 0.0001	Common	N/A	N/A	21,706	399,636	543,518
	ACI WORLDWIDE INC COMMON STOCK USD 0.005	Common	N/A	N/A	35,516	1,124,757	1,664,280
	AEHR TEST SYSTEMS COMMON STOCK USD 0.01	Common	N/A	N/A	3,644	52,413	83,703
	AGILENT TECHNOLOGIES INC COMMON STOCK USD 0.01	Common	N/A	N/A	9,579	1,159,131	1,470,377
	AKAMAI TECHNOLOGIES INC COMMON STOCK USD 0.01	Common	N/A	N/A	13,943	1,407,358	1,248,177
	ALBEMARLE CORP COMMON STOCK USD 0.01	Common	N/A	N/A	11,489	1,567,694	1,493,455
	ALKERMES PLC COMMON STOCK USD 0.01	Common	N/A	N/A	13,670	371,979	404,359
	ALTICE FRANCE LUX 3 / ALTICE HOLDINGS 1 COMMON	Common	N/A	N/A	6,305	62,223	113,418
	AMDOCS LTD	Common	N/A	N/A	8,505	726,929	650,462
	AMERICOLD REALTY TRUST INC COMMON STOCK	Common	N/A	N/A	51,747	1,500,115	560,420
	AMICUS THERAPEUTICS INC COMMON STOCK USD 0.01	Common	N/A	N/A	86,620	846,315	860,137
	APPLIED MATERIALS INC COMMON STOCK USD 0.01	Common	N/A	N/A	4,410	630,630	1,112,423
	ARLO TECHNOLOGIES INC COMMON STOCK USD 0.001	Common	N/A	N/A	91,621	622,267	1,328,505
	ARMSTRONG WORLD INDUSTRIES INC COMMON STOCK USD	Common	N/A	N/A	6,064	548,316	1,150,583
	ARROW ELECTRONICS INC COMMON STOCK USD 1	Common	N/A	N/A	9,794	1,244,426	1,057,850
	ASCENDIS PHARMA A/S	Common	N/A	N/A	5,212	582,049	1,106,664
	BANK OZK COMMON STOCK USD	Common	N/A	N/A	8,450	307,260	388,869
	BIOCRIST PHARMACEUTICALS INC COMMON STOCK USD 0.01	Common	N/A	N/A	43,242	339,174	310,478
	BIOMARIN PHARMACEUTICAL INC COMMON STOCK USD 0.001	Common	N/A	N/A	3,705	213,632	207,221
	BIO-RAD LABORATORIES INC COMMON STOCK USD 0.0001	Common	N/A	N/A	3,475	1,286,964	1,128,889
	BIRKENSTOCK HOLDING PLC COMMON STOCK USD 0	Common	N/A	N/A	11,839	484,746	512,984
	BROADRIDGE FINANCIAL SOLUTIONS INC COMMON STOCK	Common	N/A	N/A	4,841	866,119	1,104,184

See Independent Auditor's Report on Supplementary Information.

AFTRA Retirement Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
November 30, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par/Maturity Value		
	BXP INC REIT USD 0.01	Common	N/A	N/A	16,478	\$ 1,044,049	\$ 1,192,348
	CBRE GROUP INC COMMON STOCK USD 0.01	Common	N/A	N/A	15,025	1,242,329	2,431,496
	CENCORA INC COMMON STOCK USD 0.01	Common	N/A	N/A	4,727	853,113	1,743,932
	CENTENE CORP COMMON STOCK USD 0.001	Common	N/A	N/A	26,288	1,564,896	1,034,170
	CENTURY CASINOS INC COMMON STOCK USD 0.01	Common	N/A	N/A	23,279	180,965	35,384
	CEVA INC COMMON STOCK USD 0.001	Common	N/A	N/A	10,116	288,749	218,404
	CH ROBINSON WORLDWIDE INC COMMON STOCK USD 0.1	Common	N/A	N/A	8,919	1,199,943	1,416,962
	CHART INDUSTRIES INC COMMON STOCK USD 0.01	Common	N/A	N/A	4,641	610,230	946,532
	CLEAR SECURE INC COMMON STOCK USD 0.00001	Common	N/A	N/A	30,592	574,952	1,086,016
	CONSENSUS CLOUD SOLUTIONS INC COMMON STOCK USD	Common	N/A	N/A	4,024	104,412	87,884
	COTERRA ENERGY INC	Common	N/A	N/A	43,454	1,206,845	1,166,305
	CRINETICS PHARMACEUTICALS INC COMMON STOCK USD	Common	N/A	N/A	6,212	182,160	283,019
	CSX CORP COMMON STOCK USD 1	Common	N/A	N/A	36,190	1,119,943	1,279,678
	CUMMINS INC COMMON STOCK USD 2.5	Common	N/A	N/A	3,986	932,099	1,984,948
	DARDEN RESTAURANTS INC COMMON STOCK USD 0	Common	N/A	N/A	7,835	1,241,326	1,407,009
	DONNELLEY FINANCIAL SOLUTIONS INC COMMON STOCK USD	Common	N/A	N/A	20,327	580,523	997,243
	DOVER CORP COMMON STOCK USD 1	Common	N/A	N/A	8,003	1,124,373	1,482,796
	DOXIMITY INC COMMON STOCK USD 0.001	Common	N/A	N/A	14,019	434,523	721,137
	DR HORTON INC COMMON STOCK USD 0.01	Common	N/A	N/A	9,248	1,080,278	1,470,524
	EAST WEST BANCORP INC COMMON STOCK USD 0.001	Common	N/A	N/A	12,213	1,238,090	1,303,127
	EASTMAN CHEMICAL CO COMMON STOCK USD 0.01	Common	N/A	N/A	11,375	951,815	706,160
	EMCOR GROUP INC COMMON STOCK USD 0.01	Common	N/A	N/A	2,036	1,376,186	1,252,283
	EMPLOYEE SOLUTIONS INC COM STK NPV	Common	N/A	N/A	1,125	-	-
	ENTEGRIS INC	Common	N/A	N/A	19,597	1,672,419	1,511,713
	ESTABLISHMENT LABS HOLDINGS INC COMMON STOCK USD 1	Common	N/A	N/A	17,821	811,567	1,234,817
	ETSY INC COMMON STOCK USD 0.001	Common	N/A	N/A	5,790	333,954	313,934
	EURONET WORLDWIDE INC COMMON STOCK USD 0.02	Common	N/A	N/A	8,533	889,247	632,210
	EVOLUS INC COMMON STOCK USD 0.00001	Common	N/A	N/A	25,480	222,453	182,437
	FABRINET COMMON STOCK USD 0.01	Common	N/A	N/A	3,260	597,063	1,497,677
	FEDERAL AGRICULTURAL MORTGAGE CORP COMMON STOCK	Common	N/A	N/A	912	74,550	156,645
	FRANKLIN COVEY CO COMMON STOCK USD 0.05	Common	N/A	N/A	9,068	303,865	142,549
	GATX CORP COMMON STOCK USD 0.625	Common	N/A	N/A	7,657	918,771	1,224,584
	GENERAL DYNAMICS CORP COMMON STOCK USD 1	Common	N/A	N/A	3,733	835,653	1,275,305
	GENPACT LTD COMMON STOCK USD 0.01	Common	N/A	N/A	9,357	368,350	412,269
	GENTEX CORP COMMON STOCK USD 0.06	Common	N/A	N/A	14,557	434,781	332,336
	GLOBAL PAYMENTS INC COMMON STOCK USD 0	Common	N/A	N/A	10,986	1,302,967	832,299
	GXO LOGISTICS INC USD	Common	N/A	N/A	2,799	61,755	142,021
	H-FOOD HOLDINGS LLC COMMON STOCK USD	Common	N/A	N/A	3,680	44,811	44,811
	HELMERICH & PAYNE INC COMMON STOCK USD 0.1	Common	N/A	N/A	18,733	776,326	522,651
	HEXCEL CORP COMMON STOCK USD 0.01	Common	N/A	N/A	22,855	1,470,119	1,742,237

See Independent Auditor's Report on Supplementary Information.

AFTRA Retirement Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
November 30, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par/Maturity Value		
	HOULIHAN LOKEY INC COMMON STOCK USD 0.001	Common	N/A	N/A	7,356	\$ 738,849	\$ 1,290,242
	ICON PLC COMMON STOCK USD 0.06	Common	N/A	N/A	388	54,884	71,780
	INGEVITY CORP COMMON STOCK USD 0.01	Common	N/A	N/A	8,562	663,575	447,193
	INSMED INC COMMON STOCK USD 0.01	Common	N/A	N/A	1,142	28,088	237,273
	INTERCONTINENTAL EXCHANGE INC COMMON STOCK USD	Common	N/A	N/A	9,012	1,024,061	1,417,588
	IOVANCE BIOTHERAPEUTICS INC	Common	N/A	N/A	36,579	511,145	90,350
	IQVIA HOLDINGS INC COMMON STOCK USD 0.01	Common	N/A	N/A	9,295	1,948,508	2,137,943
	ITURAN LOCATION AND CONTROL LTD COMMON STOCK USD	Common	N/A	N/A	4,699	124,342	188,148
	KEYSIGHT TECHNOLOGIES INC COMMON STOCK USD 0.01	Common	N/A	N/A	9,406	1,215,935	1,861,918
	KINIKA PHARMACEUTICALS INTERNATIONAL PLC COMMON	Common	N/A	N/A	12,239	210,783	520,402
	LABCORP HOLDINGS INC COMMON STOCK USD 0.1	Common	N/A	N/A	5,199	1,114,117	1,397,387
	LCI INDUSTRIES COMMON STOCK USD 0.01	Common	N/A	N/A	3,442	333,993	391,252
	LIGAND PHARMACEUTICALS INC COMMON STOCK USD 0.001	Common	N/A	N/A	6,671	491,139	1,355,414
	LIQUIDITY SERVICES INC COMMON STOCK USD 0.001	Common	N/A	N/A	7,993	203,050	240,110
	LKQ CORP COMMON STOCK USD 0.01	Common	N/A	N/A	24,216	905,134	718,973
	MASCO CORP COMMON STOCK USD 1	Common	N/A	N/A	25,681	1,461,277	1,665,926
	MAXIMUS INC COMMON STOCK USD 0	Common	N/A	N/A	7,898	527,023	679,939
	MEDPACE HOLDINGS INC COMMON STOCK USD 0.01	Common	N/A	N/A	2,303	318,422	1,364,435
	MOONLAKE IMMUNOTHERAPEUTICS	Common	N/A	N/A	4,625	220,789	63,501
	MURPHY OIL CORP COMMON STOCK USD 1	Common	N/A	N/A	15,582	704,592	499,715
	NEUROCRINE BIOSCIENCES INC COMMON STOCK USD 0.001	Common	N/A	N/A	3,384	258,219	514,909
	NEXXEN INTERNATIONAL LTD COMMON STOCK USD	Common	N/A	N/A	30,361	292,158	196,436
	OMNIAB INC	Common	N/A	N/A	2,071	-	2
	OMNIAB INC COMMON STOCK USD 0.0001	Common	N/A	N/A	51,154	239,833	92,589
	PACIRA BIOSCIENCES INC COMMON STOCK USD 0.001	Common	N/A	N/A	5,797	233,483	136,635
	PACKAGING CORP OF AMERICA COMMON STOCK USD 0.01	Common	N/A	N/A	5,388	792,026	1,099,529
	POOL CORP COMMON STOCK USD 0.001	Common	N/A	N/A	991	108,104	241,408
	PRESTIGE CONSUMER HEALTHCARE INC COMMON STOCK USD	Common	N/A	N/A	15,663	580,715	932,732
	PROGRESSIVE CORP/THE COMMON STOCK USD 1	Common	N/A	N/A	3,945	530,742	902,577
	QIAGEN NV COMMON STOCK USD 0.01	Common	N/A	N/A	32,185	1,384,070	1,536,834
	QUIDELORTHO CORP COMMON STOCK USD 0.001	Common	N/A	N/A	11,673	300,598	319,257
	RADWARE LTD COMMON STOCK USD 0.05	Common	N/A	N/A	12,339	300,063	283,057
	RAYMOND JAMES FINANCIAL INC COMMON STOCK USD 0.01	Common	N/A	N/A	10,178	1,070,273	1,593,264
	RB GLOBAL INC	Common	N/A	N/A	2,578	143,378	253,160
	REINSURANCE GROUP OF AMERICA INC COMMON STOCK USD	Common	N/A	N/A	8,744	1,205,743	1,660,223
	RENAISSANCERE HOLDINGS LTD COMMON STOCK USD 1	Common	N/A	N/A	5,703	1,015,009	1,489,453
	REPOSITRAK INC COMMON STOCK USD 0.01	Common	N/A	N/A	2,783	44,001	37,515
	REPUBLIC SERVICES INC COMMON STOCK USD 0.01	Common	N/A	N/A	8,372	1,224,982	1,817,226
	ROSS STORES INC COMMON STOCK USD 0.01	Common	N/A	N/A	8,677	1,307,840	1,530,276
	SBA COMMUNICATIONS CORP REIT USD 0.01	Common	N/A	N/A	4,506	999,052	875,381

See Independent Auditor's Report on Supplementary Information.

AFTRA Retirement Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
November 30, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par/Maturity Value		
	SCHLUMBERGER LIMITED	Common	N/A	N/A	17,509	\$ 843,455	\$ 634,526
	SCOTTS MIRACLE-GRO CO/THE COMMON STOCK USD 0.01	Common	N/A	N/A	22,507	1,133,026	1,274,346
	SENSATA TECHNOLOGIES HOLDING PLC COMMON STOCK USD	Common	N/A	N/A	30,565	1,156,926	980,220
	SHIFT4 PAYMENTS INC COMMON STOCK USD	Common	N/A	N/A	21,018	1,859,274	1,550,708
	SHUTTERSTOCK INC COMMON STOCK USD 0.01	Common	N/A	N/A	7,576	401,096	157,732
	SKYWORKS SOLUTIONS INC COMMON STOCK USD 0.25	Common	N/A	N/A	18,261	1,610,420	1,204,313
	SLEEP NUMBER CORP	Common	N/A	N/A	3,853	359,550	19,650
	SNAP-ON INC COMMON STOCK USD 1	Common	N/A	N/A	4,537	1,216,882	1,542,807
	SPORTRADAR GROUP AG COMMON STOCK USD 0.0001	Common	N/A	N/A	41,665	1,169,497	916,630
	STIFEL FINANCIAL CORP COMMON STOCK USD 0.15	Common	N/A	N/A	14,212	889,467	1,733,864
	STRIDE INC COMMON STOCK USD 0.0001	Common	N/A	N/A	14,794	545,786	939,863
	SUPERNUS PHARMACEUTICALS INC COMMON STOCK USD	Common	N/A	N/A	9,384	237,746	427,817
	SYNOPSIS INC COMMON STOCK USD 0.01	Common	N/A	N/A	3,449	1,481,131	1,441,716
	SYSCO CORP COMMON STOCK USD 1	Common	N/A	N/A	13,203	945,171	1,006,069
	TAYSHA GENE THERAPIES INC COMMON STOCK USD 0.00001	Common	N/A	N/A	18,347	88,241	86,965
	TECHTARGET INC COMMON STOCK USD 0.001	Common	N/A	N/A	28,104	318,859	146,984
	TJX COS INC/THE COMMON STOCK USD 1	Common	N/A	N/A	8,036	718,024	1,220,829
	TKO GROUP HOLDINGS INC COMMON STOCK USD 0.00001	Common	N/A	N/A	653	37,962	126,610
	TWILIO INC COMMON STOCK USD 0.001	Common	N/A	N/A	12,013	1,319,207	1,557,966
	ULTA BEAUTY INC COMMON STOCK USD 0.01	Common	N/A	N/A	2,904	1,169,850	1,564,762
	VAIL RESORTS INC COMMON STOCK USD 0.01	Common	N/A	N/A	4,125	656,335	578,366
	VERTIV HOLDINGS CO	Common	N/A	N/A	6,252	1,027,515	1,123,672
	VIRIDIAN THERAPEUTICS INC COMMON STOCK USD 0.01	Common	N/A	N/A	15,125	262,798	483,395
	WEC ENERGY GROUP INC COMMON STOCK USD 0.01	Common	N/A	N/A	13,371	1,133,060	1,498,488
	WEX INC COMMON STOCK USD 0.01	Common	N/A	N/A	6,222	1,059,396	923,096
	WINTRUST FINANCIAL CORP COMMON STOCK USD 0	Common	N/A	N/A	10,150	1,340,971	1,360,303
	WIX.COM LTD COMMON STOCK USD 0.01	Common	N/A	N/A	7,198	872,584	688,921
	WOODWARD INC COMMON STOCK USD 0.001455	Common	N/A	N/A	8,240	1,034,078	2,472,247
	XPO INC COMMON STOCK USD 0.001	Common	N/A	N/A	7,774	207,082	1,104,374
	ZIFF DAVIS INC COMMON STOCK USD 0.01	Common	N/A	N/A	14,248	808,556	452,395
						97,328,523	116,320,390
	Partnership / Joint Venture Interest						
	BLACKROCK GLOBAL INFRASTRUCTURE FUND IV B SCSP	P/JVI	N/A	N/A	1	15,424,018	20,335,806
	CENTERBRIDGE PARTNERS REAL ESTATE FUND II L.P	P/JVI	N/A	N/A	1	18,935,932	23,002,759
	CONSTITUTION CAPITAL LTD PART USD	P/JVI	N/A	N/A	76,561,575.00	76,561,575	315,468,672
	GLOBAL INFRASTRUCTURE PARTNERS (GIP)	P/JVI	N/A	N/A	469,512	22,228,679	26,694,942
	HARBOURVEST PARTNERS LLC	P/JVI	N/A	N/A	1	57,301,588	71,053,569
	IMF GLOBAL INFRASTRUCTURE LP	P/JVI	N/A	N/A	1	54,089,885	128,491,275
	ISQ GLOBAL INFRASTRUCTURE FUND III, L.P.	P/JVI	N/A	N/A	1.00	23,462,969	33,154,569
	MESIROW FINANCIAL PRIVATE EQUITY PRTRNS IV, LP	P/JVI	N/A	N/A	1	92,598	2,460,908

See Independent Auditor's Report on Supplementary Information.

AFTRA Retirement Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
November 30, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par/Maturity Value		
	ROCKPOINT REAL ESTATE FUND V, LP	P/JVI	N/A	N/A	1	\$ 13,553,543	\$ 8,593,007
	ROCKPOINT REAL ESTATE FUND VI LP LTD PART USD	P/JVI	N/A	N/A	1	19,901,873	22,237,119
	TA REALTY CORE PROPERTY FUND LP PREFERENCE USD	P/JVI	N/A	N/A	118,818	146,306,325	150,229,999
						<u>447,858,987</u>	<u>801,722,625</u>
	<u>Common / Collective Trusts</u>						
	SSGA MSCI EMERGING MARKETS EX-CHINA NL - AFTRA	CCT	N/A	N/A	2,267,370.85	24,221,228	31,307,764
	SSGA LONG TERM GOVERNMENT BONDS	CCT	N/A	N/A	5,208,502.00	158,000,000	117,123,585
	GQG PARTNERS EMERGING MARKETS EQUITY FUND USD	CCT	N/A	N/A	27,385,360	70,371,873	110,841,525
*	JPMCB LIQUIDITY	CCT	N/A	N/A	3	3	3
*	JPMCB SPECIAL SITUATION PROPERTY FUND	CCT	N/A	N/A	1,939,229	8,357,449	16,755,324
*	JPMCB STRATEGIC PROPERTY FUND	CCT	N/A	N/A	3,985,335.64	19,573,173	46,069,284
	SSGA RUSSELL 1000 VALUE INDEX CIT OPEN-END FUND	CCT	N/A	N/A	372,478.54	41,907,864	71,893,201
	STATE STREET RUSSELL 2000 INDEX NON-LENDING FUND	CCT	N/A	N/A	204,242.59	19,517,771	39,631,232
	STATE STREET NATURAL RESOURCE INDEX	CCT	N/A	N/A	4,250,871.00	47,781,886	91,555,260
	MSCI EAFE INDX NL FD (FD12)	CCT	N/A	N/A	83,107.72	10,035,595	14,441,629
	SSGA RUSSELL 1000 INDEX	CCT	N/A	N/A	3,012,684.17	69,224,846	323,354,404
	SSGA U.S. AGGREGATE BOND INDEX NL FUND	CCT	N/A	N/A	15,606,021	478,797,657	541,700,594
						<u>1,395,648,332</u>	<u>1,404,673,805</u>
	<u>Registered Investment Companies</u>						
	ARTISAN INTERNATIONAL VALUE FUND	RIC	N/A	N/A	2,335,615	101,140,419	122,456,289
	DFA EMERGING MARKETS VALUE PORTFOLIO OPEN-END FUND	RIC	N/A	N/A	2,945,946	86,943,898	108,351,879
	UBS TRUMBALL PROPERTY FUND (TPF)	RIC	N/A	N/A	768	5,205,868	6,749,608
	UBS TRUMBALL PROPERTY FUND (TPI)	RIC	N/A	N/A	1,890	13,978,358	23,051,028
	STRATEGIC INVESTORS FUND X LP OPEN-END FUND USD	RIC	N/A	N/A	1	54,055,213	70,735,729
	TORCHLIGHT DEBT OPPORTUNITY FUND LLC OPEN-END FUND	RIC	N/A	N/A	1	28,404,917	26,448,068
	VANGUARD SHORT-TERM INFLATION-PROTECTED SECURITIES	RIC	N/A	N/A	3,776,389	98,736,663	95,051,721
	WCM FOCUSED GROWTH INTERNATIONAL EQUITY	RIC	N/A	N/A	1	58,656,240	110,395,930
						<u>447,121,575</u>	<u>563,240,252</u>
	<u>Other Investments</u>						
	1440 FOODS TOPCO LLC	Bonds	VAR	11/5/2031	842,067	795,553	793,126
	ACRISURE, LLC	Bonds	VAR	6/21/2032	31,920	31,840	31,977
	ALERA GROUP INC	Bonds	VAR	5/31/2032	453,000	450,735	455,446
	ALERA GROUP INC	Bonds	VAR	5/30/2033	316,000	314,420	325,216
	ALLIANT HOLDINGS INTERMEDIATE LLC	Bonds	VAR	9/19/2031	114,424	114,360	114,586
	APPLIED SYSTEMS, INC.	Bonds	VAR	2/24/2031	286,389	289,253	287,796
	APPLIED SYSTEMS, INC.	Bonds	VAR	2/23/2032	123,000	127,766	125,806
	ARCHES BUYER INC	Bonds	VAR	12/6/2027	283,312	272,446	284,237
	ARDONAGH GROUP FINCO PTY LTD	Bonds	VAR	2/18/2031	69,650	69,650	69,592

See Independent Auditor's Report on Supplementary Information.

AFTRA Retirement Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
November 30, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par/Maturity Value		
	BCPE GRILL PARENT INC	Bonds	VAR	9/30/2030	286,980	\$ 283,517	\$ 272,733
	BULLDOG PURCHASER INC	Bonds	VAR	6/30/2031	78,029	78,687	78,511
	BULLDOG PURCHASER INC	Bonds	VAR	6/28/2032	62,000	62,310	62,194
	CONSTANT CONTACT INC	Bonds	VAR	2/10/2028	69,595	64,395	66,836
	CP ATLAS BUYER INC	Bonds	VAR	7/8/2030	419,000	402,240	401,507
	Currency Contract - Artisan Partners	CCTUSD	N/A	N/A	10,312.00	-	1,839
	DAVE & BUSTER'S INC	Bonds	VAR	6/29/2029	266,000	256,610	242,144
	DAVE & BUSTER'S INC	Bonds	VAR	11/3/2031	40,897	38,810	36,265
	DELTA TOPCO, INC	Bonds	VAR	11/30/2029	180,463	178,634	179,699
	DELTA TOPCO, INC	Bonds	VAR	12/24/2030	435,000	439,345	431,194
	ELLUCIAN HOLDINGS INC	Bonds	VAR	10/9/2029	6,982	6,982	7,011
	ELLUCIAN HOLDINGS INC	Bonds	VAR	11/15/2032	46,000	46,130	46,359
	FORMULATIONS PARENT CORPORATION	Bonds	VAR	4/9/2032	204,000	201,960	204,000
	GOOSEHEAD INSURANCE HOLDINGS LLC	Bonds	VAR	1/8/2032	56,858	57,071	57,071
	GSM HOLDINGS INC	Bonds	N/A	9/29/2031	1,135,427	1,056,050	1,119,344
	IRIS HOLDINGS INC	Bonds	VAR	6/28/2028	1,115,285	1,056,903	1,081,608
	MAJORDRIVE HOLDINGS IV, LLC	Bonds	VAR	6/1/2028	380,253	359,033	342,650
	MAJORDRIVE HOLDINGS IV, LLC	Bonds	VAR	6/1/2029	15,918	15,082	14,644
	MJH HEALTHCARE HOLDINGS,LLC	Bonds	VAR	1/29/2029	63,411	55,707	57,070
	MJH HEALTHCARE HOLDINGS,LLC	Bonds	VAR	1/29/2029	194,000	184,130	177,510
	NEXUS BUYER LLC	Bonds	VAR	7/31/2031	374,177	374,177	370,310
	NEXUS BUYER LLC	Bonds	VAR	7/31/2031	62,000	61,380	62,058
	NEXUS BUYER LLC	Bonds	VAR	2/16/2032	460,000	455,400	457,413
	OEG BORROWER, LLC	Bonds	VAR	6/30/2031	115,417	113,755	116,211
	ONEDIGITAL BORROWER LLC	Bonds	VAR	7/2/2032	112,000	112,100	113,120
	OSTTRA GROUP LIMITED	Bonds	VAR	10/8/2032	127,000	126,365	127,635
	PARADIGM PARENT LLC	Bonds	VAR	4/16/2032	143,000	128,700	123,904
	PARK RIVER HOLDINGS, INC	Bonds	VAR	3/17/2031	108,000	106,380	108,467
	RENAISSANCE HOLDING CORP	Bonds	VAR	4/5/2030	471,970	461,515	409,908
	SCIL USA HOLDINGS LLC	Bonds	VAR	11/8/2032	171,000	170,145	171,748
	SLH OPEN POSITION NET ASSET	Bonds	VAR	N/A	21,016	21,016	-
	SPECIALTY BUILDING PRODUCTS HOLDINGS LLC	Bonds	VAR	10/16/2028	71,871	68,685	69,498
	SUMMIT ACQUISITION INC	Bonds	VAR	10/16/2031	101,765	102,175	102,147
	SURGERY CENTER HOLDINGS, INC.	Bonds	VAR	12/19/2030	151,695	152,032	152,210
	THE LIBERTY COMPANY INSURANCE BROKERS LLC	Bonds	VAR	10/15/2032	206,000	204,970	207,288
	TKC HOLDINGS, INC.	Bonds	VAR	5/15/2028	454,029	455,164	457,491
	TKC MIDCO 1 LLC	Bonds	VAR	2/16/2027	166,195	142,565	168,896
	TRUCK HERO INC	Bonds	VAR	1/31/2028	771,302	690,583	607,948
	TRUCK HERO INC	Bonds	VAR	1/31/2028	747,858	711,871	596,727
	TRUIST INSURANCE HOLDINGS INC	Bonds	VAR	5/6/2032	165,263	169,395	167,794

See Independent Auditor's Report on Supplementary Information.

AFTRA Retirement Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
November 30, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par/Maturity Value		
	TWITTER INC	Bonds	VAR	10/26/2029	591,906	\$ 574,048	\$ 577,330
	UKG INC.	Bonds	VAR	2/10/2031	682,110	684,668	682,598
	VERDE PURCHASER LLC	Bonds	VAR	11/30/2030	250,557	250,923	248,897
	VORTEX OPCO LLC	Bonds	VAR	4/30/2030	195,000	198,638	196,463
	VT TOPCO INC	Bonds	VAR	8/9/2030	131,000	125,119	129,444
	WAND NEWCO 3, INC.	Bonds	VAR	1/30/2031	317,329	317,329	317,794
	WHEEL PROS INC	Bonds	VAR	12/3/2029	295,167	286,570	290,370
	X CORP	Bonds	VAR	10/26/2029	1,755,000	1,770,491	1,742,022
	XAI CORP	Bonds	VAR	6/28/2030	43,890	43,890	45,288
						<u>16,389,669</u>	<u>16,188,950</u>
	*-Indicates a party-in-interest						
						<u>\$ 2,023,620,224</u>	<u>\$ 2,970,980,238</u>

See Independent Auditor's Report on Supplementary Information.

AFTRA Retirement Fund
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended November 30, 2025

Identity of party involved (a)	Description of asset (b)	Purchase price (c)	Selling price (d)	Lease rental (e)	Expense incurred with transaction (f)	Cost of asset (g)	Current value of asset on transaction date (h)	Net gain or (loss) (i)
<u>Single transactions:</u>								
None noted								
<u>Series of transactions:</u>								
JPMORGAN	US GOVT MMKT FUND	\$ 302,057,636	N/A	N/A	\$ -	\$ 302,057,636	\$ 302,057,636	N/A
JPMORGAN	US GOVT MMKT FUND	N/A	\$ 285,631,855	N/A	\$ -	\$ 285,631,855	\$ 285,631,855	\$ -
State Street Global Advisor	Russell 1000 Index Fund	\$ 88,029,236	N/A	N/A	\$ -	\$ 88,029,236	\$ 88,029,236	N/A
State Street Global Advisor	Russell 1000 Index Fund	N/A	\$ 112,029,236	N/A	\$ -	\$ 97,286,775	\$ 112,029,236	\$ 14,742,461.00

See Independent Auditor's Report on Supplementary Information.

AFTRA RETIREMENT PLAN

EIN 13-6414972

Plan No. 001

Plan Year Ended November 30, 2025

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

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

AFTRA RETIREMENT PLAN

EIN 13-6414972

Plan No. 001

Plan Year Ended November 30, 2025

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

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

AFTRA RETIREMENT PLAN

EIN 13-6414972

Plan No. 001

Plan Year Ended November 30, 2025

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)**

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

AFTRA Retirement Plan
Board Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PIN: 001

Employers contributing more than 5% of plan's total contributions

CBS BROADCASTING INC
EIN: 20-3656897

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
CBS Broadcasting Inc.	8890	6/30/2026	12
CBS Broadcasting Inc.	8890	6/30/2026	12.1
CBS Broadcasting Inc.	8890	6/30/2026	13.1
CBS Broadcasting Inc.	8890	6/30/2026	14.8
CBS Broadcasting Inc.	8890	6/30/2026	15.3
CBS Broadcasting Inc.	8890	6/30/2026	16.8
CBS Broadcasting Inc.	8890	6/30/2026	17.3
CBS Broadcasting Inc.	8890	6/30/2026	18
CBS Broadcasting Inc.	8890	6/30/2026	18.5
CBS Broadcasting Inc.	8890	6/30/2026	19
CBS Broadcasting Inc.	8890	6/30/2026	20
CBS Broadcasting Inc.	8890	6/30/2026	20.5
CBS Broadcasting Inc.	8890	6/30/2026	21
CBS Broadcasting Inc.	4069	12/30/2026	10
CBS Broadcasting Inc.	4245	12/31/2026	10.5
CBS Broadcasting Inc.	4825	12/31/2026	10
CBS Broadcasting Inc.	4887	10/31/2026	4
CBS Broadcasting Inc.	5062	10/31/2026	11.5
CBS Broadcasting Inc.	6180	4/27/2026	10.5
CBS Broadcasting Inc.	6764	10/31/2026	10
CBS Broadcasting Inc.	6764	10/31/2026	10.5
CBS Broadcasting Inc.	6764	10/31/2026	11
CBS Broadcasting Inc.	8228	6/30/2026	11.5
CBS Broadcasting Inc.	8228	6/30/2026	12

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
CBS Broadcasting Inc.	8228	6/30/2026	12.5
CBS Broadcasting Inc.	7512	7/31/2026	10
CBS Broadcasting Inc.	7512	7/31/2026	10.5
CBS Broadcasting Inc.	7512	7/31/2026	11
CBS Broadcasting Inc.	7845	9/18/2026	11
CBS Broadcasting Inc.	8662	7/31/2026	11
CBS Broadcasting Inc.	8662	7/31/2026	11.25
CBS Broadcasting Inc.	8662	7/31/2026	11.5
CBS Broadcasting Inc.	8662	7/31/2026	11.75
CBS Broadcasting Inc.	8071	7/1/2026	12.5
CBS Broadcasting Inc.	9984	9/30/2026	12.75
CBS Broadcasting Inc.	9984	9/30/2026	13
CBS Broadcasting Inc.	10688	9/30/2026	13
CBS Broadcasting Inc.	10273	2/12/2026	11.5
CBS Broadcasting Inc.	10273	2/12/2026	12
CBS Broadcasting Inc.	11424	11/30/2026	12
CBS Broadcasting Inc.	11424	11/30/2026	12.5
CBS Broadcasting Inc.	10686	5/31/2026	11.25
CBS Broadcasting Inc.	10686	5/31/2026	11.5
CBS Broadcasting Inc.	10686	5/31/2026	11.75
CBS Broadcasting Inc.	11525	4/30/2026	12.25
CBS Broadcasting Inc.	11527	4/30/2026	12.25
CBS Broadcasting Inc.	11525	4/30/2026	12.5
CBS Broadcasting Inc.	11527	4/30/2026	12.5

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
CBS Broadcasting Inc.	11826	5/31/2026	11
CBS Broadcasting Inc.	11826	5/31/2026	11.25
CBS Broadcasting Inc.	11826	5/31/2026	11.5
CBS Broadcasting Inc.	11755	10/31/2026	12
CBS Broadcasting Inc.	11755	10/31/2026	12.5
CBS Broadcasting Inc.	11746	12/31/2026	13
CBS Broadcasting Inc.	13131	6/30/2028	13.25
CBS Broadcasting Inc.	13324	7/1/2027	12
CBS Broadcasting Inc.	13131	6/30/2028	13.5
CBS Broadcasting Inc.	13324	7/1/2027	12.5
CBS Broadcasting Inc.	13131	6/30/2028	13.75
CBS Broadcasting Inc.	14727	3/31/2028	12
CBS Broadcasting Inc.	14727	3/31/2028	12.25
CBS Broadcasting Inc.	14125	4/30/2028	12.75
CBS Broadcasting Inc.	14125	4/30/2028	13
CBS Broadcasting Inc.	14125	4/30/2028	13.25
CBS Broadcasting Inc.	14736	5/31/2028	12
CBS Broadcasting Inc.	14736	5/31/2028	12.5
CBS Broadcasting Inc.	14284	8/30/2028	20.3
CBS Broadcasting Inc.	14287	8/30/2028	20
CBS Broadcasting Inc.	14927	6/30/2029	12
CBS Broadcasting Inc.	14284	8/30/2028	21.3
CBS Broadcasting Inc.	14287	8/30/2028	21
CBS Broadcasting Inc.	14927	6/30/2029	12.25

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
CBS Broadcasting Inc.	14927	6/30/2029	12.5
CBS Broadcasting Inc.	14927	6/30/2029	12.75
CBS Broadcasting Inc.	15627	9/30/2028	13
CBS Broadcasting Inc.	15658	8/31/2028	13
CBS Broadcasting Inc.	14931	12/31/2028	12.75
CBS Broadcasting Inc.	15644	12/31/2028	12.5
CBS Broadcasting Inc.	15656	12/31/2028	12.25
CBS Broadcasting Inc.	14931	12/31/2028	13
CBS Broadcasting Inc.	14931	12/31/2028	13.25
CBS Broadcasting Inc.	15656	12/31/2028	12.75
CBS Broadcasting Inc.	15284	2/25/2029	12
CBS Broadcasting Inc.	15284	2/25/2029	12.25
CBS Broadcasting Inc.	15284	2/25/2029	12.5

AFTRA Retirement Plan
Board Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PIN: 001

Employers contributing more than 5% of plan's total contributions

UNIVERSAL MUSIC GROUP
EIN: 13-2613071

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE	Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
UNIVERSAL MUSIC GROUP	8890	6/30/2026	12	UNIVERSAL MUSIC GROUP	12783	12/31/2026	13
UNIVERSAL MUSIC GROUP	8890	6/30/2026	12.1	UNIVERSAL MUSIC GROUP	12784	12/31/2026	13
UNIVERSAL MUSIC GROUP	8890	6/30/2026	13.1	UNIVERSAL MUSIC GROUP	12783	12/31/2026	13.5
UNIVERSAL MUSIC GROUP	8890	6/30/2026	14.8	UNIVERSAL MUSIC GROUP	12784	12/31/2026	13.5
UNIVERSAL MUSIC GROUP	8890	6/30/2026	15.3				
UNIVERSAL MUSIC GROUP	8890	6/30/2026	16.8				
UNIVERSAL MUSIC GROUP	8890	6/30/2026	17.3				
UNIVERSAL MUSIC GROUP	8890	6/30/2026	18				
UNIVERSAL MUSIC GROUP	8890	6/30/2026	18.5				
UNIVERSAL MUSIC GROUP	8890	6/30/2026	19				
UNIVERSAL MUSIC GROUP	8890	6/30/2026	20				
UNIVERSAL MUSIC GROUP	8890	6/30/2026	20.5				
UNIVERSAL MUSIC GROUP	8890	6/30/2026	21				
UNIVERSAL MUSIC GROUP	4864	12/31/2026	13				
UNIVERSAL MUSIC GROUP	8361	6/30/2027	15.5				
UNIVERSAL MUSIC GROUP	8361	6/30/2027	16				
UNIVERSAL MUSIC GROUP	8361	6/30/2027	16.5				
UNIVERSAL MUSIC GROUP	8362	3/31/2026	16				
UNIVERSAL MUSIC GROUP	8362	3/31/2026	16.5				
UNIVERSAL MUSIC GROUP	8362	3/31/2026	17.25				
UNIVERSAL MUSIC GROUP	8362	3/31/2026	18.75				
UNIVERSAL MUSIC GROUP	8671	6/30/2026	12.75				
UNIVERSAL MUSIC GROUP	8671	6/30/2026	13				
UNIVERSAL MUSIC GROUP	8671	6/30/2026	13.5				

AFTRA Retirement Plan
Board Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PIN: 001

Employers contributing more than 5% of plan's total contributions

NBC (NATIONAL BROADCASTING CO)
EIN:14-1682529

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE	Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
NBC (NATIONAL BROADCASTING CO)	8890	6/30/2026	12	NBC (NATIONAL BROADCASTING CO)	14324	11/11/2026	13.25
NBC (NATIONAL BROADCASTING CO)	8890	6/30/2026	12.1	NBC (NATIONAL BROADCASTING CO)	14564	11/14/2026	12.75
NBC (NATIONAL BROADCASTING CO)	8890	6/30/2026	13.1	NBC (NATIONAL BROADCASTING CO)	14564	11/14/2026	13
NBC (NATIONAL BROADCASTING CO)	8890	6/30/2026	14.8	NBC (NATIONAL BROADCASTING CO)	14564	11/14/2026	13.25
NBC (NATIONAL BROADCASTING CO)	8890	6/30/2026	15.3	NBC (NATIONAL BROADCASTING CO)	14304	8/19/2028	12.75
NBC (NATIONAL BROADCASTING CO)	8890	6/30/2026	16.8	NBC (NATIONAL BROADCASTING CO)	14304	8/19/2028	13.25
NBC (NATIONAL BROADCASTING CO)	8890	6/30/2026	17.3	NBC (NATIONAL BROADCASTING CO)	14284	8/30/2028	20.3
NBC (NATIONAL BROADCASTING CO)	8890	6/30/2026	18	NBC (NATIONAL BROADCASTING CO)	14287	8/30/2028	20
NBC (NATIONAL BROADCASTING CO)	8890	6/30/2026	18.5	NBC (NATIONAL BROADCASTING CO)	14284	8/30/2028	21.3
NBC (NATIONAL BROADCASTING CO)	8890	6/30/2026	19	NBC (NATIONAL BROADCASTING CO)	14287	8/30/2028	21
NBC (NATIONAL BROADCASTING CO)	8890	6/30/2026	20	NBC (NATIONAL BROADCASTING CO)	15187	2/5/2029	13.25
NBC (NATIONAL BROADCASTING CO)	8890	6/30/2026	20.5				
NBC (NATIONAL BROADCASTING CO)	8890	6/30/2026	21				
NBC (NATIONAL BROADCASTING CO)	9683	5/22/2026	12.25				
NBC (NATIONAL BROADCASTING CO)	9683	5/22/2026	12.5				
NBC (NATIONAL BROADCASTING CO)	9683	5/22/2026	12.75				
NBC (NATIONAL BROADCASTING CO)	15184	2/5/2026	12.5				
NBC (NATIONAL BROADCASTING CO)	15184	2/5/2026	12.75				
NBC (NATIONAL BROADCASTING CO)	10690	12/31/2026	12.25				
NBC (NATIONAL BROADCASTING CO)	10690	12/31/2026	12.75				
NBC (NATIONAL BROADCASTING CO)	11753	9/30/2027	12.75				
NBC (NATIONAL BROADCASTING CO)	11760	6/30/2026	12.75				
NBC (NATIONAL BROADCASTING CO)	11760	6/30/2026	13				
NBC (NATIONAL BROADCASTING CO)	14324	11/11/2026	13				

AFTRA Retirement Plan
Board Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PIN: 001

Employers contributing more than 5% of plan's total contributions

Sony Music Entertainment inc.
EIN:13-3431958

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE	Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
Sony Music Entertainment inc.	8890	6/30/2026	12	Sony Music Entertainment inc.	14283	8/30/2028	20.3
Sony Music Entertainment inc.	8890	6/30/2026	12.1	Sony Music Entertainment inc.	14283	8/30/2028	21.3
Sony Music Entertainment inc.	8890	6/30/2026	13.1				
Sony Music Entertainment inc.	8890	6/30/2026	14.8				
Sony Music Entertainment inc.	8890	6/30/2026	15.3				
Sony Music Entertainment inc.	8890	6/30/2026	16.8				
Sony Music Entertainment inc.	8890	6/30/2026	17.3				
Sony Music Entertainment inc.	8890	6/30/2026	18				
Sony Music Entertainment inc.	8890	6/30/2026	18.5				
Sony Music Entertainment inc.	8890	6/30/2026	19				
Sony Music Entertainment inc.	8890	6/30/2026	20				
Sony Music Entertainment inc.	8890	6/30/2026	20.5				
Sony Music Entertainment inc.	8890	6/30/2026	21				
Sony Music Entertainment inc.	8379	6/30/2026	17.1				
Sony Music Entertainment inc.	8379	6/30/2026	17.8				
Sony Music Entertainment inc.	8379	6/30/2026	18.3				
Sony Music Entertainment inc.	8379	6/30/2026	18.8				
Sony Music Entertainment inc.	8671	6/30/2026	12.75				
Sony Music Entertainment inc.	8671	6/30/2026	13				
Sony Music Entertainment inc.	8671	6/30/2026	13.5				
Sony Music Entertainment inc.	12783	12/31/2026	13				
Sony Music Entertainment inc.	12784	12/31/2026	13				
Sony Music Entertainment inc.	12783	12/31/2026	13.5				
Sony Music Entertainment inc.	12784	12/31/2026	13.5				

AFTRA Retirement Plan
Board Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PIN: 001

Employers contributing more than 5% of plan's total contributions

ABC Signature, LLC
EIN:95-4771596

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
ABC Signature, LLC	8890	6/30/2026	12
ABC Signature, LLC	8890	6/30/2026	12.1
ABC Signature, LLC	8890	6/30/2026	13.1
ABC Signature, LLC	8890	6/30/2026	14.8
ABC Signature, LLC	8890	6/30/2026	15.3
ABC Signature, LLC	8890	6/30/2026	16.8
ABC Signature, LLC	8890	6/30/2026	17.3
ABC Signature, LLC	8890	6/30/2026	18
ABC Signature, LLC	8890	6/30/2026	18.5
ABC Signature, LLC	8890	6/30/2026	19
ABC Signature, LLC	8890	6/30/2026	20
ABC Signature, LLC	8890	6/30/2026	20.5
ABC Signature, LLC	8890	6/30/2026	21
ABC Signature, LLC	11824	6/30/2026	21

AFTRA Retirement Plan
Board Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PIN: 001

Employers contributing more than 5% of plan's total contributions

IHEART Media
EIN:74-2722883

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
IHEART Media	9750	1/31/2026	11.75
IHEART Media	9754	1/31/2026	12.25
IHEART Media	9758	1/31/2026	11.75
IHEART Media	9750	1/31/2026	12
IHEART Media	9754	1/31/2026	12.5
IHEART Media	9758	1/31/2026	12
IHEART Media	9795	3/31/2026	11.75
IHEART Media	10108	3/31/2026	11.75
IHEART Media	9795	3/31/2026	12
IHEART Media	10108	3/31/2026	12
IHEART Media	9896	4/30/2026	11.75
IHEART Media	9896	4/30/2026	12
IHEART Media	10044	8/31/2026	10.75
IHEART Media	10046	8/31/2026	10.75
IHEART Media	10044	8/31/2026	11.5
IHEART Media	10046	8/31/2026	11.5
IHEART Media	11184	3/31/2026	12
IHEART Media	11184	3/31/2026	12.25
IHEART Media	10964	12/31/2026	12
IHEART Media	10966	12/31/2026	12
IHEART Media	10968	12/31/2026	12
IHEART Media	10970	12/31/2026	11.5
IHEART Media	10972	6/30/2026	12
IHEART Media	11108	6/1/2026	12

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
IHEART Media	12764	9/30/2027	12.25
IHEART Media	12764	9/30/2027	12.5
IHEART Media	13244	11/30/2027	11.5
IHEART Media	13286	5/31/2027	11.5
IHEART Media	13292	11/30/2027	11.5
IHEART Media	13294	11/30/2027	11.5
IHEART Media	13296	11/30/2027	11.5
IHEART Media	13244	11/30/2027	12
IHEART Media	13286	5/31/2027	12
IHEART Media	13292	11/30/2027	12
IHEART Media	13294	11/30/2027	12
IHEART Media	13296	11/30/2027	12
IHEART Media	13244	11/30/2027	12.5
IHEART Media	13286	5/31/2027	12.5
IHEART Media	13292	11/30/2027	12.5
IHEART Media	13294	11/30/2027	12.5
IHEART Media	13296	11/30/2027	12.5
IHEART Media	13424	1/31/2028	13
IHEART Media	13424	1/31/2028	13.25
IHEART Media	13947	3/31/2026	12
IHEART Media	14125	4/30/2028	12.75
IHEART Media	14125	4/30/2028	13
IHEART Media	14125	4/30/2028	13.25
IHEART Media	13951	6/30/2026	12

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
IHEART Media	14131	6/30/2028	12
IHEART Media	14131	6/30/2028	12.25
IHEART Media	14131	6/30/2028	12.5
IHEART Media	14131	6/30/2028	12.75
IHEART Media	14143	7/31/2028	12.75
IHEART Media	14143	7/31/2028	13
IHEART Media	14143	7/31/2028	13.25
IHEART Media	14368	8/31/2028	12.25
IHEART Media	14374	8/31/2028	12.25
IHEART Media	14376	8/31/2028	12.25
IHEART Media	14378	8/31/2028	12.25
IHEART Media	14380	8/31/2028	12.25
IHEART Media	14382	8/31/2028	12.25
IHEART Media	14368	8/31/2028	12.75
IHEART Media	14374	8/31/2028	12.5
IHEART Media	14376	8/31/2028	12.5
IHEART Media	14378	8/31/2028	12.5
IHEART Media	14380	8/31/2028	12.5
IHEART Media	14382	8/31/2028	12.5
IHEART Media	14368	8/31/2028	13
IHEART Media	14374	8/31/2028	12.75
IHEART Media	14376	8/31/2028	12.75
IHEART Media	14378	8/31/2028	12.75
IHEART Media	14380	8/31/2028	12.75

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
IHEART Media	14382	8/31/2028	12.75
IHEART Media	14925	6/30/2028	12
IHEART Media	14925	6/30/2028	12.25
IHEART Media	14925	6/30/2028	12.5
IHEART Media	15144	1/31/2029	12
IHEART Media	15205	1/31/2029	12
IHEART Media	15244	1/31/2029	13
IHEART Media	15144	1/31/2029	12.5
IHEART Media	15205	1/31/2029	12.5
IHEART Media	14384	3/31/2029	12.5
IHEART Media	15608	3/31/2029	12
IHEART Media	15654	3/31/2029	12
IHEART Media	15660	3/31/2029	12
IHEART Media	15608	3/31/2029	12.5
IHEART Media	15654	3/31/2029	12.5
IHEART Media	15660	3/31/2029	12.5
IHEART Media	14384	3/31/2029	12.75
IHEART Media	15662	4/30/2029	12
IHEART Media	15662	4/30/2029	12.5

AFTRA Retirement Plan
Board Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PIN: 001

Employers contributing more than 5% of plan's total contributions

Warner Bros Records Inc.
EIN:95-1976532

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
Warner Bros Records Inc.	8890	6/30/2026	12
Warner Bros Records Inc.	8890	6/30/2026	12.1
Warner Bros Records Inc.	8890	6/30/2026	13.1
Warner Bros Records Inc.	8890	6/30/2026	14.8
Warner Bros Records Inc.	8890	6/30/2026	15.3
Warner Bros Records Inc.	8890	6/30/2026	16.8
Warner Bros Records Inc.	8890	6/30/2026	17.3
Warner Bros Records Inc.	8890	6/30/2026	18
Warner Bros Records Inc.	8890	6/30/2026	18.5
Warner Bros Records Inc.	8890	6/30/2026	19
Warner Bros Records Inc.	8890	6/30/2026	20
Warner Bros Records Inc.	8890	6/30/2026	20.5
Warner Bros Records Inc.	8890	6/30/2026	21
Warner Bros Records Inc.	8671	6/30/2026	12.75
Warner Bros Records Inc.	8671	6/30/2026	13
Warner Bros Records Inc.	8671	6/30/2026	13.5
Warner Bros Records Inc.	12783	12/31/2026	13
Warner Bros Records Inc.	12784	12/31/2026	13
Warner Bros Records Inc.	12783	12/31/2026	13.5
Warner Bros Records Inc.	12784	12/31/2026	13.5

AFTRA Retirement Plan
Board Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PIN: 001

Employers contributing more than 5% of plan's total contributions

ABC (American Broadcasting Com)
EIN: 13-3331738

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
ABC (American Broadcasting Com)	4245	12/31/2026	10.5
ABC (American Broadcasting Com)	4320	12/31/2026	10.5
ABC (American Broadcasting Com)	4863	12/31/2026	13
ABC (American Broadcasting Com)	5062	10/31/2026	11.5
ABC (American Broadcasting Com)	8653	10/31/2026	12.5
ABC (American Broadcasting Com)	8653	10/31/2026	13
ABC (American Broadcasting Com)	8890	6/30/2026	12
ABC (American Broadcasting Com)	8890	6/30/2026	12.1
ABC (American Broadcasting Com)	8890	6/30/2026	13.1
ABC (American Broadcasting Com)	8890	6/30/2026	14.8
ABC (American Broadcasting Com)	8890	6/30/2026	15.3
ABC (American Broadcasting Com)	8890	6/30/2026	16.8
ABC (American Broadcasting Com)	8890	6/30/2026	17.3
ABC (American Broadcasting Com)	8890	6/30/2026	18
ABC (American Broadcasting Com)	8890	6/30/2026	18.5
ABC (American Broadcasting Com)	8890	6/30/2026	19
ABC (American Broadcasting Com)	8890	6/30/2026	20
ABC (American Broadcasting Com)	8890	6/30/2026	20.5
ABC (American Broadcasting Com)	8890	6/30/2026	21
ABC (American Broadcasting Com)	10465	2/5/2026	13
ABC (American Broadcasting Com)	11124	6/21/2026	12.5
ABC (American Broadcasting Com)	11124	6/21/2026	13
ABC (American Broadcasting Com)	11284	5/14/2026	13
ABC (American Broadcasting Com)	11284	5/14/2026	13.5

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
ABC (American Broadcasting Com)	11284	5/14/2026	14
ABC (American Broadcasting Com)	12044	9/4/2026	13
ABC (American Broadcasting Com)	13284	11/1/2027	13
ABC (American Broadcasting Com)	13284	11/1/2027	13.5
ABC (American Broadcasting Com)	13284	11/1/2027	13.75
ABC (American Broadcasting Com)	13364	1/11/2028	14
ABC (American Broadcasting Com)	13364	1/11/2028	14.5
ABC (American Broadcasting Com)	13704	6/30/2028	18.8
ABC (American Broadcasting Com)	13826	3/13/2028	13
ABC (American Broadcasting Com)	13826	3/13/2028	13.5
ABC (American Broadcasting Com)	13826	3/13/2028	13.75
ABC (American Broadcasting Com)	14284	8/30/2028	20.3
ABC (American Broadcasting Com)	14284	8/30/2028	21.3
ABC (American Broadcasting Com)	14287	8/30/2028	20
ABC (American Broadcasting Com)	14287	8/30/2028	21
ABC (American Broadcasting Com)	15185	2/5/2029	13.5
ABC (American Broadcasting Com)	15185	2/5/2029	13.75
ABC (American Broadcasting Com)	15185	2/5/2029	14

AFTRA Retirement Plan
Board Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PIN: 001

Employers contributing more than 5% of plan's total contributions

Universal Television LLC
EIN: 13-1946472

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
Universal Television LLC	8890	6/30/2026	12
Universal Television LLC	8890	6/30/2026	12.1
Universal Television LLC	8890	6/30/2026	13.1
Universal Television LLC	8890	6/30/2026	14.8
Universal Television LLC	8890	6/30/2026	15.3
Universal Television LLC	8890	6/30/2026	16.8
Universal Television LLC	8890	6/30/2026	17.3
Universal Television LLC	8890	6/30/2026	18
Universal Television LLC	8890	6/30/2026	18.5
Universal Television LLC	8890	6/30/2026	19
Universal Television LLC	8890	6/30/2026	20
Universal Television LLC	8890	6/30/2026	20.5
Universal Television LLC	8890	6/30/2026	21
Universal Television LLC	11824	6/30/2026	21
Universal Television LLC	14284	8/30/2028	20.3
Universal Television LLC	14284	8/30/2028	21.3

AFTRA Retirement Plan
Board Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PIN: 001

Employers contributing more than 5% of plan's total contributions

Nexstar Media Group (Formerly Tribune Stations)
EIN:23-3083125

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
Tribune Stations	9731	12/13/2026	12
Tribune Stations	10267	10/20/2026	13
Tribune Stations	10267	10/20/2026	13.25
Tribune Stations	10267	10/20/2026	13.5
Tribune Stations	10944	12/15/2026	11.75
Tribune Stations	10944	12/15/2026	12
Tribune Stations	14135	5/31/2028	13

Schedule MB – Statement by the Enrolled Actuary

Plan Sponsor:	Board of Trustees of the AFTRA Retirement Fund
EIN / PN:	13-6414972 / 001
Plan Year:	Beginning December 1, 2024 and ending November 30, 2025
Plan Name:	AFTRA Retirement Plan (the “Plan”)
Enrolled Actuary:	Kenneth N. Densmore
Enrollment Number:	26-08324

As requested by the Board of Trustees of the AFTRA Retirement Fund, Horizon Actuarial Services, LLC has prepared the Schedule MB to the 2024 Form 5500 for the AFTRA Retirement Plan (the “Plan”).

The actuarial assumptions and methods, both individually and in the aggregate, represent the enrolled actuary’s best estimate of anticipated experience under the Plan. The actuarial valuation on which the information in this Schedule MB is based was prepared in reliance on the employee and financial data furnished by the Plan’s administrator. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable for the purposes for which it was used.

Contributions

The amounts of contributions shown in Line 3 of Schedule MB were obtained from financial statements reported to Horizon Actuarial Services, LLC by the Plan’s auditor for the period beginning December 1, 2024 and ending November 30, 2025.

Pension Relief Act of 2010

This 2024 Schedule MB reflects the special rules under the Pension Relief Act of 2010, as elected by the Board of Trustees. Specifically, the Board of Trustees elected to utilize:

- Special amortization rule: As permitted under Section 431(b)(8)(A) of the Internal Revenue Code (the “Code”), net investment losses incurred in the plan year beginning December 1, 2007 and ending November 30, 2008 will be amortized in the funding standard account over a period ending on November 30, 2037. If not for the special rule, the losses would have been amortized over a period of 15 years.



Purpose and Actuarial Statement

Attachments

Attachments to this Schedule MB include:

- **LINE 3(d): Withdrawal Liability Amounts** – A schedule of withdrawal liability amounts, as required under Line 3.
- **LINE 6: Statement of Assumptions and Methods** – A statement of actuarial assumptions and actuarial methods used to calculate the figures shown in lines 1 and 9.
- **LINE 6: Summary of Plan Provisions** – A summary of the principal eligibility and benefit provisions on which the valuation was based, including a summary of any changes in principal eligibility or benefit provisions since the last valuation.
- **LINE 8b(1): Schedule of Projection of Expected Benefit Payments**
- **LINE 8b(2): Schedule of Active Participant Data**
- **LINE 8b(3): Schedule of Projection of Employer Contributions and Withdrawal Liability Payments**
- **LINES 9c and 9h: Schedule of Funding Standard Account Bases** – A schedule of funding standard account amortization bases, as required under Lines 9c and 9h as of the valuation date.
- **LINE 11: Justification for Change in Actuarial Assumptions**

j:\ret_aftra\shared documents\general\ret_aftra\2026\gov\2024 schedule mb\aftra schedmb attachments.docx



SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025		
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 AFTRA 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 Board of Trustees of the AFTRA Retirement Plan		D Employer Identification Number (EIN) 13-6414972
E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)		
1a Enter the valuation date: Month 12 Day 01 Year 2024		
b Assets		
(1) Current value of assets		1b(1) 2,895,687,185
(2) Actuarial value of assets for funding standard account		1b(2) 3,034,480,720
c (1) Accrued liability for plan using immediate gain methods		1c(1) 3,589,488,318
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases		1c(2)(a)
(b) Accrued liability under entry age normal method		1c(2)(b)
(c) Normal cost under entry age normal method		1c(2)(c)
(3) Accrued liability under unit credit cost method		1c(3) 3,589,488,318
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) 5,383,896,759
(b) Expected increase in current liability due to benefits accruing during the plan year		1d(2)(b) 63,846,278
(c) Expected release from "RPA '94" current liability for the plan year		1d(2)(c) 297,919,178
(3) Expected plan disbursements for the plan year		1d(3) 282,047,189
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 Kenneth N. Densmore Type or print name of actuary Horizon Actuarial Services, LLC Firm name 990 Hammond Drive, Suite 220 Atlanta GA 30328 Address of the firm	9/9/2025 Date 2608324 Most recent enrollment number 678-317-4100 Telephone number (including area code)
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		
Schedule MB (Form 5500) 2024 v. 240311		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	2,895,687,185
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	15,156	2,446,979,354
(2) For terminated vested participants	14,496	1,067,639,134
(3) For active participants:		
(a) Non-vested benefits		12,310,243
(b) Vested benefits		1,856,968,028
(c) Total active	22,411	1,869,278,271
(4) Total	52,063	5,383,896,759
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	53.78 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/31/2025	110,263,300				
Totals ▶			3(b)	110,263,300	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 20,442

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	84.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

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

j If box h is checked, enter period of use of shortfall method **5j**

Line 3 (a): Contributions are made continuously. Date represents midpoint.

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	3.95 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	8MP
(2) Females	6c(2)	8FP
d Valuation liability interest rate	6d	7.75 %
e Salary scale	6e	2.50 % ☐ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	4.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.2 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	17,700,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	110,050,205	11,750,834

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	38,651,608

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)	1,278,224,817	187,764,857
(2) Funding waivers.....	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c	9d	17,547,276
e Total charges. Add lines 9a through 9d	9e	243,963,741

Credits to funding standard account:		
f Prior year credit balance, if any	9f	486,167,629
g Employer contributions. Total from column (b) of line 3	9g	110,263,300

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	237,049,590	47,184,368

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	45,607,483
---	-----------	------------

j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	1,313,063,449	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	1,862,761,608	
(3) FFL credit	9j(3)	0	

k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	689,222,780
--	-----------	-------------

m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	445,259,039
---	-----------	-------------

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

o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
---	-----------	--

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☒ Yes ☐ No
---	--

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Measurement Date: December 1, 2024 [Form 5500 Sch. MB, Line 8b(3)]

Plan Year Beginning December 1	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$126,165,000	\$ 0	\$126,165,000
2025	127,465,000	0	127,465,000
2026	130,014,300	0	130,014,300
2027	132,614,586	0	132,614,586
2028	135,266,878	0	135,266,878
2029	137,972,215	0	137,972,215
2030	140,731,660	0	140,731,660
2031	143,546,293	0	143,546,293
2032	146,417,219	0	146,417,219
2033	149,345,563	0	149,345,563



Schedule MB, Line 3(d) – Withdrawal Liability Amounts

Withdrawal liability payments represented \$20,442 of the \$110,263,300 in contributions shown on Line 3 for the plan year. The dates and amounts of withdrawal liability payments are shown in the table below.

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
December 2024	\$1,533.00	\$0.00	\$1,533.00
January 2025	\$3,066.00	\$0.00	\$3,066.00
March 2025	\$1,533.00	\$0.00	\$1,533.00
April 2025	\$1,533.00	\$0.00	\$1,533.00
May 2025	\$1,533.00	\$0.00	\$1,533.00
June 2025	\$1,533.00	\$0.00	\$1,533.00
July 2025	\$3,919.00	\$0.00	\$3,919.00
August 2025	\$1,533.00	\$0.00	\$1,533.00
September 2025	\$2,726.00	\$0.00	\$2,726.00
October 2025	\$1,533.00	\$0.00	\$1,533.00

Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Plan Name AFTRA Retirement Plan

Plan Sponsor Board of Trustees of the AFTRA Retirement Fund

EIN / PN 13-6414972/001

While it is important that the overall assumptions be reasonable, we select each valuation assumption as reasonable in light of this plan's provisions and characteristics. We have chosen the assumptions after reviewing recent plan experience and anticipated plan experience, and applying professional judgment, as described below.

Interest Rates	ERISA Valuation Interest Rate	7.75%
	ASC 960 Interest Rate	7.75%
	RPA '94 Current Liability Interest Rate	3.95%

The interest rate assumption used for purposes of the ERISA valuation and ASC 960 accounting represents the best estimate of the net investment return on Retirement Fund assets over the long term. The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor.

Increases in Covered Earnings	In general, Covered Earnings are assumed to increase by 2.5% per year. However, Covered Earnings are assumed to increase by 40% from the first year to the second year that a performer earns (or returns to earn) a Pension Credit and 15% from the second year to the third year. This assumption is reviewed annually with respect to actual experience and input provided by the Board of Trustees.
--------------------------------------	---

Increases in the Rate of Covered Contributions	The rate of Covered Contributions is assumed to be a percentage of Covered Earnings based on the data for individual participants provided by the Fund Office.
---	--



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

**Future Increases in
Maximum Benefits
and Plan
Compensation
Limitations**

Projected benefits are limited to \$140,000, the maximum amount under IRC Section 415(b) for 2001, which was frozen by the Fund Trustees effective December 1, 2001. Plan compensation was limited to \$170,000, the maximum amount under IRC Section 401(a)(17) for 2001, which was frozen by the Board of Trustees effective December 1, 2002. Effective December 1, 2007, the Trustees amended the plan to recognize up to \$200,000 in compensation annually, which is lower than the current limit under IRC Section 401(a)(17).

No provision is made for future increases in the maximum annual benefit or compensation limit.

**Cost of Living
Adjustments**

Not applicable.

Active Participants

For purposes of the valuation, a performer is considered to be a "Type I" active participant if he or she earned a Pension Credit (i.e., at least \$15,000) in the prior plan year.

A performer is considered to be a "Type II" active participant if he or she did not earn a Pension Credit in the prior plan year, but he or she did earn a Pension Credit in at least one of the prior five plan years.

As shown in the table below, a factor is applied to the future benefit accruals for active participants, based on the number of years since he or she last earned a Pension Credit. This factor represents the probability that the participant will return to "Type I" status.

Years Since Last Pension Credit	Probability of Return to Type I Status
0	100%
1	40%
2	30%
3	20%
4	10%
5 or more	0%

Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Operating Expenses The normal cost includes a load for assumed operating (i.e., administrative) expenses expected to be paid during the coming plan year.

For the plan year beginning December 1, 2024, the load to the normal cost for assumed operating expenses is \$17,700,000, based on discussions with the Fund Office and their budget estimates after the merger of the Health Fund into the SAG-AFTRA Health Plan effective January 1, 2017. For the prior plan year beginning December 1, 2023, the load was \$18,700,000.

Weighted Average Retirement Age The weighted average retirement age for active participants is age 66.0. This average is based on the active population in the December 1, 2024 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Non-Disabled Mortality The PRI-2012 Mortality Tables for males and females, with assumed future generational improvements based on 85% of Scale MP-2021. The non-disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, expectations regarding future mortality improvement, and professional judgment.

For purposes of determining RPA '94 current liability, the statutory mortality tables for non-disabled annuitants and non-annuitants as prescribed by the Internal Revenue Service for the current plan year (with static mortality improvements) were used.

Disabled Mortality The PRI-2012 Disabled Mortality Tables, with assumed future generational improvements based on 85% of Scale MP-2021. The disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, the Plan's definition of disabled, expectations regarding future mortality improvement, and professional judgment.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Retirement Rates

Assumed retirement rates for active participants eligible for a Regular Annuity are summarized below.

Age	Rate
55-59	2% per year
60-61	4% per year
62	9% per year
63	6% per year
64	9% per year
65	37% per year
66	33% per year
67	19% per year
68	18% per year
69	20% per year
70	25% per year
71	42% per year
72 or older	100% per year

The retirement assumption is based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgement.

Representative Disability Rates

The Railroad Retirement Board (RRB) disability table, rates multiplied by 5%, with a maximum rate of 0.05%. Sample rates from the RRB table are shown below, without adjustment.

Age	Rate
20	0.06%
25	0.06%
30	0.06%
35	0.06%
40	0.10%
45	0.18%
50	0.40%
55	0.86%
60	1.74%

The disability assumption was chosen based on a review of standard disability rate tables and historical and current demographic data and reflects anticipated future experience and professional judgement.

Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

**Termination Rates
not due to
Disability,
Retirement or
Mortality**

Termination rates are based on the Sarason T-8 Table. Representative rates from the T-8 table are shown below, without adjustment.

Age	Rate
20	11.94%
25	11.62%
30	11.21%
35	10.55%
40	9.40%
45	7.08%
50	4.83%
55	1.73%
60	0.16%

The above rates are adjusted by a factor of 2.0 for males and females younger than age 25 and a factor of 2.5 for females age 45 and older. The rates are further adjusted by a factor of 2.5 if prior year Covered Earnings were less than \$25,000, a factor of 0.5 if prior year Covered Earnings were at least \$25,000 and less than \$175,000, and a factor of 0.2 if prior year Covered Earnings were at least \$175,000. The total adjustment factor is limited to a maximum of 2.5.

The withdrawal assumption was chosen based on a review of standard termination rate tables and historical and current demographic data and reflects anticipated future experience and professional judgement.

Form of Payment

Single participants are assumed to elect a Regular Annuity.
Married participants are assumed to elect a 50% Joint and Survivor Annuity.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Marriage

The percentages of married participants are based on the Social Security Awards during 1972. Representative rates are shown below. Males are assumed to be three years older than their spouses.

Age	Percent Married	
	Males	Females
20	33.0%	37.1%
25	58.9%	65.2%
30	65.3%	61.8%
35	71.3%	63.6%
40	71.4%	63.1%
45	73.3%	61.0%
50	75.7%	64.0%
55	77.0%	57.6%
60	74.0%	49.5%
65	69.9%	22.7%
70	63.3%	15.3%

Future Benefit Accruals

A factor is applied to future benefit accruals to represent the fact that an active participant may not earn a Pension Credit in all future years.

The factor varies based on Covered Earnings in the prior plan year. The factor is 0.70 if prior year Covered Earnings were less than \$50,000, 0.80 if prior year Covered Earnings were at least \$50,000 and less than \$200,000 and 0.90 if prior year Covered Earnings were at least \$200,000.

Covered Earnings

Covered Earnings are actual earnings during each of the prior plan years beginning December 1, 1954, as provided by the Fund Office.

Working Pensioners

Redeterminations: For a pensioner who earned a Pension Credit in the prior plan year, the benefit in payment status as of the valuation date is assumed to increase by the amount of the benefit accrual earned in the prior plan year. This is known as the "redetermination" for continued Pension Credits.

Cost of benefit accruals: In addition to the redetermination, a pensioner who earned a benefit accrual in the prior plan year is assumed to earn a benefit accrual in the current plan year in the same amount. A term cost for the total of these assumed benefit accruals is added to the normal cost for the plan year.

Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

***Inactive Participants
with Deferred
Benefits***

Inactive participants with either a vested Regular Annuity benefit or a Retirement Account balance are assumed to commence benefits at age 65 (or their current age, if later).

Inactive participants who are past age 74 are excluded from the valuation.

Participant Data

Data on active participants, inactive participants, and persons receiving benefits was supplied by the Fund Office as of the valuation date.

Participants with unknown dates of birth are assumed to be the same age as participants with similar known characteristics. As of December 1, 2024, there were 501 active participants and 136 inactive participants with deferred benefits with unknown dates of birth.

Participants with unknown sex are assumed to be male. As of December 1, 2024, there were 3,111 active participants and 321 inactive participants with deferred benefits with unknown sex.

***Financial
Information***

Financial information was obtained from audited financial statements prepared by the Retirement Fund's auditor, WithumSmith+Brown, PC.

***ASC 960 Operating
Expenses***

The present value of the annual operating expenses is equal to the present value of the preceding year's actual operating expenses, assumed to be payable mid-year in perpetuity, and discounted at the Plan's interest rate assumption. No assumption has been made for future increases in these expenses due to inflation, and no assumption has been made for future reductions in expenses due to increased efficiencies or any decline in the population after the measurement date.

The present value of the annual operating expenses has been added to the present value of vested and non-vested benefits in Section B of Exhibit 5.1 on a pro rata basis, based on the present values prior to the expense assumption.

Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Cost Method

Traditional Unit Credit

The Traditional Unit Credit cost method is used to determine the normal cost and the actuarial accrued liability for all statutory purposes, including the funding standard account (minimum required contribution) and certification status under the Pension Protection Act of 2006 (PPA).

Under this method, an accrued benefit is calculated as of the beginning of the year and as of the end of the year for each benefit that may be payable in the future. The accrued benefit is based on the plan's accrual formula and upon service as of the beginning or end of the year. For benefits where the plan's accrual formula is not relevant, benefits are assumed to accrue on a straight-line basis over the period during which the employee earns credited service. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for employed participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

Asset Method

The actuarial value of assets is determined by adjusting the market value of assets to smooth investment gains and losses (i.e., the difference between the actual investment return and the expected investment return) during each of the last five years, at the rate of 20% per year. Expected investment return is calculated from the prior market value of assets, including receivable contributions, and weighted expected transactions. The actuarial value is subject to a restriction that it be neither less than 80% nor more than 120% of market value.

Note: The actuarial value of assets was reset to the market value of assets effective December 1, 2021. Beginning December 1, 2021, the difference between the actual and expected returns on the market value of assets will again be phased in at a rate of 20% per year.

Tax Policy

The actuarial valuation performed for the plan year ending November 30, 2025 is used to determine the maximum deductible contribution for the tax year ending November 30, 2025.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed immaterial and therefore are not valued.

Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations.

The assumptions selected for this valuation, including in particular the expected investment return assumption, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Based on historical experience and financial theory, assets invested in instruments subject to risk are expected to achieve higher returns in the long-run than assets invested in risk-free investments (such as government bonds), but these returns may and do fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the higher volatility that is expected from investments in such assets.

Changes in Assumptions and Methods

The following change was made to the actuarial assumptions and methods from those that were used in the previous actuarial valuation:

Current Liability:

- The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the assumptions prescribed by the IRS.

Schedule MB, Line 6 - Summary of Plan Provisions

**Late
Retirement**

For each twelve-month period beginning on the participant's Normal Retirement Age and before the benefit effective date, the amount of the Regular Annuity is increased by the greater of (a) the actuarial increase in the amount as of the beginning of the period and (b) the amount of any additional benefits accrued during the period.

**Early
Retirement**

Eligibility: Age 55 and attainment of five years of Pension Credit, including at least one Pension Credit earned subsequent to November 30, 1989.

Monthly Benefit: The amount of the Regular Annuity is reduced by 1/2 of one percent for each month that the effective date precedes the performer's 65th birthday.



Schedule MB, Line 6 - Summary of Plan Provisions

This appendix summarizes the major provisions of the Plan that were reflected in the actuarial valuation. This summary of provisions is not intended to be a comprehensive statement of all provisions of the Plan.

Plan Name	AFTRA Retirement Plan
------------------	------------------------------

Plan Sponsor	Board of Trustees of the AFTRA Retirement Fund
---------------------	--

EIN / PN	13-6414972 / 001
-----------------	------------------

Effective Date and Most Recent Amendment	The Plan was originally effective November 16, 1955. The Plan was last amended and restated effective December 1, 2013. The most recent amendment to the Plan was effective December 1, 2021.
---	---

Plan Year	The twelve-month period beginning December 1 and ending November 30.
------------------	--

Participation	Participation is granted on the earliest of December 1 or June 1, following the completion of a period of 12 consecutive months with Covered Earnings of at least \$15,000 for years on or after December 1, 2009, \$7,500 for years on or after December 1, 2002 and prior to December 1, 2009, \$5,000 for years on or after December 1, 1989 and prior to December 1, 2002, and \$2,000 for years prior to December 1, 1989.
----------------------	---

Covered Contributions	Covered Contributions are Producer contributions related to Covered Earnings and due to the AFTRA Health Fund and the Retirement Fund, pursuant to a collective bargaining agreement, on behalf of a Performer with respect to Covered Employment.
------------------------------	--



Schedule MB, Line 6 - Summary of Plan Provisions

Pension Credit

One year of Pension Credit is earned for each plan year in which a Participant has at least a minimum amount of Covered Earnings. Different minimum Covered Earnings amounts apply to different plan years, as shown in the table below.

Plan Year	Minimum Covered Earnings
From 12/1/1954 through 11/30/1989	\$2,000
From 12/1/1989 through 11/30/2002	\$5,000
From 12/1/2002 through 11/30/2009	\$7,500
Beginning 12/1/2009	\$15,000

Vesting Service

One year of Vesting Service is earned for every year of Pension Credit earned.

In addition, a year of Vesting Service is earned based on a lower minimum Covered Earnings threshold if the participant has not yet attained vested status. Specifically:

- If the participant has at least one year of Pension Credit as of November 30, 1989 and has not yet attained vested status, a year of Vesting Service is earned in a plan year in which Covered Earnings are at least \$2,000. Otherwise, Covered Earnings must be \$5,000.
- If the participant has at least one year of Pension Credit as of November 30, 2002 and has not yet attained vested status, a year of Vesting Service is earned in a plan year in which Covered Earnings are at least \$5,000. Otherwise, Covered Earnings must be \$7,500.

If the participant has at least one year of Pension Credit as of November 30, 2009 and has not yet attained vested status, a year of Vesting Service is earned in a plan year in which Covered Earnings are at least \$7,500. Otherwise, Covered Earnings must be \$15,000.

Normal Retirement

Normal Retirement Age is the later of attainment of age 65 or the fifth anniversary of participation in the Plan.

Participants who have attained Normal Retirement Age and who have Covered Earnings (attributable to a new performance) after Normal Retirement Age are eligible to receive a Regular Annuity.

Schedule MB, Line 6 - Summary of Plan Provisions

**Late
Retirement**

For each twelve-month period beginning on the participant's Normal Retirement Age and before the benefit effective date, the amount of the Regular Annuity is increased by the greater of (a) the actuarial increase in the amount as of the beginning of the period and (b) the amount of any additional benefits accrued during the period.

**Early
Retirement**

Eligibility: Age 55 and attainment of five years of Pension Credit, including at least one Pension Credit earned subsequent to November 30, 1989.

Monthly Benefit: The amount of the Regular Annuity is reduced by 1/2 of one percent for each month that the effective date precedes the performer's 65th birthday.



Schedule MB, Line 6 - Summary of Plan Provisions

Accrued Benefit

Regular Annuity: The amount of the Regular Annuity is based on a percentage of Covered Earnings prior to May 1, 2009 and a percentage of Covered Contributions on and after May 1, 2009.

The following tables shows the percentages used to determine the amount of the Regular Annuity, with respect to Covered Earnings prior to May 1, 2009.

Amount of Regular Annuity Prior to May 1, 2009 (Percentage of Covered Earnings)			
<i>For Covered Earnings</i>	Up to \$50,000	Over \$50,000 and up to \$100,000	Over \$100,000 up to Maximum
From 12/1/1954 to 11/30/1995	3.10%	3.10%	1.05%
From 12/1/1995 to 11/30/1997	3.10%	3.10%	3.10%
From 12/1/1997 to 11/30/2002	3.60%	3.10%	3.10%
From 12/1/2002 to 5/31/2003	3.00%	3.00%	3.00%
From 6/1/2003 to 11/30/2004	2.00%	2.00%	2.00%
From 12/1/2004 to 11/30/2007	1.50%	1.50%	1.50%
From 12/1/2007 to 4/30/2009	1.70%	1.50%	1.50%

Effective May 1, 2009, the amount of the Regular Annuity is 4.86% of Covered Contributions in each year in which a Pension Credit is earned. However, for participants for whom contributions are made to the Retirement Fund only (and not the Health Fund), the amount of the Regular Annuity is Covered Contributions times a fraction, the numerator of which is 48.6 and the denominator of which is 350.

Effective December 1, 2013, the amount of the Regular Annuity is 7.00% with respect to Covered Contributions from May 1, 2009 through November 30, 2012.

Effective December 1, 2014, the benefit accrual rate was increased to 7.55% with respect to Covered Contributions from December 1, 2012 through November 30, 2014. (The Regular Annuity for these periods for participants with contributions to the Retirement Fund only are determined on a pro-rata basis.)

Schedule MB, Line 6 - Summary of Plan Provisions

Accrued Benefit (cont.)

Minimum Benefit: The minimum monthly amount of the Regular Annuity is \$22.50 times the Pension Credit earned prior to June 1, 2003, up to a maximum of 10 years of Pension Credit.

Maximum Benefit: Effective December 1, 2002, the maximum annual amount of the Regular Annuity, payable at Normal Retirement Age, is \$96,000 for participants who had not yet accrued a benefit of at least that amount as of that date. For participants whose accrued benefit at November 30, 2002 was in excess of \$96,000, the maximum benefit is their accrued benefit as of November 30, 2002. Effective December 1, 2007, the maximum annual amount of the Regular Annuity was increased to \$108,000 for participants who earn at least one Pension Credit after December 1, 2007.

Supplemental Annuity: If a Retirement Account benefit is payable, the amount by which the actuarial equivalent value of the Regular Annuity exceeds the adjusted Retirement Account balance will be paid as a Supplemental Annuity.

Maximum Earnings

Covered Earnings in each Plan Year are limited to a maximum amount, as shown in the table below.

Plan Year	Maximum Covered Earnings
Prior to 12/01/1992	\$200,000
From 12/1/1992 to 11/30/1993	\$228,860
From 12/1/1993 to 11/30/1994	\$235,840
From 12/1/1994 to 11/30/1995	\$242,280
From 12/1/1995 to 11/30/1996	\$245,000
From 12/1/1996 to 11/30/1997	\$250,000
From 12/1/1997 to 11/30/2000	\$160,000
From 12/1/2000 to 11/30/2007	\$170,000
Beginning 12/1/2007	\$200,000

Retirement Account

A Retirement Account is provided to all performers with Covered Earnings prior to February 1, 1972, as well as to all dancers. The Retirement Account balance was frozen for all performers effective November 30, 1989. A performer is eligible to receive his Retirement Account upon attainment of age 55, after the account balance is either increased or decreased depending on the amount of service and Covered Earnings the performer had attained as of November 30, 1989. The Retirement Account is payable as either a lump sum or an actuarial equivalent annuity.

Schedule MB, Line 6 - Summary of Plan Provisions

**Actuarial
Equivalence**

In general, interest rate of 7.00% per annum and the RP-2000 Mortality Tables, weighted 80% male and 20% female. Different assumptions may apply to benefits accrued prior to February 1, 2006, or to forms of payment to which Section 417(e)(3) of the Internal Revenue Code applies.

**Disability
Benefit**

Eligibility: Totally disabled, as evidenced by the receipt of a Social Security Disability Award, with 10 Pension Credits.

Monthly Benefit: The accrued benefit, unreduced for early commencement.

Vested Status

A participant becomes 100% vested in a Regular Annuity following the attainment of 10 years of Vesting Service, or 5 years of Vesting Service if at least one year of Pension Credit is earned after December 1, 1989.

**Pre-
Retirement
Death
Benefits**

Eligibility: Attainment of vested status or a Retirement Account balance greater than zero.

Benefit to Surviving Spouse: The surviving spouse of the performer shall receive fifty percent of the benefit that would have been payable to the performer had he or she retired immediately prior to his or her date of death and elected a 50% Joint and Survivor Annuity. If the performer had not attained age 55 at the date of death, commencement of the benefit is deferred to the date at which the performer would have attained age 55.

Benefit if there is no Surviving Spouse: If there is no surviving spouse, a designated beneficiary shall receive the greater of the performer's adjusted Retirement Account balance or 60 monthly Regular Annuity payments to which the performer would have been entitled had he or she retired immediately prior to death.

Lump-sum Death Benefit: If the performer has not attained vested status, the designated beneficiary shall receive a lump sum in the amount of the performer's adjusted Retirement Account balance, if any, or \$100 if greater.

Schedule MB, Line 6 - Summary of Plan Provisions

**Normal
Forms of
Payment**

Regular Annuity: The Regular Annuity is payable for the life of the participant, with a 60-month guarantee. This is the normal form of payment for participants who are not married.

Qualified 50% Joint and Survivor Annuity: The Qualified 50% Joint and Survivor annuity is a 50% joint and survivor annuity, with the participant's spouse as the designated beneficiary. The amount of the Qualified 50% Joint and Survivor Annuity is determined to be actuarially-equivalent to the Regular Annuity. This is the normal form of payment for participants who are married, unless waived by the participant and spouse.

**Optional
Forms of
Payment**

Other optional forms of benefit include the Life-Only Annuity, 100% Joint and Survivor Annuity, 75% Joint and Survivor Annuity, 50% Joint and Survivor Annuity, 50% Pop-Up Annuity, and Level Income Annuity.

**Changes in
Plan
Provisions
Since Last
Actuarial
Valuation**

There were no changes to the Plan provisions from those reflected in the prior actuarial valuation.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Measurement Date: December 1, 2024

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning December 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2024	15,540,157	30,297,740	228,370,619	274,208,516
2025	28,593,202	35,019,598	222,256,428	285,869,228
2026	40,673,462	39,617,870	215,364,132	295,655,464
2027	51,172,852	44,178,591	208,151,976	303,503,419
2028	61,177,096	49,114,235	200,737,651	311,028,983
2029	69,422,115	50,560,678	193,100,503	313,083,295
2030	76,778,275	53,589,939	185,239,528	315,607,742
2031	83,093,077	56,290,569	177,119,594	316,503,241
2032	89,347,746	59,297,646	168,762,418	317,407,810
2033	95,013,982	61,774,925	160,195,931	316,984,838
2034	100,246,563	64,273,244	151,453,550	315,973,357
2035	105,245,723	66,340,488	142,574,191	314,160,402
2036	109,678,521	67,615,076	133,602,217	310,895,814
2037	113,237,663	68,073,086	124,587,396	305,898,145
2038	116,431,352	68,310,231	115,584,310	300,325,893
2039	119,174,585	68,445,103	106,651,124	294,270,812
2040	121,507,169	67,925,743	97,849,299	287,282,211
2041	123,296,670	67,110,860	89,242,353	279,649,883
2042	124,255,294	66,241,510	80,893,227	271,390,031
2043	124,738,164	65,002,049	72,861,989	262,602,202
2044	124,634,054	63,651,915	65,204,355	253,490,324
2045	124,092,906	61,953,878	57,969,460	244,016,244
2046	122,966,234	60,007,724	51,197,862	234,171,821
2047	121,320,097	57,792,365	44,920,799	224,033,261
2048	119,109,155	55,443,080	39,159,282	213,711,517

Notes

- Expected benefit payments assume no additional accruals, no new entrants to the plan in the future, and experience consistent with the valuation assumptions.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Measurement Date: December 1, 2024

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning December 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2049	116,568,310	53,038,897	33,923,394	203,530,601
2050	113,711,340	50,536,030	29,212,534	193,459,904
2051	110,597,581	47,960,712	25,015,726	183,574,018
2052	107,044,537	45,233,427	21,312,772	173,590,736
2053	103,340,451	42,561,699	18,076,074	163,978,224
2054	99,269,940	39,805,008	15,272,120	154,347,068
2055	94,997,408	37,144,657	12,863,344	145,005,409
2056	90,561,631	34,544,646	10,809,967	135,916,244
2057	86,127,313	32,045,725	9,071,639	127,244,677
2058	81,764,533	29,477,567	7,608,965	118,851,064
2059	77,208,231	27,046,344	6,384,536	110,639,111
2060	72,732,903	24,806,846	5,363,783	102,903,531
2061	68,354,942	22,625,980	4,515,431	95,496,352
2062	63,952,636	20,582,545	3,811,826	88,347,007
2063	59,739,417	18,676,760	3,228,930	81,645,107
2064	55,585,416	16,898,277	2,746,097	75,229,789
2065	51,617,439	15,233,119	2,345,905	69,196,463
2066	47,771,933	13,703,529	2,013,737	63,489,199
2067	44,124,484	12,295,275	1,737,417	58,157,176
2068	40,649,259	10,989,660	1,506,890	53,145,808
2069	37,373,108	9,807,923	1,313,856	48,494,887
2070	34,278,353	8,716,844	1,151,482	44,146,680
2071	31,352,540	7,735,031	1,014,166	40,101,737
2072	28,598,063	6,844,606	897,311	36,339,981
2073	26,040,345	6,074,262	797,174	32,911,781

Notes

- Expected benefit payments assume no additional accruals, no new entrants to the plan in the future, and experience consistent with the valuation assumptions.

Schedule MB, Line 8b(2) - Schedule of Active Participant Data

Distribution of Active Participants

The exhibit below shows the distribution of active participants by age and service, as of the valuation date. Note that only Type I active participants (those who earned a Pension Credit in the preceding plan year) are included in the distribution below. Average prior year earnings are shown for groups of active participants with at least 20 individuals.

Measurement Date: December 1, 2024

[Form 5500 Sch. MB, Line 8b]

Attained Years of Pension Credit

Age	Stat	Under 1	1-4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	Count	-	334	92	23	-	-	-	-	-	-	449
	Avg Ben	-	\$87	\$339	\$689	-	-	-	-	-	-	\$169
	Avg Comp	-	\$63,258	\$75,134	\$55,524	-	-	-	-	-	-	\$65,295
25 - 29	Count	-	596	189	40	20	-	-	-	-	-	845
	Avg Ben	-	\$74	\$323	\$669	\$1,128	-	-	-	-	-	\$183
	Avg Comp	-	\$64,344	\$98,795	\$93,221	\$65,748	-	-	-	-	-	\$73,450
30 - 34	Count	-	766	398	108	33	4	-	-	-	-	1,309
	Avg Ben	-	\$88	\$323	\$665	\$1,403	-	-	-	-	-	\$246
	Avg Comp	-	\$70,074	\$100,738	\$97,562	\$134,164	-	-	-	-	-	\$83,629
35 - 39	Count	-	823	512	259	83	16	4	-	-	-	1,697
	Avg Ben	-	\$79	\$316	\$680	\$1,081	-	-	-	-	-	\$319
	Avg Comp	-	\$62,306	\$91,300	\$112,717	\$105,777	-	-	-	-	-	\$81,628
40 - 44	Count	-	486	482	405	210	68	18	1	-	-	1,670
	Avg Ben	-	\$91	\$322	\$665	\$1,078	\$1,598	-	-	-	-	\$516
	Avg Comp	-	\$64,918	\$88,883	\$101,687	\$117,747	\$122,320	-	-	-	-	\$90,501
45 - 49	Count	-	297	350	368	264	202	62	11	6	-	1,560
	Avg Ben	-	\$77	\$295	\$641	\$1,153	\$1,673	\$2,234	-	-	-	\$783
	Avg Comp	-	\$50,159	\$81,553	\$89,825	\$115,925	\$135,254	\$108,162	-	-	-	\$92,357
50 - 54	Count	-	237	252	289	250	239	177	61	16	3	1,524
	Avg Ben	-	\$82	\$282	\$605	\$1,069	\$1,783	\$2,658	\$3,059	-	-	\$1,127
	Avg Comp	-	\$56,906	\$70,571	\$75,693	\$101,733	\$123,010	\$142,943	\$116,889	-	-	\$94,760
55 - 59	Count	-	142	162	186	192	200	241	138	41	10	1,312
	Avg Ben	-	\$89	\$308	\$623	\$1,131	\$1,552	\$2,732	\$3,373	\$3,877	-	\$1,549
	Avg Comp	-	\$58,652	\$79,123	\$78,342	\$89,925	\$95,624	\$126,963	\$144,776	\$136,101	-	\$98,478
60 - 64	Count	-	88	144	138	155	113	149	153	125	26	1,091
	Avg Ben	-	\$98	\$305	\$624	\$1,126	\$1,868	\$2,605	\$3,529	\$4,443	\$5,718	\$1,977
	Avg Comp	-	\$58,725	\$63,476	\$74,645	\$91,951	\$90,140	\$115,937	\$119,040	\$140,834	\$137,806	\$96,904
65 - 69	Count	-	32	55	81	76	72	56	59	88	60	579
	Avg Ben	-	\$47	\$197	\$498	\$864	\$1,310	\$2,210	\$3,158	\$4,083	\$5,597	\$2,104
	Avg Comp	-	\$47,303	\$50,491	\$63,238	\$90,725	\$80,994	\$118,288	\$133,226	\$122,589	\$153,911	\$97,835
70 +	Count	-	28	32	29	23	8	14	22	29	71	256
	Avg Ben	-	\$54	\$136	\$365	\$508	-	-	\$3,007	\$3,506	\$4,079	\$1,975
	Avg Comp	-	\$46,760	\$42,527	\$112,863	\$66,058	-	-	\$97,670	\$141,601	\$131,446	\$93,954
Total	Count	-	3,829	2,668	1,926	1,306	922	721	445	305	170	12,292
	Avg Ben	-	\$82	\$308	\$635	\$1,091	\$1,673	\$2,575	\$3,360	\$4,228	\$4,930	\$879
	Avg Comp	-	\$62,858	\$85,341	\$90,404	\$103,536	\$112,338	\$124,461	\$129,302	\$135,385	\$145,719	\$89,052

Stat Description:

- Count: Number of active participants as of the valuation date
- Avg Ben: The average accrued monthly benefit for active participants as of the valuation date
- Avg Comp: The average prior year compensation for active participants as of the valuation date



Schedule MB, Lines 9c and 9h- Schedule of Funding Standard Account Bases

Funding Standard Account Amortization Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 12/1/2024		Annual Payment
				Period	Balance	
Amendment	12/1/2006	30.00	\$ 8,017,226	12.00	\$ 5,333,054	\$ 648,289
Amendment	12/1/2007	30.00	19,250,401	13.00	13,433,162	1,555,722
ENIL (2008)	12/1/2008	29.00	363,376,378	13.00	255,826,703	29,627,824
ENIL (2008)	12/1/2009	28.00	39,978,907	13.00	28,419,576	3,291,330
ENIL (2008)	12/1/2010	27.00	41,935,083	13.00	30,126,145	3,488,971
Assumption	12/1/2010	15.00	20,987,186	1.00	2,249,970	2,249,970
Exper Loss	12/1/2011	15.00	44,872,201	2.00	9,267,276	4,806,490
ENIL (2008)	12/1/2011	26.00	45,459,521	13.00	33,036,293	3,826,003
ENIL (2008)	12/1/2012	25.00	81,339,377	13.00	59,859,549	6,932,458
Amendment	12/1/2013	15.00	26,721,473	4.00	10,255,260	2,857,601
Assumption	12/1/2013	15.00	33,994,396	4.00	13,046,492	3,635,369
ENIL (2008)	12/1/2013	24.00	92,752,810	13.00	69,205,607	8,014,845
Exper Loss	12/1/2014	15.00	81,670,937	5.00	37,794,069	8,727,128
Amendment	12/1/2014	15.00	22,580,616	5.00	10,449,406	2,412,902
Assumption	12/1/2014	15.00	133,500,559	5.00	61,778,752	14,265,497
Assumption	12/1/2015	15.00	73,340,249	6.00	39,305,290	7,831,054
Exper Loss	12/1/2015	15.00	116,432,611	6.00	62,399,809	12,432,328
Exper Loss	12/1/2016	15.00	121,271,227	7.00	73,267,284	12,948,981
Exper Loss	12/1/2017	15.00	103,643,898	8.00	69,180,521	11,066,787
Exper Loss	12/1/2018	15.00	79,738,033	9.00	57,909,798	8,514,190
Exper Loss	12/1/2019	15.00	73,920,416	10.00	57,716,436	7,893,002
Exper Loss	12/1/2022	15.00	69,941,825	13.00	64,485,328	7,468,180
Exper Loss	12/1/2023	15.00	107,879,967	14.00	103,828,832	11,519,102
Exper Loss	12/1/2024	15.00	110,050,205	15.00	110,050,205	11,750,834
Total Charges					\$ 1,278,224,817	\$ 187,764,857

Schedule MB, Lines 9c and 9h- Schedule of Funding Standard Account Bases

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 12/1/2024 Period	Balance	Annual Payment
Exper Gain	12/1/2010	15.00	\$ 53,649,768	1.00	\$ 5,751,632	\$ 5,751,632
Exper Gain	12/1/2012	15.00	56,692,117	3.00	16,924,781	6,067,541
Exper Gain	12/1/2013	15.00	19,086,771	4.00	7,325,188	2,041,144
Assumption	12/1/2017	15.00	4,594,454	8.00	3,066,719	490,582
Exper Gain	12/1/2020	15.00	5,421,615	11.00	4,507,582	578,904
Exper Gain	12/1/2021	15.00	46,941,597	12.00	41,232,880	5,012,284
Method	12/1/2021	10.00	190,270,650	7.00	147,227,529	26,020,433
Assumption	12/1/2023	15.00	11,442,989	14.00	11,013,279	1,221,848
Total Credits					\$ 237,049,590	\$ 47,184,368

Net Total

\$ 1,041,175,227 \$ 140,580,489

See the comments following this Exhibit.

The table above shows the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases

Schedule MB, Line 11 - Justification for Change in Actuarial Assumptions

***Changes in
Assumptions and
Methods Since Last
Actuarial Valuation***

The The following change was made to the actuarial assumptions and methods from those that were used in the previous actuarial valuation:

Current Liability

- The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the assumptions prescribed by the IRS.

***Justification for
Changes in
Assumptions and
Methods***

The changes in the interest rate and mortality tables used to determine the RPA '94 current liability were mandated legislative changes.



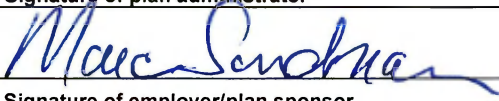
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan AFTRA Retirement Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 11/16/1954
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Board of Trustees, AFTRA Retirement Plan 1411 Broadway, 18th Floor New York NY 10018	2b Employer Identification Number (EIN) 13-6414972
	2c Plan Sponsor's telephone number (818) 954-9400
	2d Business code (see instructions) 515100

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		9/15/26	David Choi
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/15/26	Marc Sandman
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	45,395
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)	16,806
a(2) Total number of active participants at the end of the plan year		6a(2)	16,456
b Retired or separated participants receiving benefits		6b	13,135
c Other retired or separated participants entitled to future benefits		6c	14,003
d Subtotal Add lines 6a(2) , 6b , and 6c		6d	43,594
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	1,868
f Total Add lines 6d and 6e		6f	45,462
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	1,805
8a If the plan provides pension benefits enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions 1A			
b If the plan provides welfare benefits enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions			

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) - Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) - Number Attached _____ (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
---	--

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

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

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

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

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

Receipt Confirmation Code _____