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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNITED SCENIC ARTISTS LOCAL 829 RETIREMENT 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1994

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)
UNITED SCENIC ARTISTS, LOCAL 829

140 SYLVAN AVENUE
SUITE 303
ENGLEWOOD CLIFFS, NJ 07632

2b Employer Identification Number (EIN) 36-3945238

2c Plan Sponsor's telephone number 866-798-5733

2d Business code (see instructions) 813930

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	GREG SULLIVAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	2573
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)**	2519
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2594
b	Retired or separated participants receiving benefits	**6b**	16
c	Other retired or separated participants entitled to future benefits	**6c**	33
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2643
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f	Total. Add lines **6d** and **6e**.	**6f**	2651
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)**	2297
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)**	2339
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	183

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

2E 2F 2G 2J 2K 2T

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UNITED SCENIC ARTISTS LOCAL 829 RETIREMENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED SCENIC ARTISTS, LOCAL 829

D Employer Identification Number (EIN)
36-3945238

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] Yes [ ] No

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	RECORDKEEPER	421754	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

SPIVAK LIPTON

13-3494495

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	110729	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ZENITH AMERICAN SOLUTIONS INC.

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	87101	Yes [ ] No [X]	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)

SIKICH CPA LLC

54-1172176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	55120	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARQUETTE ASSOCIATES

36-3555078

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	43750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCHULTHEIS & PANETTIERI

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	38028	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UNITED SCENIC ARTISTS LOCAL 829 RETIREMENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UNITED SCENIC ARTISTS, LOCAL 829

D Employer Identification Number (EIN)
36-3945238

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: VANG RET SAV TR III

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

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)
38-7041744-024	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 2

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

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)
04-3022712-024	C	9246271

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UNITED SCENIC ARTISTS LOCAL 829 RETIREMENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED SCENIC ARTISTS, LOCAL 829

D Employer Identification Number (EIN)
36-3945238

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	531867	668654
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3697	701
(2) Participant contributions	1b(2)	37739	11382
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	760002	2376340
(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)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1558361	1519692
(9) Value of interest in common/collective trusts	1c(9)	9857034	9246271
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	204760003	237267459
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	217508703	251090499
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	32202	2771
1k Total liabilities (add all amounts in lines 1g through1j)	1k	32202	2771
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	217476501	251087728

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)	421749	
(B) Participants	2a(1)(B)	10120934	
(C) Others (including rollovers)	2a(1)(C)	69466	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		10612149
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	83844	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	134183	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		218027
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	12594345	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		12594345
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		246081
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(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)		20887109
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		44557711
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10308270	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		10308270
f Corrective distributions (see instructions)	2f		28333
g Certain deemed distributions of participant loans (see instructions)	2g		109729
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	221124	
(4) IQPA audit fees	2i(4)	93148	
(5) Investment advisory and investment management fees	2i(5)	43750	
(6) Bank or trust company trustee/custodial fees	2i(6)	1903	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	110729	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	29498	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		500152
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10946484
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		33611227
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: SIKICH CPA LLC **(2)** EIN: 54-1172176

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		479393
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**	X		3344
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UNITED SCENIC ARTISTS LOCAL 829 RETIREMENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED SCENIC ARTISTS, LOCAL 829

D Employer Identification Number (EIN)
36-3945238

Part I Distributions

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

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

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

EIN(s): 04-6568107

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**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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_____.

SIKICH

United Scenic Artists Local 829 Retirement 401(k) Plan

Financial Statements and
Independent Auditor's Report

For the Years Ended December 31, 2025 and 2024

UNITED SCENIC ARTISTS LOCAL 829
RETIREMENT 401(k) PLAN
TABLE OF CONTENTS

	Page(s)
INDEPENDENT AUDITOR'S REPORT	3-6
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	7
Statements of Changes in Net Assets Available for Benefits	8
Notes to Financial Statements	9-17
SUPPLEMENTAL SCHEDULES	
Schedule of Assets (Held at End of Year)	18
Schedule of Delinquent Participant Contributions	19-26

SIKICH®

Certified Public Accountants & Advisors
Members of American Institute of Certified Public Accountants

1415 West Diehl Road, Suite 400
Naperville, IL 60563
+1 (630) 566-8400

sikich.com

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
United Scenic Artists Local 829 Retirement 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements

We have performed an audit of the accompanying financial statements of United Scenic Artists Local 829 Retirement 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the 2025 audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2025, and for the year then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2025 financial statements.

Responsibilities of Management for the 2025 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor’s Responsibilities for the Audit of the 2025 Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2025 Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 and the schedule of delinquent participant contributions for the year ended December 31, 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2024 Financial Statements

We have audited the 2024 financial statements, and in our report dated October 8, 2025, we expressed an unmodified opinion on those 2024 financial statements.



Naperville, Illinois
October 8, 2026

FINANCIAL STATEMENTS

UNITED SCENIC ARTISTS LOCAL 829
RETIREMENT 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments		
Investments at fair value	$ 248,890,070	$ 215,377,039
Cash	668,654	531,867
Receivables		
Employee contribution	11,382	37,739
Employer contribution	701	3,697
Notes receivable from participants	1,519,692	1,558,361
Total receivables	1,531,775	1,599,797
Total assets	251,090,499	217,508,703
LIABILITIES		
Contributions to be refunded	2,771	32,202
NET ASSETS AVAILABLE FOR BENEFITS	$ 251,087,728	$ 217,476,501

See accompanying notes to financial statements.

UNITED SCENIC ARTISTS LOCAL 829
RETIREMENT 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2025 and 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	$ 20,935,894	$ 17,337,513
Interest and dividend income	12,875,485	10,391,139
Total investment income	33,811,379	27,728,652
Interest on notes receivable from participants	134,183	144,225
Contributions		
Employee	10,120,934	11,052,423
Rollovers	69,466	168,176
Employer	421,749	424,633
Total contributions	10,612,149	11,645,232
Total additions	44,557,711	39,518,109
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Administrative expenses	500,152	455,943
Benefits paid to participants	10,446,332	14,210,768
Total deductions	10,946,484	14,666,711
NET INCREASE	33,611,227	24,851,398
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	217,476,501	192,625,103
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 251,087,728	$ 217,476,501

See accompanying notes to financial statements.

1. DESCRIPTION OF PLAN

The following description of United Scenic Artists Local 829 Retirement 401(k) Plan (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 was established in 1994 as a multi-employer defined contribution pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers any employee of an employer with a collective bargaining agreement with the United Scenic Artists Local 829 (the Fund) electing to include the Plan in such agreement. The Plan is administered by a Board of Trustees (the Trustees) consisting of a union group and an employer group of representatives, each having equal voting power. The Trustees are responsible for oversight of the Plan and determine the appropriateness of the Plan's investment offerings and monitors performance.

The Plan elected to transfer the custodian and recordkeeping responsibilities from Vanguard Group, Inc. to Fidelity Management Trust Company (Fidelity) effective January 1, 2024. Assets were liquidated on December 29, 2023, and wired to Fidelity on February 20, 2024.

Plan Administration

The Trustees have overall responsibility for the operation and administration of the Plan. The Trustees, as plan administrator, have engaged the services of Zenith as the third-party administrator (TPA) to handle the daily administration of the Plan.

Contributions

Each year, participants may contribute up to 100% of pre-tax annual compensation as, defined in the Plan, up to a maximum contribution of $23,500 and $23,000 in 2025 and 2024, respectively. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions of $7,500 in 2025 and 2024. In addition, effective January 1, 2025, participants who are ages 60-63 are eligible to make additional catch-up contributions of $3,750 in 2025. Participants may also contribute amounts representing distributions from other qualified plans and certain Individual Retirement Accounts (IRAs).

Each employer defines in the collective bargaining agreement if a match contribution will be provided and the rate of match.

Contributions from plan participants and the matching contributions from employers are recorded in the year in which the employee contributions are withheld from compensation.

Contributions are subject to certain limitations as mandated by the Internal Revenue Code (IRC).

1. DESCRIPTION OF PLAN (Continued)

Investment Options

Participants may direct all their contributions among one or more funds subject to the allocation limitations set forth in the Plan. Changes in allocation of future contributions and transfers among funds of presently invested contributions are permitted pursuant to the Plan's provisions.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the participating employer's contribution and (b) plan earnings (losses) and charged with the participant's benefit payments and an allocation of administrative expenses. Allocations are based on participant earnings (losses), account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their voluntary contributions and their employer matching contributions plus actual earnings (losses) thereon.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance, less defaulted loans (if any). Participants can have only one loan outstanding at any time. The loans are secured by the balances in the participants' accounts and bear interest at the prime rate plus 1% at the time of the loan is made. Principal and interest are paid ratably over a period not to exceed 5 years or 10 years if the loan proceeds will be used to acquire the principal residence of the participant.

Payment of Benefits

On termination of employment, death, disability, attainment of age 59½ or retirement, a participant may elect to receive a lump sum amount equal to the value of his or her account or certain forms of installment payments. Under certain conditions participants may receive a hardship distribution if certain criteria are met. Effective April 1, 2025, a participant who is a domestic abuse victim may take a distribution from their account in an aggregate amount not to exceed the lesser of $10,000 or 50% of the participant's balance. A participant may subsequently repay all or a portion of that distribution within the three-year period starting on the date the distribution was received.

1. DESCRIPTION OF PLAN (Continued)

Unallocated Funds

The Plan maintains cash accounts to pay for operating expenses and a temporary holding account for contributions received by employers before remitting to the custodian. As of December 31, 2025 and 2024, the operating account held $55,112 and $132,569, respectively. As of December 31, 2025 and 2024, the contributions account held $613,542 and $399,298, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Cash

Cash is defined as currency on hand, in demand deposits.

Use of Estimates

The preparation of financial statements is in conformity with accounting principles generally accepted in the United States of America (US GAAP) and requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are stated 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.

The Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisers and custodian. See Note 3 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 and dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest less amounts defaulted (if any). Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Loan administration and distribution fees are charged directly to the participant's account and are included in administrative expenses. Certain investment-related expenses are included in net appreciation (depreciation) of fair value of investments. In addition, other expenses to manage the Plan are paid out of plan assets including legal, investment advisory, audit, and Fund office fees.

Recent Accounting and Regulatory Pronouncements

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the years ended December 31, 2025 and 2024. Plan management continues to evaluate the impact of the optional provisions of SECURE 2.0 and is awaiting additional regulatory guidance from the Internal Revenue Service (IRS) and Department of Labor (DOL). The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements for the plan years ended December 31, 2025 and 2024. The Plan will be amended to reflect any changes made in response to SECURE 2.0 prior to the deadline set by law or applicable regulations.

3. FAIR VALUE MEASUREMENTS

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

The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date.

3. FAIR VALUE MEASUREMENTS (Continued)

Level 2: Inputs to the valuation methodology other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

a. Quoted prices for similar assets or liabilities in active markets,

b. Quoted prices for identical or similar assets or liabilities in inactive markets,

c. Inputs other than quoted prices that are observable for the asset or liability,

d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual funds and money market mutual fund: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Stable value collective trusts: A stable value fund that is composed primarily of fully benefit-responsive investment contracts that is valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the stable value collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure the securities liquidations will be carried out in an orderly business manner.

3. FAIR VALUE MEASUREMENTS (Continued)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
Description	Level 1	Level 2	Level 3	Total
Mutual funds and money market mutual fund	$ 239,643,799	$ -	$ -	$ 239,643,799
TOTAL	$ 239,643,799	$ -	$ -	239,643,799
Investments measured at net asset value [(a)]				9,246,271
TOTAL INVESTMENTS AT FAIR VALUE				$ 248,890,070

	Assets at Fair Value as of December 31, 2024			
Description	Level 1	Level 2	Level 3	Total
Mutual funds	$ 205,520,005	$ -	$ -	$ 205,520,005
TOTAL	$ 205,520,005	$ -	$ -	205,520,005
Investments measured at net asset value [(a)]				9,857,034
TOTAL INVESTMENTS AT FAIR VALUE				$ 215,377,039

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient 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.

3. FAIR VALUE MEASUREMENTS (Continued)

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table presents the fair value, unfunded commitments, participant redemption frequency, and participant redemption notice period for plan investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025 and 2024:

	Fair Value		Unfunded Commitment		Participant Redemption	Participant Redemption Notice
Investment	2025	2024	2025	2024	Frequency	Period
Vanguard Retirement Savings Trust VIII	$ -	$ 9,536,879	$ -	$ -	Daily	None
Fidelity Managed Income Portfolio II	9,246,271	320,155	-	-	Daily	None

4. CERTIFICATION OF FINANCIAL INFORMATION

The financial data included in the accompanying financial statements as of and for the year ended December 31, 2025 and supplemental schedule of assets (held at end of year) as of December 31, 2025, has been certified as complete and accurate by Fidelity Management Trust Company, a qualified institution. The following certified information was obtained by management and agreed to or derived from information certified as complete and accurate, and has not been audited by the independent auditors for the Plan: investments at fair value, notes receivable from participants, interest and dividends, interest on notes receivable from participants, and net appreciation in fair value of investments.

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Fund has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the trust assets would be liquidated and account balances would be paid to the participants. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Fund may determine.

6. TAX STATUS

The IRS has determined and informed the Fund by letter dated January 27, 2016, that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable provisions of the IRC.

6. TAX STATUS (Continued)

US GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Fidelity Management Trust Company, the custodian; therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. The Plan issues loans to participants, which are secured by the vested balance in the participants' accounts and certain administrative fees related to the administration of the Plan were paid by the Plan or by the Fund. These transactions qualify as party-in-interest.

In addition, the Company receives revenue sharing amounts from the custodian pursuant to an agreement with Fidelity entered into effective February 22, 2024. This revenue is used to offset certain expenses incurred from services provided by the custodian for the year ended December 31, 2025 and 2024.

8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

9. PROHIBITED TRANSACTIONS

Federal law provides that in the case of a multi-employer plan, the Board of Trustees is the plan administrator pursuant to IRC section 414(g) and the plan sponsor pursuant to ERISA 4001(a)(10). Department of Labor regulation 29 CFR 2510.3-102 and Field Assistance Bulletin 2003-02 provide that employers are required to segregate employee contributions to the Plan from its general assets as soon as practicable, but in no event more than 15 business days following the end of the month in which the amounts were withheld from wages. The instructions for Form 5500 and the DOL Frequently Asked questions About Reporting Delinquent Contributions state that when an employer is delinquent in forwarding participant contributions and holds them commingled with its general assets, the employer will have engaged in a non-exempt prohibited transaction under ERISA Section 406. These contributions are considered non-exempt party-in-interest transactions, which may result in an imposition of a 15% excise tax on the amount of the transactions. During the years ended December 31, 2025 and prior, contributing employers failed to remit to the Plan employee elective contributions totaling $479,393 within the period prescribed by DOL regulations.

9. PROHIBITED TRANSACTIONS (Continued)

The Plan has a collection program that pursues legal action against delinquent employers. As part of its collection program, the Plan may collect contributions, liquidated damages, interest, and attorney fees from delinquent employers. Upon receipt of late contributions from a delinquent employer, the amount of the contributions, plus interest is credited to the participant's account to compensate the participant for lost earnings resulting from the delay in depositing contributions. Collection of assessed liquidated damages and attorney fees are used to offset Plan administrative expenses.

10. CONTRIBUTIONS TO BE REFUNDED

Contributions to be refunded represent amounts withheld from participants in excess of IRS limitations that are to be refunded at year end. At December 31, 2025 and 2024, $2,771 and $32,202, respectively, of contributions were received by the Plan which were ineligible for the Plan. These amounts were refunded to the contributing employers during 2025 and 2024. Excess contributions and earnings are netted against employee contributions and interest income in the statements of changes in net assets available for benefits.

11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 8, 2026, which was the date that the financial statements were available for issuance and determined that there were no significant nonrecognized subsequent events through that date.

SUPPLEMENTAL SCHEDULES

UNITED SCENIC ARTISTS LOCAL 829
RETIREMENT 401(k) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 36-3945238 PLAN: #001

December 31, 2025

	(a)	(b) Identity of Issuer	(c) Description of Investments	(d) Cost	(e) Current Value
		Mutual Funds and Money Market Mutual Fund			
		American Century	American Century Equity Income Fund; R6 Class	**	$ 1,833,350
		American Funds	American Funds Europacific Growth R6	**	4,140,421
		American Funds	American Funds Growth Fund of America; R-6	**	10,815,976
*		Fidelity	Fidelity U.S. Bond Index Fund	**	5,706,371
*		Fidelity	Fidelity 500 Index Fund	**	42,938,301
*		Fidelity	Fidelity Global ex U.S. Index Fund	**	2,489,532
*		Fidelity	Fidelity U.S. Sustainability Index Fund	**	2,778,673
*		Fidelity	Fidelity Government Money Market Fund Class K6	**	2,376,340
*		Fidelity	Fidelity Mid Cap Growth Index Fund	**	7,113,561
		Fiduciary Management, Inc.	FMI Common Stock Fund Institutional Class	**	5,217,415
		Nuance	Nuance Mid Cap Value Z	**	6,045,063
		Vanguard Group, Inc.	Vanguard Target Retirement 2020 Fund	**	2,549,299
		Vanguard Group, Inc.	Vanguard Target Retirement 2025 Fund	**	9,883,018
		Vanguard Group, Inc.	Vanguard Target Retirement 2030 Fund	**	10,457,152
		Vanguard Group, Inc.	Vanguard Target Retirement 2035 Fund	**	7,908,606
		Vanguard Group, Inc.	Vanguard Target Retirement 2040 Fund	**	11,915,574
		Vanguard Group, Inc.	Vanguard Target Retirement 2045 Fund	**	12,752,261
		Vanguard Group, Inc.	Vanguard Target Retirement 2050 Fund	**	14,501,028
		Vanguard Group, Inc.	Vanguard Target Retirement 2055 Fund	**	13,616,022
		Vanguard Group, Inc.	Vanguard Target Retirement 2060 Fund	**	4,599,054
		Vanguard Group, Inc.	Vanguard Target Retirement 2065 Fund	**	277,672
		Vanguard Group, Inc.	Vanguard Target Retirement 2070 Fund	**	24,001
		Vanguard Group, Inc.	Vanguard Target Retirement Income Fund	**	1,179,664
		Vanguard Group, Inc.	Vanguard Wellington Fund Admiral Shares	**	58,525,445
		Total mutual funds and money market mutual fund			239,643,799
		Stable Value Collective Trust			
*		Fidelity	Managed Income Portfolio II - Class 2	**	9,246,271
		TOTAL INVESTMENTS PER FINANCIAL STATEMENTS			248,890,070
*		Participant loans	Interest rates from 4.25% to 10.50%	- 0 -	1,519,692
		TOTAL INVESTMENTS PER 5500			$ 250,409,762

* A party-in-interest as defined by ERISA.
** Cost information not required for participant-directed investments.

UNITED SCENIC ARTISTS LOCAL 829
RETIREMENT 401(k) PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500, SCHEDULE H, ITEM 4a

EIN: 36-3945238 PLAN: #001

For the Year Ended December 31, 2025

Identity of Party Involved (Participating Employers)	Participant Contributions Transferred Late to the Plan		Total that Constitute Non-exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Payroll Period	Date Paid	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
ABC STUDIOS NEW YORK, LLC	7/26/2025	8/1/2025	$ -	$ 10,183	$ -	$ -
ABC STUDIOS NEW YORK, LLC	8/2/2025	8/7/2025	-	11,981	-	-
ABC STUDIOS NEW YORK, LLC	8/9/2025	8/13/2025	-	20,984	-	-
ACID POP PRODUCTIONS LLC	7/26/2025	8/1/2025	-	270	-	-
ACID POP PRODUCTIONS LLC	8/2/2025	8/7/2025	-	450	-	-
ACID POP PRODUCTIONS LLC	8/9/2025	8/13/2025	-	1,220	-	-
ALL THE LIVING BROADWAY LLC	8/17/2025	10/16/2025	-	1,500	-	-
ALL THE LIVING BROADWAY LLC	8/25/2025	10/16/2025	-	1,500	-	-
ALL THE LIVING BROADWAY LLC	8/31/2025	10/16/2025	-	1,500	-	-
ALL THE LIVING BROADWAY LLC	9/7/2025	10/16/2025	-	1,500	-	-
ALL THE LIVING BROADWAY LLC	9/14/2025	10/16/2025	-	1,500	-	-
ALL THE LIVING BROADWAY LLC	9/22/2025	10/16/2025	-	1,500	-	-
AMERICAN BROADCASTING COMPANIES, INC.	3/15/2025	4/30/2025	-	293	-	-
AMERICAN BROADCASTING COMPANIES, INC.	4/26/2025	5/7/2025	-	293	-	-
APPLE STUDIOS LLC	4/26/2025	5/7/2025	-	4,339	-	-
APPLE STUDIOS LLC	9/6/2025	10/2/2025	-	376	-	-
ARTS AND SCIENCES DEPARTMENT LLC	1/15/2025	2/14/2025	-	323	-	-
ARTS AND SCIENCES DEPARTMENT LLC	9/12/2025	10/15/2025	-	360	-	-
ARTS AND SCIENCES DEPARTMENT LLC	9/20/2025	10/15/2025	-	1,195	-	-
ASSEMBLY FILMS INC.	8/15/2025	9/12/2025	-	407	-	-
ASSEMBLY FILMS INC.	8/20/2025	9/12/2025	-	610	-	-
B.V. THEATRICAL VENTURES INC	1/26/2025	2/20/2025	-	565	-	-
BISCUIT FILMWORKS, LLC	6/13/2025	8/8/2025	-	220	-	-
BISCUIT FILMWORKS, LLC	6/16/2025	8/8/2025	-	1,335	-	-
BISCUIT FILMWORKS, LLC	7/11/2025	8/8/2025	-	510	-	-
BISCUIT FILMWORKS, LLC	7/25/2025	8/22/2025	-	850	-	-
BODEGA STUDIOS LLC	3/20/2025	4/17/2025	-	344	-	-
BREAKTHROUGH AWARDS PRODUCTION	2/28/2025	4/24/2025	-	300	-	-
BREAKTHROUGH AWARDS PRODUCTION	3/7/2025	4/24/2025	-	300	-	-
BREAKTHROUGH AWARDS PRODUCTION	3/14/2025	4/24/2025	-	300	-	-
BREAKTHROUGH AWARDS PRODUCTION	3/21/2025	4/24/2025	-	300	-	-
BREAKTHROUGH AWARDS PRODUCTION	3/28/2025	4/24/2025	-	300	-	-
CARDINAL RULE PRODUCTIONS, LLC	4/26/2025	5/7/2025	-	14,428	-	-

(This schedule is continued on the following pages.)

UNITED SCENIC ARTISTS LOCAL 829
RETIREMENT 401(k) PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (Continued)
FORM 5500, SCHEDULE H, LINE 4a

EIN: 36-3945238 PLAN: #001

For the Year Ended December 31, 2025

Identity of Party Involved (Participating Employers)	Participant Contributions Transferred Late to the Plan		Total that Constitute Non-exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Payroll Period	Date Paid	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
CARRIER PRODUCTIONS, LLC	8/2/2025	8/7/2025	$ -	$ 76	$ -	$ -
CAVIAR LA LLC	5/14/2025	6/6/2025	-	480	-	-
CHICAGO SHAKESPEARE THEATER	9/14/2025	10/16/2025	-	394	-	-
CMS PRODUCTIONS	2/7/2025	3/6/2025	-	399	-	-
CMS PRODUCTIONS	2/28/2025	3/24/2025	-	340	-	-
CMS PRODUCTIONS	4/19/2025	5/16/2025	-	255	-	-
CMS PRODUCTIONS	7/26/2025	8/1/2025	-	13,266	-	-
CMS PRODUCTIONS	8/2/2025	8/7/2025	-	11,304	-	-
CMS PRODUCTIONS	8/9/2025	8/13/2025	-	10,802	-	-
CMS PRODUCTIONS	9/12/2025	10/6/2025	-	386	-	-
COIN TOSS, LLC	4/26/2025	5/7/2025	-	1,296	-	-
COLUMBIA PICTURES INDUSTRIES, INC.	7/12/2025	8/5/2025	-	196	-	-
COOLER WATERS PRODUCTIONS, LLC	4/26/2025	5/7/2025	-	1,956	-	-
CORPORATE MANAGEMENT SOLUTIONS	1/14/2025	2/10/2025	-	306	-	-
CORPORATE MANAGEMENT SOLUTIONS	4/22/2025	5/21/2025	-	410	-	-
CORPORATE MANAGEMENT SOLUTIONS	6/14/2025	7/7/2025	-	560	-	-
CORPORATE MANAGEMENT SOLUTIONS	6/20/2025	8/8/2025	-	380	-	-
CORPORATE MANAGEMENT SOLUTIONS	6/27/2025	8/8/2025	-	1,088	-	-
CORPORATE MANAGEMENT SOLUTIONS	7/2/2025	8/8/2025	-	1,054	-	-
CORPORATE MANAGEMENT SOLUTIONS	7/3/2025	8/8/2025	-	305	-	-
CORPORATE MANAGEMENT SOLUTIONS	7/7/2025	8/8/2025	-	760	-	-
CORPORATE MANAGEMENT SOLUTIONS	7/10/2025	8/8/2025	-	110	-	-
CRANETOWN MEDIA, LLC	3/22/2025	5/21/2025	-	164	-	-
CRANETOWN MEDIA, LLC	4/19/2025	5/12/2025	-	144	-	-
CRANETOWN MEDIA, LLC	4/26/2025	5/7/2025	-	1,802	-	-
CRANETOWN MEDIA, LLC	10/4/2025	11/12/2025	-	333	-	-
CRANETOWN MEDIA, LLC	10/4/2025	11/20/2025	-	1,800	-	-
Digdown Productions Inc	11/15/2025	12/12/2025	-	300	-	-
DISNEY THEATRICAL PRODUCTIONS	3/9/2025	4/3/2025	-	392	-	-
DOC IN A BOX CORP	6/21/2025	7/28/2025	-	105	-	-
DOC IN A BOX CORP	6/21/2025	11/21/2025	-	38	-	-
DOC IN A BOX CORP	7/19/2025	8/11/2025	-	126	-	-
DOC IN A BOX CORP	7/26/2025	8/18/2025	-	454	-	-

(This schedule is continued on the following pages.)

UNITED SCENIC ARTISTS LOCAL 829
RETIREMENT 401(k) PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (Continued)
FORM 5500, SCHEDULE H, LINE 4a

EIN: 36-3945238 PLAN: #001

For the Year Ended December 31, 2025

Identity of Party Involved (Participating Employers)	Participant Contributions Transferred Late to the Plan		Total that Constitute Non-exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Payroll Period	Date Paid	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
DODGING PRODUCTIONS, LLC	7/26/2025	8/1/2025	$ -	$ 6,809	$ -	$ -
DODGING PRODUCTIONS, LLC	8/2/2025	8/7/2025	-	6,157	-	-
DODGING PRODUCTIONS, LLC	8/9/2025	8/13/2025	-	5,825	-	-
DRURY LANE PRODUCTIONS, INC.	4/13/2025	7/17/2025	-	53	-	-
DRURY LANE PRODUCTIONS, INC.	6/8/2025	9/17/2025	-	46	-	-
DRURY LANE PRODUCTIONS, INC.	6/15/2025	9/17/2025	-	47	-	-
DRURY LANE PRODUCTIONS, INC.	9/7/2025	10/24/2025	-	184	-	-
ELEANOR, LLC	3/10/2025	4/8/2025	-	1,097	-	-
Ghost Pig Inc	10/4/2025	11/14/2025	-	300	-	-
GIFTED YOUTH, LLC	4/17/2025	5/12/2025	-	180	-	-
GOODMAN THEATRE INC.	1/19/2025	2/14/2025	-	192	-	-
GOODMAN THEATRE INC.	2/9/2025	7/25/2025	-	186	-	-
GOODMAN THEATRE INC.	2/16/2025	7/25/2025	-	186	-	-
GOODMAN THEATRE INC.	4/20/2025	5/15/2025	-	112	-	-
GOODMAN THEATRE INC.	5/25/2025	6/20/2025	-	197	-	-
HELEN COUNTY HIGH, INC	2/23/2025	3/27/2025	-	135	-	-
HK THEATRICAL LLC	2/2/2025	3/20/2025	-	60	-	-
HK THEATRICAL LLC	2/23/2025	3/20/2025	-	360	-	-
HK THEATRICAL LLC	7/6/2025	7/31/2025	-	240	-	-
HK THEATRICAL LLC	7/13/2025	8/8/2025	-	300	-	-
HK THEATRICAL LLC	8/31/2025	10/28/2025	-	300	-	-
HK THEATRICAL LLC	9/7/2025	10/28/2025	-	300	-	-
HK THEATRICAL LLC	9/14/2025	10/28/2025	-	300	-	-
HK THEATRICAL LLC	9/21/2025	10/28/2025	-	360	-	-
HK THEATRICAL LLC	9/28/2025	10/28/2025	-	360	-	-
HUBBLE PRODUCTIONS, LLC	4/26/2025	5/7/2025	-	3,711	-	-
HUDSON SCENIC STUDIO INC.	1/2/2025	2/14/2025	-	1,351	-	-
HUDSON SCENIC STUDIO INC.	1/8/2025	2/14/2025	-	1,882	-	-
HUDSON SCENIC STUDIO INC.	1/15/2025	2/14/2025	-	2,442	-	-
HUDSON SCENIC STUDIO INC.	2/5/2025	3/20/2025	-	3,464	-	-
HUDSON SCENIC STUDIO INC.	2/12/2025	3/20/2025	-	2,745	-	-
HUDSON SCENIC STUDIO INC.	2/19/2025	3/20/2025	-	3,364	-	-
HUDSON SCENIC STUDIO INC.	3/5/2025	4/10/2025	-	1,319	-	-

(This schedule is continued on the following pages.)

UNITED SCENIC ARTISTS LOCAL 829
RETIREMENT 401(k) PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (Continued)
FORM 5500, SCHEDULE H, LINE 4a

EIN: 36-3945238 PLAN: #001

For the Year Ended December 31, 2025

Identity of Party Involved (Participating Employers)	Participant Contributions Transferred Late to the Plan		Total that Constitute Non-exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Payroll Period	Date Paid	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
HUDSON SCENIC STUDIO INC.	3/12/2025	4/10/2025	$ -	$ 2,349	$ -	$ -
HUDSON SCENIC STUDIO INC.	4/2/2025	5/9/2025	-	1,202	-	-
HUDSON SCENIC STUDIO INC.	4/9/2025	5/9/2025	-	386	-	-
HUDSON SCENIC STUDIO INC.	4/16/2025	5/9/2025	-	767	-	-
HUDSON SCENIC STUDIO INC.	5/7/2025	6/6/2025	-	1,370	-	-
HUDSON SCENIC STUDIO INC.	5/14/2025	6/6/2025	-	356	-	-
HUDSON SCENIC STUDIO INC.	6/4/2025	7/3/2025	-	537	-	-
HUDSON SCENIC STUDIO INC.	6/28/2025	8/8/2025	-	2,185	-	-
HUDSON SCENIC STUDIO INC.	7/2/2025	8/8/2025	-	1,672	-	-
HUDSON SCENIC STUDIO INC.	7/5/2025	8/8/2025	-	2,091	-	-
HUDSON SCENIC STUDIO INC.	7/9/2025	8/8/2025	-	1,071	-	-
HUDSON SCENIC STUDIO INC.	7/12/2025	8/8/2025	-	1,547	-	-
HUDSON SCENIC STUDIO INC.	7/16/2025	8/8/2025	-	1,956	-	-
HUDSON SCENIC STUDIO INC.	8/2/2025	9/10/2025	-	2,893	-	-
HUDSON SCENIC STUDIO INC.	8/6/2025	9/10/2025	-	1,446	-	-
HUDSON SCENIC STUDIO INC.	8/9/2025	9/10/2025	-	2,100	-	-
HUDSON SCENIC STUDIO INC.	8/13/2025	9/10/2025	-	871	-	-
HUDSON SCENIC STUDIO INC.	8/16/2025	9/10/2025	-	712	-	-
HUDSON SCENIC STUDIO INC.	8/30/2025	10/10/2025	-	3,049	-	-
HUDSON SCENIC STUDIO INC.	9/6/2025	10/10/2025	-	2,056	-	-
HUDSON SCENIC STUDIO INC.	9/13/2025	10/10/2025	-	1,532	-	-
HUDSON SCENIC STUDIO INC.	9/27/2025	11/7/2025	-	2,167	-	-
HUDSON SCENIC STUDIO INC.	10/1/2025	11/7/2025	-	360	-	-
HUDSON SCENIC STUDIO INC.	10/4/2025	11/7/2025	-	1,687	-	-
HUDSON SCENIC STUDIO INC.	10/8/2025	11/7/2025	-	315	-	-
HUDSON SCENIC STUDIO INC.	10/11/2025	11/7/2025	-	1,410	-	-
HUDSON SCENIC STUDIO INC.	10/15/2025	11/7/2025	-	218	-	-
HUDSON SCENIC STUDIO INC.	11/1/2025	12/5/2025	-	871	-	-
HUDSON SCENIC STUDIO INC.	11/8/2025	12/5/2025	-	1,536	-	-
HUNGRY MAN INC	7/24/2025	8/18/2025	-	750	-	-
HUNGRY MAN INC	9/16/2025	10/14/2025	-	510	-	-
ICONOCLAST CONTENT, INC.	8/8/2025	9/4/2025	-	1,594	-	-
IMCD LIGHTING	3/22/2025	4/24/2025	-	1,402	-	-

(This schedule is continued on the following pages.)

UNITED SCENIC ARTISTS LOCAL 829
RETIREMENT 401(k) PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (Continued)
FORM 5500, SCHEDULE H, LINE 4a

EIN: 36-3945238 PLAN: #001

For the Year Ended December 31, 2025

Identity of Party Involved (Participating Employers)	Participant Contributions Transferred Late to the Plan		Total that Constitute Non-exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Payroll Period	Date Paid	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
IMCD LIGHTING	4/19/2025	5/22/2025	$ -	$ 1,836	$ -	$ -
IMCD LIGHTING	5/31/2025	6/30/2025	-	968	-	-
IMCD LIGHTING	6/14/2025	6/30/2025	-	1,428	-	-
IMCD LIGHTING	6/28/2025	7/23/2025	-	754	-	-
IMCD LIGHTING	7/26/2025	8/18/2025	-	827	-	-
IMCD LIGHTING	11/15/2025	11/25/2025	-	6,530	-	-
IMCD LIGHTING	11/29/2025	12/26/2025	-	6,240	-	-
ITTO PRODUCTIONS, INC	4/26/2025	5/7/2025	-	1,188	-	-
JOCASTA PRODUCTION SERVICES CORP.	6/29/2025	7/3/2025	-	235	-	-
JOCASTA PRODUCTION SERVICES CORP.	7/6/2025	7/3/2025	-	235	-	-
JOJAX LLC DBA JOJX	9/5/2025	10/6/2025	-	295	-	-
JOJAX LLC DBA JOJX	9/9/2025	10/6/2025	-	393	-	-
JOJAX LLC DBA JOJX	9/10/2025	10/6/2025	-	682	-	-
KKC PRODUCTIONS NY, LP	7/20/2025	7/31/2025	-	100	-	-
KKC PRODUCTIONS NY, LP	8/31/2025	9/10/2025	-	100	-	-
KNITTING CIRCLE BROADWAY LLC	9/7/2025	10/2/2025	-	100	-	-
LEMON LOOP PRODUCTIONS, LLC	7/26/2025	8/1/2025	-	285	-	-
LEMON LOOP PRODUCTIONS, LLC	8/2/2025	8/7/2025	-	280	-	-
LEMON LOOP PRODUCTIONS, LLC	8/9/2025	8/13/2025	-	280	-	-
LYRIC OPERA OF CHICAGO	3/7/2025	4/24/2025	-	300	-	-
LYRIC OPERA OF CHICAGO	3/14/2025	4/24/2025	-	300	-	-
LYRIC OPERA OF CHICAGO	3/21/2025	4/24/2025	-	300	-	-
LYRIC OPERA OF CHICAGO	4/4/2025	5/12/2025	-	300	-	-
LYRIC OPERA OF CHICAGO	4/11/2025	5/12/2025	-	300	-	-
LYRIC OPERA OF CHICAGO	4/18/2025	5/12/2025	-	300	-	-
MACGUFFIN FILMS LTD.	9/12/2025	10/6/2025	-	540	-	-
MACGUFFIN FILMS LTD.	11/15/2025	12/12/2025	-	203	-	-
Magna Studios, Inc.	4/25/2025	5/21/2025	-	204	-	-
Magna Studios, Inc.	5/15/2025	6/20/2025	-	272	-	-
MAMMA MIA 25 TOUR	6/29/2025	7/24/2025	-	520	-	-
MAMMA MIA 25 TOUR	7/6/2025	7/24/2025	-	520	-	-
MAMMA MIA 25 TOUR	7/13/2025	7/24/2025	-	520	-	-
MAMMA MIA 25 TOUR	7/20/2025	7/31/2025	-	520	-	-

(This schedule is continued on the following pages.)

UNITED SCENIC ARTISTS LOCAL 829
RETIREMENT 401(k) PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (Continued)
FORM 5500, SCHEDULE H, LINE 4a

EIN: 36-3945238 PLAN: #001

For the Year Ended December 31, 2025

Identity of Party Involved (Participating Employers)	Participant Contributions Transferred Late to the Plan		Total that Constitute Non-exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Payroll Period	Date Paid	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
MAMMA MIA 25 TOUR	7/27/2025	8/7/2025	$ -	$ 520	$ -	$ -
MEAN GIRLS TOURING LLC	1/19/2025	2/14/2025	-	200	-	-
METRO-GOLDWYN-MAYER PICTURES INC.	8/9/2025	8/13/2025	-	290	-	-
MRB MUSICAL LLC	1/19/2025	2/13/2025	-	100	-	-
MRB MUSICAL LLC	3/2/2025	3/27/2025	-	100	-	-
MRB MUSICAL LLC	9/28/2025	10/24/2025	-	100	-	-
NBC UNIVERSAL MEDIA, LLC	11/7/2025	12/23/2025	-	4,674	-	-
NETFLIX PRODUCTIONS, LLC	2/22/2025	3/17/2025	-	933	-	-
NETFLIX PRODUCTIONS, LLC	3/8/2025	3/31/2025	-	524	-	-
NETFLIX PRODUCTIONS, LLC	4/19/2025	5/12/2025	-	941	-	-
NETFLIX PRODUCTIONS, LLC	4/26/2025	5/7/2025	-	547	-	-
NETFLIX PRODUCTIONS, LLC	5/17/2025	6/9/2025	-	167	-	-
NETFLIX PRODUCTIONS, LLC	6/28/2025	8/28/2025	-	167	-	-
NETFLIX PRODUCTIONS, LLC	7/26/2025	8/1/2025	-	19,123	-	-
NETFLIX PRODUCTIONS, LLC	7/26/2025	8/28/2025	-	167	-	-
NETFLIX PRODUCTIONS, LLC	8/2/2025	8/7/2025	-	17,961	-	-
NETFLIX PRODUCTIONS, LLC	8/9/2025	8/13/2025	-	12,869	-	-
NIGRINI DESIGN STUDIO INC.	7/31/2025	8/27/2025	-	1,138	-	-
OLD HARBOR PRODUCTIONS, INC	3/14/2025	4/17/2025	-	170	-	-
OLD HARBOR PRODUCTIONS, INC	3/19/2025	4/17/2025	-	510	-	-
OLD HARBOR PRODUCTIONS, INC	3/21/2025	4/17/2025	-	482	-	-
OPERA THEATRE OF ST. LOUIS	2/9/2025	6/5/2025	-	28	-	-
OPERA THEATRE OF ST. LOUIS	4/6/2025	7/11/2025	-	521	-	-
OPERA THEATRE OF ST. LOUIS	4/13/2025	7/11/2025	-	578	-	-
OPERA THEATRE OF ST. LOUIS	4/20/2025	7/11/2025	-	507	-	-
OPERA THEATRE OF ST. LOUIS	4/27/2025	6/5/2025	-	621	-	-
OPERA THEATRE OF ST. LOUIS	5/4/2025	6/5/2025	-	103	-	-
OPERA THEATRE OF ST. LOUIS	5/11/2025	6/5/2025	-	103	-	-
OPERA THEATRE OF ST. LOUIS	5/18/2025	8/13/2025	-	501	-	-
OPERA THEATRE OF ST. LOUIS	5/25/2025	7/11/2025	-	3,261	-	-
OPERA THEATRE OF ST. LOUIS	6/1/2025	7/31/2025	-	330	-	-
OPERA THEATRE OF ST. LOUIS	6/8/2025	8/27/2025	-	166	-	-
OPERA THEATRE OF ST. LOUIS	6/15/2025	8/27/2025	-	157	-	-

(This schedule is continued on the following pages.)

UNITED SCENIC ARTISTS LOCAL 829
RETIREMENT 401(k) PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (Continued)
FORM 5500, SCHEDULE H, LINE 4a

EIN: 36-3945238 PLAN: #001

For the Year Ended December 31, 2025

Identity of Party Involved (Participating Employers)	Participant Contributions Transferred Late to the Plan		Total that Constitute Non-exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Payroll Period	Date Paid	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
PARTIZAN ENTERTAINMENT	10/25/2025	12/3/2025	$ -	$ 716	$ -	$ -
PARTIZAN ENTERTAINMENT	11/1/2025	12/3/2025	-	1,678	-	-
PREMIUM LEADS BROADWAY LLC	2/16/2025	3/13/2025	-	315	-	-
PRETTYBIRD LLC	9/9/2025	10/15/2025	-	488	-	-
PRETTYBIRD LLC	9/11/2025	10/15/2025	-	120	-	-
PRETTYBIRD LLC	9/12/2025	10/15/2025	-	480	-	-
QUANTUM PAYROLL SERVICES INC.	9/13/2025	10/30/2025	-	795	-	-
RADICALMEDIA LLC	1/17/2025	2/10/2025	-	556	-	-
ROAR ON TOUR LLC	7/20/2025	8/18/2025	-	115	-	-
ROAR ON TOUR LLC	8/10/2025	9/5/2025	-	115	-	-
SALT SPRING MEDIA, INC.	4/26/2025	5/7/2025	-	1,118	-	-
SHOWMAN FABRICATORS, INC.	6/30/2025	10/24/2025	-	2,855	-	-
SHOWMAN FABRICATORS, INC.	7/31/2025	8/25/2025	-	2,632	-	-
SHOWMAN FABRICATORS, INC.	9/30/2025	10/27/2025	-	1,256	-	-
SHOWMAN FABRICATORS, INC.	10/31/2025	12/12/2025	-	1,179	-	-
SKUNK PARTNERS LLC	10/1/2025	11/3/2025	-	187	-	-
SMUGGLER LLC	4/29/2025	6/20/2025	-	128	-	-
SMUGGLER LLC	8/15/2025	9/16/2025	-	611	-	-
SMUGGLER LLC	8/22/2025	9/16/2025	-	745	-	-
SOMESUCH, INC.	1/17/2025	2/10/2025	-	680	-	-
STARCAM PRODUCTIONS, LLC	7/12/2025	8/5/2025	-	607	-	-
STARCAM PRODUCTIONS, LLC	8/30/2025	10/2/2025	-	872	-	-
STIEGELBAUER ASSOCIATES, INC	9/19/2025	10/14/2025	-	116	-	-
STIEGELBAUER ASSOCIATES, INC	9/23/2025	10/17/2025	-	229	-	-
STIR FILMS, LLC	6/19/2025	7/11/2025	-	173	-	-
STONE SOUP BROADWAY LLC	5/15/2025	8/5/2025	-	460	-	-
STONE SOUP BROADWAY LLC	5/25/2025	9/9/2025	-	460	-	-
STONE SOUP BROADWAY LLC	6/1/2025	8/5/2025	-	460	-	-
STONE SOUP BROADWAY LLC	6/8/2025	8/5/2025	-	460	-	-
STONE SOUP BROADWAY LLC	6/29/2025	7/31/2025	-	460	-	-
STONE SOUP BROADWAY LLC	7/20/2025	8/25/2025	-	539	-	-
STONE SOUP BROADWAY LLC	7/27/2025	9/23/2025	-	539	-	-
STONE SOUP BROADWAY LLC	8/10/2025	9/15/2025	-	460	-	-
SUMMER IN OHIO LLC	1/12/2025	2/20/2025	-	115	-	-
SUMMER IN OHIO LLC	1/19/2025	2/20/2025	-	230	-	-

(This schedule is continued on the following pages.)

UNITED SCENIC ARTISTS LOCAL 829
RETIREMENT 401(k) PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (Continued)
FORM 5500, SCHEDULE H, LINE 4a

EIN: 36-3945238 PLAN: #001

For the Year Ended December 31, 2025

Identity of Party Involved (Participating Employers)	Participant Contributions Transferred Late to the Plan		Total that Constitute Non-exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Payroll Period	Date Paid	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
SUMMER IN OHIO LLC	1/26/2025	2/20/2025	$ -	$ 345	$ -	$ -
TACTICAL EMPATHY LLC	7/26/2025	8/1/2025	-	6,667	-	-
TACTICAL EMPATHY LLC	8/2/2025	8/7/2025	-	8,762	-	-
TACTICAL EMPATHY LLC	8/9/2025	8/13/2025	-	9,845	-	-
TCS US PRODUCTIONS 36, INC	7/26/2025	8/1/2025	-	11,822	-	-
TCS US PRODUCTIONS 36, INC	8/2/2025	8/7/2025	-	12,071	-	-
TCS US PRODUCTIONS 36, INC	8/9/2025	8/13/2025	-	12,405	-	-
TEMPEST BROADWAY LLC	4/6/2025	7/31/2025	-	98	-	-
THE REPERTORY THEATRE OF ST. LOUIS	1/31/2025	3/13/2025	-	842	-	-
THE REPERTORY THEATRE OF ST. LOUIS	2/28/2025	3/27/2025	-	658	-	-
THE REPERTORY THEATRE OF ST. LOUIS	10/31/2025	12/17/2025	-	1,042	-	-
TWENTIETH CENTURY FOX FILM CORP	1/25/2025	7/16/2025	-	79	-	-
TWENTIETH CENTURY FOX FILM CORP	3/29/2025	4/22/2025	-	144	-	-
TWENTIETH CENTURY FOX FILM CORP	4/26/2025	5/7/2025	-	10,789	-	-
TWENTIETH CENTURY FOX FILM CORP	6/21/2025	7/16/2025	-	106	-	-
TWO BEACONS PRODUCTIONS, LLC	7/26/2025	8/1/2025	-	2,357	-	-
TWO BEACONS PRODUCTIONS, LLC	8/2/2025	8/7/2025	-	1,871	-	-
TWO BEACONS PRODUCTIONS, LLC	8/9/2025	8/13/2025	-	1,790	-	-
UNITED SCENIC ARTISTS LOCAL 829	6/25/2025	6/30/2025	-	30,067	-	-
UNITED SCENIC ARTISTS LOCAL 829	8/23/2025	8/29/2025	-	208	-	-
UNIVERSAL TELEVISION LLC	2/15/2025	3/19/2025	-	100	-	-
UNIVERSAL TELEVISION LLC	2/22/2025	3/19/2025	-	270	-	-
UNIVERSAL TELEVISION LLC	4/5/2025	4/30/2025	-	238	-	-
UNIVERSAL TELEVISION LLC	4/19/2025	5/13/2025	-	138	-	-
UNIVERSAL TELEVISION LLC	4/26/2025	5/7/2025	-	19,119	-	-
UNIVERSAL TELEVISION LLC	6/21/2025	7/22/2025	-	797	-	-
UNIVERSAL TELEVISION LLC	11/22/2025	12/16/2025	-	107	-	-
UNIVERSAL TELEVISION LLC	12/6/2025	12/31/2025	-	169	-	-
WARNER BROS PICTURES	9/6/2025	10/2/2025	-	2,255	-	-
WE RE NOT ALONE LLC	5/3/2025	8/4/2025	-	320	-	-
WE RE NOT ALONE LLC	5/10/2025	8/4/2025	-	400	-	-
WE RE NOT ALONE LLC	5/17/2025	8/4/2025	-	400	-	-
WE RE NOT ALONE LLC	5/24/2025	8/4/2025	-	400	-	-
TOTAL			$ -	$ 479,393	$ -	$ -

(This schedule is continued on the following pages.)