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
SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/02/1960

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS

3601 WEST OLIVE AVENUE
SUITE 300
BURBANK, CA 91505

2b Employer Identification Number (EIN)
95-2110997

2c Plan Sponsor's telephone number
818-954-9400

2d Business code (see instructions)
512100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2026	DAVID CHOI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2026	BARRY GORDON
	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**	67988
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)**	31218
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	27978
b	Retired or separated participants receiving benefits	**6b**	15119
c	Other retired or separated participants entitled to future benefits	**6c**	21317
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	64414
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1340
f	Total. Add lines **6d** and **6e**.	**6f**	65754
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	9999

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

1A

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) [X]	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)** [X] **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)** [X] **A** (Insurance Information) – Number Attached 1
- **(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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS

D Employer Identification Number (EIN)
95-2110997

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

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	796011		01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	153319150

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS

D Employer Identification Number (EIN)
95-2110997

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

1a Enter the valuation date: Month 01 Day 01 Year 2025

b	Assets		
(1)	Current value of assets	**1b(1)**	5247431860
(2)	Actuarial value of assets for funding standard account	**1b(2)**	5364372432
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	6595167397
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	0
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	0
(c)	Normal cost under entry age normal method	**1c(2)(c)**	0
(3)	Accrued liability under unit credit cost method	**1c(3)**	6595167397
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	10579758407
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	210164711
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	396740450
(3)	Expected plan disbursements for the plan year	**1d(3)**	390171993

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 09/29/2026

CARY FRANKLIN — Type or print name of actuary

26-04013 — Most recent enrollment number

HORIZON ACTUARIAL SERVICES, LLC — Firm name

818-691-2002 — Telephone number (including area code)

5200 LANKERSHIM BLVD
SUITE 740
NORTH HOLLYWOOD, CA 91601

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	5247431860
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		16059	3894466679
(2) For terminated vested participants		20711	2715717755
(3) For active participants:			
(a) Non-vested benefits			240927755
(b) Vested benefits			3728646218
(c) Total active		31218	3969573973
(4) Total		67988	10579758407
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	49.60 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
12/31/2025	352059775				

	Totals ►	**3(b)**	352059775	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	81.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	4.01 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.25 %	7.25 %
e Salary scale	**6e**	4.00 % ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.25 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	5.6 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	11.0 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	18056104	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	90509801	9412568

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	116676340

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	1973342397		289738193
(2) Funding waivers	**9c(2)**	0		0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0		0
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	29465054
e Total charges. Add lines 9a through 9d			**9e**	435879587
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	593952793
g Employer contributions. Total from column (b) of line 3			**9g**	352059775
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	148594639		30856736
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	55933830
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	2207596091		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	4393926561		
(3) FFL credit			**9j(3)**	0
k (1) Waived funding deficiency			**9k(1)**	0
(2) Other credits			**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	1032803134
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	596923547
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... [X] Yes [ ] No

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
SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS

D Employer Identification Number (EIN)
95-2110997

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

ALPHASIMPLEX GROUP, LLC

04-3488687

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

ARES ENERGY OPPORTUNITIES FUND B, L

82-3985701

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

ARES SPECIAL OPPORTUNITIES FUND (OF

98-1463109

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

ARES SPECIAL OPPORTUNITIES FUND II

87-1248205

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

HARK CAYMAN FEEDER III, LP

84-4229842

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

AUDAX MANAGEMENT COMPANY (NY), LLC

04-3525044

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

BALANCE POINT CAPITAL PARTNERS V.

85-1892172

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

BLACKSTONE TACTICAL OPPORTUNITIES

82-4602635

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

CASTLELAKE, L.P.

20-3323857

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

CVC CAPITAL PARTNERS IX, L.P.

98-1545245

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

EARNEST PARTNERS

58-2386669

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

FIRST EAGLE ALTERNATIVE CREDIT, LLC

57-1156902

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

HPS MEZZANINE PARTNERS 2019, L.P.

98-1464019

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

HPS STRATEGIC INVESTMENT PARTNERS V

86-2573385

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

INFLEXION BUYOUT FUND VI

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

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

KPS SPECIAL SITUATIONS FUND V, L.P.

98-1509288

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

KPS SPECIAL SITUATIONS FUND VI, L.P

ONE VANDERBILT AVENUE, 52 FLOOR,
NEW YORK, NY 10017

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

L CATTERTON GROWTH V, L.P.

87-3313389

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

L CATTERTON GROWTH IV, L.P.

83-1671274

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

HUDSON ADVISORS L.P.

75-2578511

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

LONE STAR GLOBAL ACQUISITIONS, LTD.

75-2787141

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

ROARK CAPITAL PARTNERS

98-1391237

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

THOMAS H. LEE EQUITY FUND IX, L.P.

85-4208740

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

THOMAS H. LEE EQUITY FUND VIII, L.P

82-2870469

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

ABS INVESTMENT MANAGEMENT LLC

13-4205457

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

APOLLO HYBRID VALUE ADVISORS, L.P.

82-4593363

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

ARES SENIOR DIRECT LENDING FUND III

1800 AVENUE OF THE STARS
SUITE 1400
LOS ANGELES, CA 90067

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

AVENUE ASIA CAPITAL MANAGEMENT, LP

01-0553224

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

BC PARTNERS ADVISORS LP

82-1523134

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

BLACKSTONE CAPITAL OPPORTUNITIES FU

01-0899018

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

BOND III, LP

87-2613017

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

BSP DEBT FUND V (NON-US) LP

98-1612799

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

CARLYLE CREDIT OPPORTUNITIES FUND

87-3865673

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

CVC CAPITAL PARTNERS VIII, L.P.

98-1545246

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

GRAHAM CAPITAL MANAGEMENT LP

06-1398337

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

GREAT HILL EQUITY PARTNERS VIII

87-2535033

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

INDEPENDENT FRANCHISE PARTNERS

98-0682628

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

LBC CREDIT PARTNERS V, L.P.

98-1481362

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

NEWQUEST ASIA FUND IV, L.P.

98-1481362

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

OAK HILL ADVISORS, L.P.

13-4077194

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

PARTNERS GROUP CAYMAN MANAGEMENT, V

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

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

PAYDEN AND RYGEL COLLECTIVE

37-6667944

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

PLATINUM EQUITY PARTNERS VI, LLC

87-3315632

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

PLATINUM EQUITY SMALL CAP PARTNERS

82-3265890

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

STG VI, L.P.

85-1749593

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

STG VII, L.P.

88-3348676

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

QUANTUM ENERGY PARTNERS VIII-D CO-I

88-2072472

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

ARES PE EXTENDED VALUE FUND LP

84-2951954

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

ARTISAN PARTNERS LIMITED

30-0551775

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

CRABEL CAPITAL MANAGEMENT, LLC

39-1903915

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

OAKTREE OPPORTUNITIES FUND XI, L.P.

98-1538630

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

OAKTREE REAL ESTATE DEBT FUND II

98-1294751

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

OAKTREE SPECIAL SITUATIONS FUND II

98-1390317

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

OAKTREE SPECIAL SITUATIONS FUND III

98-1600519

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

STG ALLEGRO FUND, L.P.

87-0990805

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

AURORA EQUITY PARTNERS VI

83-4331484

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

HITECVISION NEW ENERGY FUND 2 SCSP

8, RUE LOU HEMMER
LUXEMBOURG, LUXEMBOURG L2449 LU

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

ASCRIBE OPPORTUNITIES FUND IV LP

35-2602652

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

ATERIAN INVESTMENT PARTNERS IV, LP

87-1793056

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

AVISTA CAPITAL HOLDINGS, LP

20-3345897

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

BEACHPOINT CAPITAL MANAGEMENT, LP

80-0242162

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

BLACKSTONE ALTERNATIVE CREDIT ADVIS

01-0899018

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

BLACKSTONE CAPITAL PARTNERS VIII

84-3767616

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

COMVEST CAPITAL ADVISORS, LLC

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

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

CRESCENT CREDIT SOLUTIONS VIII, LP

86-1529826

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

CRESCENT DIRECT LENDING FUND III

98-1558735

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

EQT X USD SCSP

51A BOULEVARD ROYAL
LUXEMBOURG, LUXEMBOURG L2449 LU

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

NEWVIEW CAPITAL FUND I, LP

83-1595868

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

OAKTREE PRINCIPAL FUND V, LP

98-0599574

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

PLATINUM EQUITY PARTNERS V, LLC

83-3315161

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

PLEXUS FUND VI GP, LP

4242 SIX FORKS RD
SUITE 950
RALEIGH, NC 27609

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

VELD CREDIT OPPORTUNITIES IV

43-45 ALLEE SCHEFFER L-2520 LUXEMBOURG R.C.S.
LUXEMBOURG, LUXEMBOURG 215280 LU

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

WEBSTER CAPITAL II-A, LP

32-0544068

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

EVERBERG CAPITAL, LLC

83-4332767

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

K5 PRIVATE INVESTORS, LP

27-4741827

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

KELSO & COMPANY, LP

94-2680741

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

ICG EUROPE FUND IX GP LP SCSP

60 AVENUE J.F. KENNEDY
LUXEMBOURG, LUXEMBOURG L1855 LU

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

ICG EUROPE FUND VII GP

60 AVENUE J.F. KENNEDY
LUXEMBOURG, LUXEMBOURG L1855 LU

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

ICG EUROPE FUND VIII GP

6H ROUTE DE TRVES
LUXEMBOURG, LUXEMBOURG L2633 LU

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

ICG RECOVERY FUND II GP

6H ROUTE DE TRVES
LUXEMBOURG, LUXEMBOURG L2633 LU

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

SUSTAINABLE ASSET FUND IV, LP

1011 WALNUT STREET
SUITE 400
BOLDER, CO 80302

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

TIVERTON ADVISORS, LLC

46-1269551

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

VANCE STREET CAPITAL MANAGEMENT, LL

93-4009535

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

KKR GLOBAL INFRASTRUCTURE INVESTORS

30 HUDSON YARDS
SUITE 7500
NEW YORK, NY 10001

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

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

BRIDGEWATER

98-0501379

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	6340882	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

JP MORGAN ASSET MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50 51 52	NONE	3887049	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

HAMILTON LANE

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	2083939	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

VOYA ALTERNATIVE ASSET MANAGEMENT

13-3863170

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	1901916	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

LAZARD ASSET MANAGEMENT LLC

50-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	1276112	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WALTER SCOTT PARTNERS LIMITED

98-0465834

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	1250407	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

ACADIAN ASSET MANAGEMENT

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1097443	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE PRUDENTIAL INSURANCE COMPANY

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	910172	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WILLIAM BLAIR INVESTMENT MANAGEMENT

27-6331814

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	890537	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

NIGRO, KARLIN, SEGAL & FELDSTEIN, L

95-3632775

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 50 70	NONE	664859	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLINGTON MANAGEMENT COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	512352	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WITHUMSMITH + BROWN

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	495859	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)

REAMS ASSET MANAGEMENT

43-1925734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	389271	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEKETA INVESTMENT GROUP, INC.

04-2659023

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

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

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	304368	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)

COGNIZANT WORLDWIDE LIMITED

13-3924155

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	297064	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROSKAUER ROSE, LLP.

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	289664	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE NUMBER 001553

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	233017	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)

EMPLOYEE NUMBER 001574

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	232377	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PARAMETRIC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	218808	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 18 19 25 51 52	NONE	197771	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

HITACHI DIGITAL SERVICES LLC

93-4210031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	185347	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VECTOR RESOURCES, INC.

95-4154511

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	176443	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BUSH GOTTLIEB, A LAW CORP.

95-2956616

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	169595	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)

EMPLOYEE NUMBER 000195

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	152575	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CSC COVANSYS, CORP.

38-2606945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	152543	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEXUSTEK

84-1432041

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	138758	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000319

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	134799	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GARTNER, INC.

04-3099750

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	130554	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001568

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	125950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000391

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	118813	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COHEN, WEISS AND SIMON, LLP.

13-1592323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	112342	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000428

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	109874	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000335

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	106527	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

A ROBERT HALF COMPANY

94-1648752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	105582	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INNOVEST SYSTEMS, LLC

13-4146072

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	105450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000136

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	99554	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000401

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	95836	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001059

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	94066	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000175

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	92958	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TURNER TECHTRONICS, INC.

95-4101994

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	89644	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NTH GENERATION COMPUTING, INC.

33-0451285

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	87572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 062065

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	87346	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001417

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	85872	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001392

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	82667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000287

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	82559	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000315

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	82316	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000284

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	81785	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000264

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	79600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000415

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	79478	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000220

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	78604	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THRIVE OPERATIONS, LLC

81-4498230

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	78485	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000356

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	77167	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000347

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	76774	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000384

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	76272	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000140

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	75147	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AZUL CONSULTING, INC.

46-5489534

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	70995	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000430

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	70253	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 52	NONE	67999	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

EMPLOYEE NUMBER 000332

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	66494	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)

EMPLOYEE NUMBER 000213

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	65196	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000364

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	64968	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000304

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	64933	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 001538

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	64291	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000283

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	62195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000451

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	60919	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000397

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	60630	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000113

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	59108	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000296

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	58563	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000372

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	58553	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001239

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	58060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000126

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57823	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000291

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001427

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	56294	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000371

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	55984	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 050202

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	53943	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000182

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	53350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001293

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	52590	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000435

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	50393	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000362

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	50042	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY (EASTERN STATES),

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	50000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000338

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	48131	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000249

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	47864	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000159

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46998	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000441

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001308

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45364	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000277

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	44912	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ATACCAMA CORP

99-0361800

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	44465	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE NUMBER 000436

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	43954	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE NUMBER 000351

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	43698	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)

EMPLOYEE NUMBER 000350

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42356	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000426

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000208

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42291	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 001380

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	41930	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001212

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	41688	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000230

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	41095	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000151

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40859	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ENCLOUD SERVICES LLC.

83-2016902

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	39724	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000278

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39002	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000357

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38825	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000402

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38736	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000472

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38354	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 001005

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37731	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE NUMBER 001219

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37451	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE NUMBER 001365

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37242	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)

EMPLOYEE NUMBER 000327

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37065	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000337

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36695	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000232

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36608	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000193

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36344	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000352

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36211	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001110

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36146	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000438

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35928	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001111

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35502	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001400

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34127	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000276

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33858	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001006

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33851	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000271

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33110	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000146

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32696	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001541

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32576	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000443

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32501	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000444

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32478	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001479

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32389	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001433

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32238	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 001131

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000170

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAREER STRATEGIES TEMPORARY, INC.

95-4263858

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	32024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 001534

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31721	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000177

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31421	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000069

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31386	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000358

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31251	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001551

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30415	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000229

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30205	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

UKG INC.

65-0694077

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	30195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000317

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30044	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000409

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29902	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000440

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29841	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE NUMBER 000449

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29815	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE NUMBER 000406

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29505	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)

EMPLOYEE NUMBER 000460

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001292

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28992	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000463

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28542	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000308

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28510	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EVEREST COMPUTERS INC.

58-2125198

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	28193	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROGRESS SOFTWARE, CORP.

04-2746201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	27458	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)

EMPLOYEE NUMBER 000238

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27269	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001101

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26723	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000477

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26316	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000452

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25997	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000127

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25912	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000367

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25889	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ENVOY GLOBAL, INC.

36-4319710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	25707	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE NUMBER 000259

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25705	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE NUMBER 000454

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25392	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)

EMPLOYEE NUMBER 000266

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25332	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE NUMBER 000410

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25171	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE NUMBER 000458

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25096	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)

VANGUARD

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	24870	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

THE SEGAL COMPANY (WESTERN STATES),

94-1503999

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	24800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INSIGHT GLOBAL, LLC

84-3001688

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	21374	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)

BERLIN ROSEN MIDCO HOLDINGS, LLC

87-4310727

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	20000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WORLD INVESTMENT ADVISORS, LLC

61-1758632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	18486	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAVID WEISSMAN

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	18384	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)

JIM BRACCHITTA

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	16304	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RADIXBAY, LLC.

46-2465417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	16028	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLOUDFLARE, INC.

27-0805829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	14880	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)

TEKSYSTEMS, INC.

38-3858542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14270	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREENBERG GLUSKER

95-2161045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	13739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REBECCA (BECCA) LISH

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	10373	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ALLEGRO SOLUTIONS, INC.

45-2216372

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	10163	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NED VAUGHN

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	9025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STACY K. MARCUS

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	8915	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THERMAL CONCEPTS, INC.

71-1043751

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8877	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KIM STEVENS

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	8748	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LHH RECRUITMENT SOLUTIONS

59-3482208

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	7750	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)

JOHN T. MCGUIRE

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	7570	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE HARTFORD

06-0294398

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 50	NONE	7465	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREEN HASSON & JANKS LLP

95-1777440

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	7440	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CISTERA NETWORKS, INC.

91-1944887

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	7093	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINDA POWELL

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	6718	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAUL MURATORE

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	6550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CAPITAL BPM, LLC

45-4539312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	6210	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPITAL GROUP RETIREMENT PLAN SERVI

P.O. BOX 659530
SAN ANTONIO, TX 78265

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	5892	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RICHARD MASUR

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	5436	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)

RUSSELL WETANSON

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	5269	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOM CHOI

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	5046	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS

D Employer Identification Number (EIN)
95-2110997

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE CO. OF AMERICA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-1211670-038	P	38658731

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

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE CO. OF AMERICA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-1211670-039	P	114660419

a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN NON-US ALL CAP EQUITY FUND

b Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-2929221-016	E	269262634

a Name of MTIA, CCT, PSA, or 103-12 IE: NCS GROUP TRUST - GLOBAL FUND

b Name of sponsor of entity listed in (a): BNY MELLON INVESTMENT MANAGEMENT CAYMAN LTD

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
76-6192146-003	E	218364720

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS EQUITY GROUP TRUST

b Name of sponsor of entity listed in (a): LAZARD ASSET MANAGEMENT LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5545100-002	E	201332708

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P GLOBAL LARGEMIDCAP INDEX NL FND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-287	C	58260455

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE LONG-TERM GOVT BD

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-060	C	117316873

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF OPPORTUNISTIC EMERGING MKTS

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

c EIN-PN 47-3828930-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46343504

a Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST PARTNERS MULTIPLE INVST

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

c EIN-PN 26-4377500-041	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132984914

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF CORE II BOND PORTFOLIO

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

c EIN-PN 04-6913417-026	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 275413191

a Name of MTIA, CCT, PSA, or 103-12 IE: MFB NT COLLECTIVE EAFE INDEX FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-024	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 323352984

a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR MACRO ALLOCATION FUND

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY - WILLIAM BLAIR

c EIN-PN 27-6331814-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140688042

a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN MULTIPLE INVESTMENT TRUST

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

c EIN-PN 26-3653822-021	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 219976800

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB STRATEGIC PROPERTY FUND

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.

c EIN-PN 13-6038770-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153299645

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 898362620

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS BOND COLLECTIVE FD

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

c EIN-PN 37-6667944-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51459250

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

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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
SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS

D Employer Identification Number (EIN)
95-2110997

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	14141946	12047364
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	21741823	19919149
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	15105551	27361481
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	79951951	115749441
(2) U.S. Government securities	1c(2)	136386936	156584675
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	122293356	189454093
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	1202188286	1345449223
(6) Real estate (other than employer real property)	1c(6)	63318466	65336479
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2169119436	2417458278
(10) Value of interest in pooled separate accounts	1c(10)	154993470	153319150
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	555551928	688960062
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	55262788	78805858
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	663499034	773296801

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	9120995	37068458
1f Total assets (add all amounts in lines 1a through 1e)	1f	5262675966	6080810512
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	6515299	8480941
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	8728807	44580392
1k Total liabilities (add all amounts in lines 1g through1j)	1k	15244106	53061333
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5247431860	6027749179

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)	352059775	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		352059775
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5335746	
(B) U.S. Government securities	2b(1)(B)	20537066	
(C) Corporate debt instruments	2b(1)(C)	7214905	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	45258792	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		78346509
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		4369268
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	655766542	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	674918012	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-19151470
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	41310418	
(B) Other	2b(5)(B)	267589983	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		308900401

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		296834177
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		13289857
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		135942680
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		29195446
c Other income	2c		1247879
d Total income. Add all **income** amounts in column (b) and enter total	2d		1201034522
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	364199483	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		364199483
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	7754569	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	664859	
(4) IQPA audit fees	2i(4)	495859	
(5) Investment advisory and investment management fees	2i(5)	37088221	
(6) Bank or trust company trustee/custodial fees	2i(6)	194967	
(7) Actuarial fees	2i(7)	299868	
(8) Legal fees	2i(8)	585340	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	198331	
(11) Other expenses	2i(11)	9235706	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		56517720
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		420717203
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		780317319
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, PC **(2)** EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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		2118746023
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	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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			

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 544884.

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
SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS

D Employer Identification Number (EIN)
95-2110997

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 59

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 CORPORATE MANAGEMENT SOLUTIONS, INC.

b EIN 37-1425813 **c** Dollar amount contributed by employer 16075646

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

a Name of contributing employer CMC/FORECAST INC.

b EIN 36-4042591 **c** Dollar amount contributed by employer 12378495

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

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

b EIN 84-0850631 **c** Dollar amount contributed by employer 12288183

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer NBC UNIVERSAL

b EIN 27-3526824 **c** Dollar amount contributed by employer 12029470

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer UNIVERSAL TELEVISION, LLC

b EIN 41-2040219 **c** Dollar amount contributed by employer 11333206

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 CBS STUDIOS, INC.

b EIN 20-3656897 **c** Dollar amount contributed by employer 8656356

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer SAG-AFTRA

b EIN 41-2040219 **c** Dollar amount contributed by employer 7871800

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

a Name of contributing employer NETFLIX PRODUCTIONS LLC

b EIN 77-0467272 **c** Dollar amount contributed by employer 7633341

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer WARNER BROS. TELEVISION

b EIN 13-3666692 **c** Dollar amount contributed by employer 7278406

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer ABC STUDIOS

b EIN 95-4771596 **c** Dollar amount contributed by employer 6710706

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	0
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	0
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	0

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 52.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 15.00 %
High-Yield Debt: 3.00 % Real Assets: 6.00 % Cash or Cash Equivalents: 0.00 % Other: 24.00 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
[ ] 0-5 years [X] 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 [X] 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

[X] N/A

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

SAG·Producers
PENSION PLAN

Screen Actors Guild - Producers Pension Plan
Financial Statements
December 31, 2025 and 2024
With Independent Auditor's Report

withum
ADVISORY TAX AUDIT

Screen Actors Guild - Producers Pension Plan
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December 31, 2025 and 2024

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Independent Auditor's Report

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

Opinion

We have audited the financial statements of the Screen Actors Guild - Producers Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Screen Actors Guild - Producers Pension Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Withum Smith + Brown, PC

October 12, 2026

27-B

Screen Actors Guild - Producers Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value		
Investments	$ 5,982,260,285	$ 5,200,663,194
SAG-Producers Pension Plan 457 deferred Compensation plan	2,153,775	1,902,457
Total investments - at fair value	5,984,414,060	5,202,565,651
Receivables		
Employers' contributions	19,919,149	21,741,823
Accrued interest and dividends	4,691,483	3,884,031
Receivable for sale of securities	13,255,805	3,092,637
Receivable from SAG-AFTRA Health Plan	9,400,748	7,999,685
Receivable from SAG-AFTRA Producers Industry Advancement and Cooperative Fund	-	122,674
Receivable from Business Arts Plaza Inc.	13,445	6,524
Total receivables	47,280,630	36,847,374
Cash	12,047,364	14,141,946
Fixed assets - net of accumulated depreciation and amortization	8,113,457	5,619,969
Prepaid expenses	563,557	1,018,516
Operating lease - right-of-use assets	28,391,444	2,482,510
Total assets	6,080,810,512	5,262,675,966
Liabilities		
Accounts payable and accrued expenses	8,480,941	6,515,299
Payable for purchase of securities	14,015,770	4,248,471
Operating lease - liability	28,391,444	2,577,879
Due to SAG-AFTRA Producers Industry Advancement and Cooperative Fund	19,403	-
Due to SAG-Producers Pension Plan 457 Deferred compensation plan	2,153,775	1,902,457
Total liabilities	53,061,333	15,244,106
Net assets available for benefits	$ 6,027,749,179	$ 5,247,431,860

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

Screen Actors Guild - Producers Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 765,011,091	$ 477,277,262
Interest and dividends	78,346,509	71,313,778
Net income from income-producing property	4,369,268	4,494,932
Total investment income	847,726,868	553,085,972
Investment expenses	(36,775,221)	(32,499,976)
Net investment income	810,951,647	520,585,996
Employers' contributions	352,059,775	354,544,649
Withdrawal liability income	-	210,000
Other income	1,247,879	83,909
Total additions, net	1,164,259,301	875,424,554
Deductions		
Benefit payments		
Pension benefits	359,581,218	349,110,406
Death benefits	4,618,265	3,179,416
Total benefit payments	364,199,483	352,289,822
General and administrative expenses	19,742,499	18,427,210
Total deductions	383,941,982	370,717,032
Net change	780,317,319	504,707,522
Net assets available for benefits		
Beginning of year	5,247,431,860	4,742,724,338
End of year	$ 6,027,749,179	$ 5,247,431,860

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

1. Plan Description and Funding

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

General

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

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

Participation

Participants earn one pension credit for each year worked in covered employment, subject to certain restrictions. Pension credits are units that measure the amount of time participants have worked in employment covered by the Plan. An annual pension credit is based on earnings credit in covered employment. For the years ended December 31, 2025 and 2024, the minimum earnings required to earn a pension credit was $20,000. Some participants may earn pension credits at a lower earnings' threshold for prior service, for military service or under the alternative program. Under the alternative program, days of employment required for one pension credit is 70 days in a calendar year. Participants become vested upon accumulation of ten pension credits or upon accumulation of five pension credits by or after age 65 without a permanent break in service and meeting an activity test. Some participants become eligible under special rules when they attain retirement age.

Plan Benefits and Vesting

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

Employers' Contributions

The Boards of Trustees of the Plan, the SAG-AFTRA Health Plan (the “Health Plan”) and the SAG-AFTRA Producers Industry Advancement and Cooperative Fund (the “IACF”), have authorized the allocation of contributions received from producers amongst the Plan, the Health Plan and the IACF pursuant to provisions of collective bargaining agreements with SAG-AFTRA. The Plan is funded by contributions from producers at rates applied to the actors' compensation as specified under the collective bargaining agreements. Generally, the producers are required to submit contributions to the Plan within 30 days from the date that the performers are paid. Contributions to the Plan for the years ended December 31, 2025 and 2024 exceeded the minimum funding requirement under ERISA.

2. Summary of Significant Accounting Policies

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

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

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

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

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

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

Actuarial Present Value of Accumulated Plan Benefits

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

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

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

Benefits
Benefits are recognized when paid.

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

During the year ended December 31, 2025, no new withdrawal liability was assessed against employers. During the year ended December 31, 2024, the Plan assessed withdrawal liability against certain employers. There were no changes to the withdrawal liability assessment or the related allowance for credit losses during the year ended December 31, 2025. The Plan’s independent actuary made a computation of the resulting withdrawal liability assessment, which represents the employer’s share of the Plan’s unfunded obligations. These amounts are reduced by an allowance for credit losses that reflects management's best estimate of the amounts that will not be collected. Factors which influence management’s judgement in determining the appropriate allowance for credit losses include past collection experience, industry standards, current economic conditions, and expected future economic conditions. As of December 31, 2025 and 2024, the allowance for credit losses was $1,477,584.

Employers' Contributions Receivable
The Plan reports as employers' contributions receivable any amounts received by the Plan during the 90-day period subsequent to the fiscal year-end date which relates to performances on or before December 31 of the respective years and an estimate based on delinquent accounts. The carrying amount of employers’ contributions receivables is reduced by an allowance for credit losses that reflects management’s best estimate of the amounts that will not be collected. Factors which influence management’s judgement in determining the appropriate allowance for credit losses include past collection experience, industry standards, current economic conditions, and expected future economic conditions. As of December 31, 2025 and 2024, the allowance for credit losses was $0.

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

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

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

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

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

Leases
The Plan recognizes a lease liability and a right-of-use asset on the statements of net assets available for benefits for all operating leases with contractual terms longer than 12 months. Finance leases are generally those leases that allow the Plan to substantially utilize or pay for the entire asset over its useful life. All other leases are categorized as operating leases. Operating leases with contractual terms of 12 months or less are not recognized on the statements of net assets available for benefits. The Plan has no financing leases at December 31, 2025 or 2024.

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

Lease liabilities are recognized at the present value of the fixed lease payments, reduced by landlord incentives, using a risk-free rate as the discount rate. The weighted average remaining lease term at December 31, 2025 and 2024 was 11.20 years and 1.25 years, respectively. The weighted average discount rate at December 31, 2025 and 2024 was 4.28% and 3.55%, respectively. Right-of-use assets are recognized based on the initial present value of the fixed lease payments, reduced by landlord incentives, plus any direct costs from executing the leases. Leased assets are tested for impairment in the same manner as long-lived assets used in operations. There were no indicators of impairment during the years ended December 31, 2025 and 2024.

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

Subsequent Events
In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2025 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 12 2026, the date that the financial statements were available to be issued, and management is not aware of any event, other than the matter described below, that would require recognition or disclosure.

On or before March 26, 2026, the Board of Trustees of the Plan, the Health Plan, and the AFTRA Retirement Plan (the “ARF”) approved the consolidation of the administration of the ARF into the administration of the Plan and the Health Plan. Effective April 1, 2026, the fund office of the Plan and the Health Plan was granted the responsibility and authority for providing the administrative services necessary and desirable to administer the ARF. The administrative consolidation affects plan administration only and did not result in a merger of plan assets or any change to participant benefits.

3. Actuarial Present Value of Accumulated Benefits

Actuarial present value of accumulated plan benefits as of December 31, 2024:

Vested benefits	
Participants currently receiving benefits	$ 2,948,871,876
Other participants	3,546,060,955
	6,494,932,831
Nonvested benefits	100,234,566
Present value of administrative expenses	
Vested participants	245,264,606
Nonvested participants	3,785,103
	249,049,709
Total actuarial present value of accumulated plan benefits at December 31, 2024	$ 6,844,217,106

Changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2024 consisted of the following:

Actuarial present value of accumulated plan benefits at January 1, 2024	$ 6,600,216,110
Benefits accumulated and actuarial (gains)/losses	149,640,852
Benefits and administrative expenses paid	(370,717,032)
Interest	465,077,176
Total actuarial present value of accumulated plan benefits at December 31, 2024	$ 6,844,217,106

The actuarial present value of accumulated plan benefits was determined by the Plan's consulting actuary, Horizon Actuarial Services, LLC, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawals, or retirement) between the valuation date and the expected date of payment. Following is a listing of significant actuarial assumptions used in the valuation as of December 31, 2024:

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

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

- Assumed net investment return of 7.25% per year, compounded annually, net of investment expense.
- Administrative expenses - $18,750,000.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of actuarial present value of accumulated plan benefits was made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences.

Since the prior valuation, the operating expense assumption was raised from $18.00 million to $18.75 million. There have been no other assumption changes since the prior valuation.

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

4. Fair Value Measurements

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

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

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

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

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

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

- *Registered investment companies* are valued at the closing price reported in the active market in which the funds are traded.

- *Corporate bonds, asset backed securities, and U.S. and other government securities* are valued by pricing services based on yields currently available on comparable issues with similar credit ratings and broker quotes from dealers who are market makers in these investments.

- *Real estate* consists of an investment in real property, BAPI, and is stated at estimated fair value as determined by an independent appraisal.

- Certain *short-term investments* are recorded at cost, which equals fair value. Other short-term investments represent the Plan's derivative positions which are valued at closing quoted market prices in active markets in which the securities are traded.

- Except for one real estate investment fund*, private and real estate investment funds* are carried at the net asset value ("NAV"), or its equivalent, of the shares or interest held by the Plan at year end, which is based on the fair value of the underlying securities and bonds. The NAV, as provided by the investment advisor, is used as a practical expedient to estimate fair value.

- *One real estate investment fund* is carried at the offering price NAV, which represents the share price at which shares may be subscribed.

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period. For the years ended December 31, 2025 and 2024, there were no transfers in or out of Level 3.

As of December 31, 2025 and 2024 assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	2025			
	Level 1	**Level 2**	**Level 3**	**Total Fair Value**
Corporate bonds	$ -	$ 123,196,972	$ -	$ 123,196,972
Asset backed securities	-	66,257,121	-	66,257,121
U.S. and other government securities	-	156,584,675	-	156,584,675
Registered investment companies	78,805,858	-	-	78,805,858
Real estate	-	-	65,336,479	65,336,479
Short-term investments	-	115,749,441	-	115,749,441
Total investments in the fair value hierarchy	78,805,858	461,788,209	65,336,479	605,930,546
Investments measured at net asset value	-	-	-	5,378,483,514
Total investments at fair value	$ 78,805,858	$ 461,788,209	$ 65,336,479	$ 5,984,414,060

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

Included in registered investment companies at December 31, 2025 and 2024 is $2,153,775 and $1,902,457, respectively, of investments related to the SAG-Producers Pension Plan 457 Deferred Compensation Plan sponsored by the Plan. This amount is reported on the statements of net assets available for benefits as investments at fair value and as a corresponding liability due to SAG-Producers Pension Plan 457 Deferred Compensation Plan.

The tables below represent reconciliations for the years ended December 31, 2025 and 2024 of assets measured at fair value on a recurring basis using Level 3 inputs:

	2025	**2024**
Balance at beginning of year	$ 63,318,466	$ 64,275,510
Unrealized gains (losses)	2,018,013	(957,044)

	2025	2024
Balance at end of year	$ 65,336,479	$ 63,318,466

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

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

The following table represents the Plan's Level 3 investment, the valuation techniques used to measure the fair value of the investment, and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2025 and 2024:

	2025			
	Fair Value	**Principal Valuation Technique**	**Unobservable Inputs**	**Significant Input Values**
Real estate	$ 65,336,479	Income capitalization approach	DCF $/SF (NRA)	$398/SF
			Holding period	10 years
			Terminal capitalization rate	7.25%
			Internal rate of return	8.75%

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

The fair values of the following investments as of December 31, 2025 and 2024 have been determined using the net asset value per unit of the investment:

	2025		2024			
	Fair Value	**Unfunded Commitments**	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice Period**
US Equity Managers (a)	$1,031,344,168	$ -	$ 976,094,990	$ -	Daily	None
Global Equity Managers (b)	982,051,226	-	924,462,256	-	Daily	None
International Equity Managers (c)	592,615,729	-	459,775,080	-	Daily/Monthly	30 Days
Emerging Markets Equity Managers (d)	342,020,750	-	252,818,760	-	Daily/Monthly	5 Days
Fixed Income Managers (e)	541,520,138	-	443,788,197	-	Daily/Monthly/Quartley	45 to 60 Days
Real Estate Managers (f)	766,447,457	8,047,209	740,910,266	8,047,209	Quarterly/Upon Liquidation	45 to 90 Days/Upon Liquidation

	2025		2024			
	Fair Value	Unfunded Commitments	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Global Macro Managers (g)	293,997,167	-	237,563,417	-	Weekly/Monthly	3 to 5 Days
Long Term Government Bond (h)	117,316,873	-	82,613,254	-	Daily	None
Private Debt Managers (i)	307,102,818	253,670,016	321,485,534	2,023,437	Upon Liquidation	Upon Liquidation
Private Equity (j)	373,670,780	230,563,971	286,828,223	230,563,971	Upon Liquidation	Upon Liquidation
Natural Resources & Infrastructure (k)	30,396,408	31,083,594	19,012,177	31,083,594	Upon Liquidation	Upon Liquidation
	$5,378,483,514	$ 523,364,790	$4,745,352,154	$ 271,718,211		

a. This fund strives to approximate the risk and return characterized by the S&P 500 index.
b. These funds aim to seek maximum long term capital growth by investing primarily in equity securities and publicly traded corporate equities of non-U.S. companies across a broad capitalization range.
c. These funds aim to achieve long term capital appreciation by investing in equity securities and common stock, of small and mid-sized companies located outside of the United States, including emerging markets.
d. These funds strive to achieve long-term capital appreciation by investing primarily in equity and equity-related securities of issuers that are located, or do significant business, in emerging markets countries.
e. These funds aim to achieve interest income and long term capital appreciation by investing in U.S. fixed income instruments and non-U.S. developed and emerging markets sovereign debt securities, high yield fixed income corporate securities, domestic corporate preferred stock and preferred-like fixed income securities.
f. These funds invest in U.S. real estate, properties and related real estate across European markets, infrastructure-related assets located primarily in U.S., Canada, Western Europe and Australia and real estate investments either directly owned or through partnership interest on income-producing real estate.
g. These funds aim to achieve substantial capital appreciation in a wide range of asset classes using proprietary investment systems developed by the investment manager.
h. This fund aims to hold a portfolio representative of the long-term government securities sector of the United States bond and debt market.
i. These funds invest primarily in debt and equity securities to offer an opportunity for growth and provide an attractive risk return profile. These investments are across various sectors.
j. These funds generally invest in private equity and equity related investments in established, mature companies or business units to achieve substantial capital appreciation. These investments are across various sectors.
k. These funds invest primarily in the natural resources and infrastructure sectors.

5. Derivatives

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

At December 31, 2025 and 2024 the volume of the Plan's derivative activities based on their notional amounts and number of contracts, categorized by primary underlying risk, are as follows:

2025			
	Number of Contracts	**Maturity Date**	**Notional Amount**
Equity Index Future			
S&P500 Future	183	Mar-2026	$ 63,066,375
Currency Futures			
S&P500 Future	38	Mar-2026	2,778,560
International Equity Index Futures			
MSCI Emg Mkt Future	150	Mar-2026	10,585,500
MSCI EAFE Future	166	Mar-2026	24,087,430
S&P/TSX 60 IX Future	11	Mar-2026	4,096,180
Fixed Income Futures			
Future U.S. Treasury Note 5 year	44	Mar-2026	4,809,406
Future U.S. Treasury Note 2 year	25	Mar-2026	5,219,727
Future U.S. Treasury Note 10 year	19	Mar-2026	2,136,313
Future U.S. Treasury Long bond	22	Mar-2026	2,543,063
Future U.S. Treasury Ultra Note 10 year	15	Mar-2026	1,725,234
Future U.S. Treasury Ultra Bond	12	Mar-2026	1,416,000
Total Fixed Income Futures			17,849,743
			$ 122,463,788

2024			
	Number of Contracts	**Maturity Date**	**Notional Amount**
International Equity Index Futures			
MSCI EAFE Future	418	Mar-2025	$ 47,390,750
Fixed Income Futures			
Future U.S. Treasury Note 5 year	44	Mar-2025	14,988,961
Future U.S. Treasury Note 2 year	25	Mar-2025	15,215,094
Future U.S. Treasury Note 10 year	19	Mar-2025	6,742,500
Future U.S. Treasury Long bond	22	Mar-2025	6,261,406
Future U.S. Treasury Ultra Note 10 year	15	Mar-2025	5,343,000
Future U.S. Treasury Ultra Bond	12	Mar-2025	5,112,969
Total Fixed Income Futures			53,663,930
			$ 101,054,680

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

As of December 31, 2025, the fair value of futures contracts in the statements of net assets available for benefits is ($342,274) and is included in short term investments in the fair value hierarchy table. During the year ended December 31, 2025, the Plan recognized net appreciation in the fair value of futures contracts of $20,775,035, which is included in net appreciation in fair value of investments on the statements of changes in net assets available for benefits.

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

6. Fixed Assets

At December 31, 2025 and 2024 fixed assets comprised the following:

	2025	2024
Office furniture	$ 205,375	$ 15,707
Office equipment	-	33,641
Computer equipment, software and licenses	25,138,100	27,683,083
Leasehold improvements	1,108,965	737,599
Projects in progress	4,018,258	1,600,290
	30,470,698	30,070,320
Less: Accumulated depreciation and amortization	(22,357,241)	(24,450,351)
	$ 8,113,457	$ 5,619,969

Total depreciation and asset retirements expense of $867,245 and $867,642 is included in general and administrative expenses on the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, respectively.

7. Related Party Transactions

During 2025 and 2024, the Plan provided administrative services to the Health Plan, IACF and BAPI.

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

As of December 31, 2025 and 2024 the Plan's receivable from and payable to related parties were as follows:

	2025	2024
Receivable due to related parties		
Health Plan	$ 9,400,748	$ 7,999,685
IACF	-	122,674
BAPI	13,445	6,524
	$ 9,414,193	$ 8,128,883

	2025	2024
Payable due to related parties		
IACF	$ 19,403	$ -
	$ 19,403	$ -

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

The following table summarizes these charges for the years ended December 31, 2025 and 2024 and the allocation to the Plan, Health Plan and IACF:

	2025			
	Pension Plan	**Health Plan**	**IACF**	**Total**
Salaries and related expenses	$ 8,167,340	$ 13,693,720	$ 421,292	$ 22,282,352
Rent expense	902,605	1,994,326	29,234	2,926,165
Other administrative expenses	9,805,309	12,299,548	537,052	22,641,909
	$ 18,875,254	$ 27,987,594	$ 987,578	$ 47,850,426

	2024			
	Pension Plan	**Health Plan**	**IACF**	**Total**
Salaries and related expenses	$ 7,459,148	$ 14,392,112	$ 316,616	$ 22,167,876
Rent expense	743,963	2,088,817	28,614	2,861,394
Other administrative expenses	9,356,406	12,894,322	1,177,416	23,428,144
	$ 17,559,517	$ 29,375,251	$ 1,522,646	$ 48,457,414

The cost of certain fixed assets acquired is allocated to the Plan, Health Plan, and IACF. For the years ended December 31, 2025 and 2024, the cost that was allocated to the Plan was $2,290,279 and $855,610, respectively.

8. Leasing Activities

BAPI is the lessor of an office building. The leases are non-cancelable and expire on various dates through 2029. Net income from income-producing property of $4,369,268 and $4,494,932 is presented net of BAPI operating expenses for the years ended December 31, 2025 and 2024, respectively

Financial Information, at fair value, of BAPI as for and for the year ended December 31, 2025 and 2024:

	2025	**2024**
Assets	$ 66,285,257	$ 64,147,468
Liabilities	$ 948,778	$ 829,002
Net income from income-producing property	$ 4,369,268	$ 4,494,932

The Plan has a non-cancelable lease for office space from BAPI that was set to expire on December 31, 2025. During 2025, the lease was extended through March 1, 2037. The Plan recognized lease expense, prior to allocation of expenses to related parties (Note 7).

The following is a maturity analysis of the annual undiscounted cash flows of the operating lease liabilities for the years subsequent to December 31, 2025:

2026	$ 2,240,770
2027	2,962,289
2028	3,040,694
2029	3,114,966
2030	3,158,205
Thereafter	21,739,153
Total future annual payments	36,256,077
Less: Imputed interest	(7,864,633)
Total lease liability	$ 28,391,444

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

2026	$ 6,384,088
2027	3,888,150
2028	3,277,516
2029	3,375,788
2030	3,151,399
Thereafter	20,196,397
Total	$ 40,273,278

Total lease expense for operating leases was $2,350,656 and $2,242,363 for the years ended December 31, 2025 and 2024, respectively. The portion of lease expense allocated to the Plan for operating leases was $932,927 and $769,475 for the years ended December 31, 2025 and 2024, respectively, and is included in general and administrative expenses on the statements of changes in net assets available for benefits. Because BAPI is reflected in these financial statements as an investment and not consolidated, these amounts were not eliminated in consolidation.

9. Risks and Uncertainties

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

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

The Plan has significant cash balances at financial institutions, which throughout the year regularly exceed the federally insured limit of $250,000. As of December 31, 2025, the Plan has cash balances at financial institutions totaling $14,493,965 that exceed the federally insured limit. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan’s net assets available for benefits and changes in net assets available for benefits.

10. Tax Status

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

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

Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there have been no tax related interest or penalties for the periods presented in these financial statements.

11. Plan Termination

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

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

Supplementary Information

withum
ADVISORY TAX AUDIT

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

Independent Auditor's Report

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

We have audited the financial statements of the Screen Actors Guild - Producers Pension Plan as of and for the year ended December 31, 2025, and have issued our report thereon dated October 12, 2026, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole.

The accompanying supplementals Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4j - Schedule of Reportable Transactions 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 the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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 auditing standards generally accepted in the United States of America.

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

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

WithumSmith+Brown, PC

October 12, 2026

Screen Actors Guild - Producers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2110997, Plan #001
December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value Description	Rate of Interest	Maturity Date	(d) Cost	(e) Current Value
	Interest-Bearing Cash					
	CASH AND SHORT-TERM INVESTMENTS HELD AT INVESTMENT MANAGERS	STIF	N/A	N/A	$ 7,228,425	$ 7,230,778
	NT COLLECTIVE GOVT SHORT TERM INVT FD	STIF	N/A	N/A	108,598,353	108,518,663
					115,826,778	**115,749,441**
	Government Bonds					
	UNITED STATES OF AMER 3.5% 11-15-2028	Government Bonds	3.50%	11/15/2028	3,021,023	3,031,364
	UNITED STATES OF AMER TREAS BONDS 4.75% 08-15-2055	Government Bonds	4.75%	08/15/2055	4,992,970	4,966,881
	UNITED STATES OF AMER TREAS NOTES 3.375% 09-15-2028	Government Bonds	3.38%	09/15/2028	1,867,929	1,891,806
	UNITED STATES OF AMER TREAS NOTES 3.75% 04-15-2028	Government Bonds	3.75%	04/15/2028	2,696,203	2,720,822
	UNITED STATES OF AMER TREAS NOTES 4.125% 11-15-2027	Government Bonds	4.13%	11/15/2027	890,060	904,824
	UNITED STATES OF AMER TREAS NOTES 4.125% 02-15-2027	Government Bonds	4.13%	02/15/2027	7,537,267	7,686,812
	UNITED STATES OF AMER TREAS NOTES 4.25% 01-15-2028	Government Bonds	4.25%	01/15/2028	2,708,752	2,803,538
	UNITED STATES OF AMER TREAS NOTES 4.25% 02-15-2028	Government Bonds	4.25%	02/15/2028	927,044	948,964
	UNITED STATES OF AMER TREAS NOTES 4.25% 02-28-2029	Government Bonds	4.25%	02/28/2029	344,945	357,111
	UNITED STATES OF AMER TREAS NOTES 4.625% 04-30-2029	Government Bonds	4.63%	04/30/2029	298,852	312,208
	UNITED STATES TREAS 2.375% DUE 02-15-2042 REG	Government Bonds	2.38%	02/15/2042	848,962	845,145
	UNITED STATES TREAS BDS 4.625% 11-15-2045	Government Bonds	4.63%	11/15/2045	23,298,041	22,106,554
	UNITED STATES TREAS NTS 3.5% 12-15-2028	Government Bonds	3.50%	12/15/2028	4,188,527	4,193,978
	UNITED STATES TREAS NTS 3.75% 05-15-2028	Government Bonds	3.75%	05/15/2028	1,929,079	1,955,381
	UNITED STATES TREAS NTS 3.875% 07-15-2028	Government Bonds	3.88%	07/15/2028	4,773,613	4,902,071
	UNITED STATES TREAS NTS 3.875% 08-31-2032	Government Bonds	3.88%	08/31/2032	7,436,162	7,524,470
	UNITED STATES TREAS NTS 3.875% 09-30-2029	Government Bonds	3.88%	09/30/2029	1,950,371	1,987,282
	UNITED STATES TREAS NTS 4.0% 12-15-2027	Government Bonds	4.00%	12/15/2027	1,185,838	1,208,996
	UNITED STATES TREAS NTS 4.25% 08-15-2035	Government Bonds	4.25%	08/15/2035	3,118,957	3,174,725
	UNITED STATES TREAS NTS DTD 09/30/2025 3.625% 09-30-2030	Government Bonds	3.63%	09/30/2030	1,927,316	1,947,177
	US TREASURY N/B 3.875% 06-15-2028	Government Bonds	3.88%	06/15/2028	1,876,758	1,894,946
	US TREASURY N/B 4.25% 08-15-2054	Government Bonds	4.25%	08/15/2054	14,585,922	14,003,145
	UTD STATES TREAS 3.625% DUE 08-15-2028	Government Bonds	3.63%	08/15/2028	1,842,444	1,870,369
	UTD STATES TREAS 4.375% DUE 12-31-2029	Government Bonds	4.38%	12/31/2029	334,991	333,951
	FEDERAL HOME LN MTG CORP FHR 5575 FG FLTG 09-25-2055	Government Mortgage Backed Securities	VAR	09/25/2055	903,972	906,383
	FEDERAL HOME LN MTG CORP SER 5468 CL WF FLTG 11-25-2054	Government Mortgage Backed Securities	VAR	11/25/2054	430,342	430,932
	FEDERAL HOME LN MTG CORP SR 5530 CL FA FLTG 04-25-2055	Government Mortgage Backed Securities	VAR	04/25/2055	1,365,606	1,367,751
	FEDERAL HOME LOAN MORTGAGE CORP 4.5% 04-01-2055	Government Mortgage Backed Securities	4.50%	04/01/2055	5,294,113	5,535,775
	FNMA POOL #MA4978 5% 04-01-2053 BEO	Government Mortgage Backed Securities	5.00%	04/01/2053	5,561,766	5,713,927
	FNMA POOL #MA5107 5.5% 08-01-2053 BEO	Government Mortgage Backed Securities	5.50%	08/01/2053	5,137,970	5,209,240
	FNMA POOL #MA5215 5.5% 12-01-2053 BEO	Government Mortgage Backed Securities	5.50%	12/01/2053	3,199,457	3,276,968
	FNMA POOL #MA5530 5% 11-01-2054 BEO	Government Mortgage Backed Securities	5.00%	11/01/2054	7,946,190	8,160,909
	FNMA POOL #MA5553 5.5% 12-01-2054 BEO	Government Mortgage Backed Securities	5.50%	12/01/2054	4,959,259	5,088,330
	FNMA POOL #MA5611 4% 02-01-2055 BEO	Government Mortgage Backed Securities	4.00%	02/01/2055	566,013	589,387
	FNMA POOL #MA5643 4% 03-01-2055 BEO	Government Mortgage Backed Securities	4.00%	03/01/2055	727,430	745,031
	FNMA POOL #MA5697 4% 05-01-2055 BEO	Government Mortgage Backed Securities	4.00%	05/01/2055	6,072,036	6,344,607
	FNMA POOL #MA5735 5.5% 06-01-2055 BEO	Government Mortgage Backed Securities	5.50%	06/01/2055	3,390,742	3,453,829
	FNMA SER 25-103 CL DF FLTG 11-25-2055	Government Mortgage Backed Securities	VAR	11/25/2055	965,205	967,223
	UNITED STATES OF AMER TREAS BONDS 2.375% 02-15-2055	Index Linked Government Bonds	2.38%	02/15/2055	8,489,438	8,382,163
	UTD STATES TREAS 1.93588125% DUE 07-15-2035	Index Linked Government Bonds	1.94%	07/15/2035	6,852,727	6,839,700
					156,444,292	**156,584,675**
	Corporate Bonds					
	AMSR 2024-SFR2 TR 4.15% DUE 11-17-2041	Asset Backed Securities	4.15%	11/17/2041	162,663	168,465
	AMSR 2025-SFR1 TR 3.655% DUE 06-17-2042	Asset Backed Securities	3.66%	06/17/2042	463,123	479,558
	ARI FLEET LEASE TR 4.6% DUE 03-15-2034	Asset Backed Securities	4.60%	03/15/2034	299,967	304,742
	AVIS BUDGET RENT 4.4% DUE 02-20-2032	Asset Backed Securities	4.40%	02/20/2032	2,520,337	2,511,602
	AVIS BUDGET RENT 4.8% DUE 08-20-2029	Asset Backed Securities	4.80%	08/20/2029	740,109	752,855
	AVIS BUDGET RENT CAR FDG AESOP LLC 1.38% 08-20-2027	Asset Backed Securities	1.38%	08/20/2027	281,595	286,706
	BK OF AMER CR CARD FIXED 4.98% DUE 11-15-2028	Asset Backed Securities	4.98%	11/15/2028	499,933	506,302
	BMW VEHICLE LEASE TRUST SR 25-1 CL A3 4.43% 06-26-2028	Asset Backed Securities	4.43%	06/26/2028	399,991	403,777
	CARMAX AUTO OWNER TR SR 24-1 CL A3 4.92% 10-16-2028	Asset Backed Securities	4.92%	10/16/2028	447,386	451,867
	CARMAX SELECT RECEIVABLES TR 2025-B SER 25-B CL A3 4.12% 03-15-2030	Asset Backed Securities	4.12%	03/15/2030	199,962	200,876
	CARVANA AUTO 4.04% DUE 11-11-2030	Asset Backed Securities	4.04%	11/11/2030	199,992	201,008
	CYRUSONE DATA CTRS ISSUER I LLC SECD DATA CTR REV TERM NT 4.3% 04-20-2048	Asset Backed Securities	4.30%	04/20/2048	95,125	98,743
	ENTERPRISE FLEET 4.82% DUE 02-20-2029	Asset Backed Securities	4.82%	02/20/2029	199,993	203,712
	ENTERPRISE FLEET FINANCING 2025-2 L AST BACKED NT CL A-3 144A 4.59 12-20-2029	Asset Backed Securities	4.59%	12/20/2029	499,990	502,948
	FORD CR FLOORPLAN MASTER OWNER TR SR 25-1 CL A1 4.63% 04-15-2030	Asset Backed Securities	4.63%	04/15/2030	299,928	305,664
	FORD CREDIT FLOORPLAN MASTER OWNER SR 25-2 CL A1 4.06% 09-15-2030	Asset Backed Securities	4.06%	09/15/2030	599,927	603,043
	GM FINL SECURITIZED TERM AUTO SR 25-1 CL A3 4.62% 12-17-2029	Asset Backed Securities	4.62%	12/17/2029	299,978	303,675
	GMF FLOORPLAN 5.34% DUE 06-15-2028	Asset Backed Securities	5.34%	06/15/2028	701,641	705,852
	HERTZ VEH FING III 5.06% DUE 12-26-2029	Asset Backed Securities	5.06%	12/26/2029	1,762,589	1,783,914
	HERTZ VEH FING III 5.41% DUE 12-25-2031	Asset Backed Securities	5.41%	12/25/2031	1,114,769	1,146,958
	HYUNDAI AUTO 4.36% DUE 12-17-2029	Asset Backed Securities	4.36%	12/17/2029	699,937	708,114
	HYUNDAI FLOORPLAN 4.01% DUE 10-15-2030	Asset Backed Securities	4.01%	10/15/2030	599,927	602,512
	J P MORGAN MTG TR FLTG RT 2% DUE 04-25-2052	Asset Backed Securities	2.00%	04/25/2052	372,136	390,319
	KUBOTA CR OWNER TR 4.42% DUE 09-17-2029	Asset Backed Securities	4.42%	09/17/2029	500,000	506,073
	NAVISTAR FINL 4.18% DUE 09-25-2030	Asset Backed Securities	4.18%	09/25/2030	299,991	301,420
	NISSAN MASTER 5.05% DUE 02-15-2029	Asset Backed Securities	5.05%	02/15/2029	499,967	507,107
	ONEMAIN DIRECT 4.65% DUE 03-14-2029	Asset Backed Securities	4.65%	03/14/2029	94,685	96,586
	ONEMAIN FINL 4.82% DUE 07-14-2038	Asset Backed Securities	4.82%	07/14/2038	399,958	405,478
	PFS FING CORP 4.4% DUE 08-15-2030	Asset Backed Securities	4.40%	08/15/2030	499,883	505,983
	PORSCHE FINL AUTO 5.79% DUE 01-22-2029	Asset Backed Securities	5.79%	01/22/2029	302,700	301,520
	PROGRESS RESDNTL 3.39% DUE 07-17-2042	Asset Backed Securities	3.39%	07/17/2042	504,845	521,374
	PROGRESS RESDNTL 3.85% DUE 10-17-2042	Asset Backed Securities	3.85%	10/17/2042	1,153,060	1,157,481
	PVTPL AMSR TRUST SR 25-SFR2 CL A 4.275% 11-17-2030	Asset Backed Securities	4.28%	11/17/2030	344,538	346,427
	PVTPL ARI FLEET LEASE TR SR 25-A CL A3 4.46% 01-17-2034	Asset Backed Securities	4.46%	01/17/2034	299,978	303,801
	PVTPL AVIS BUDGET RENT CAR FDG AESOP LLC SR 25-2A CL A 5.12% 08-20-2031	Asset Backed Securities	5.12%	08/20/2031	1,559,731	1,591,821
	PVTPL AVIS BUDGET RENTAL CAR FNDG AESOP 5.36% 06-20-2030	Asset Backed Securities	5.36%	06/20/2030	265,098	268,627
	PVTPL AVIS BUDGET RENTAL CAR FNDG AESOP SER 23-4A CL A 5.34% DUE 06-20-2029	Asset Backed Securities	5.34%	06/20/2029	362,350	364,631
	PVTPL AVIS BUDGET RENTAL CAR FNDG AESOP SER 24-3A CL A 5.23% 12-20-2030	Asset Backed Securities	5.23%	12/20/2030	297,850	299,629
	PVTPL BRIDGE TRUST SER 25-SFR1 CL A 4.05% 09-17-2042	Asset Backed Securities	4.05%	09/17/2042	1,095,413	1,107,678
	PVTPL DI ISSUER LLC SER 25-1A CL A2 5.31% DUE 12-15-2055	Asset Backed Securities	5.31%	12/15/2055	299,924	301,924
	PVTPL ENTERPRISE FLEET FINANCING LLC SR 25-2 CL A3 4.41% 06-20-2029	Asset Backed Securities	4.41%	06/20/2029	499,970	505,947
	PVTPL ENTERPRISE FLEET FINANCING LLC SR 25-3 CL A3 4.46% 09-20-2029	Asset Backed Securities	4.46%	09/20/2029	299,973	304,230
	PVTPL GREAT AMERICA LEASING RECEIVABLES SER 25-1 CL A3 4.49% 04-16-2029	Asset Backed Securities	4.49%	04/16/2029	199,980	202,791
	PVTPL GREATAMERICA LEASING RECEIVABLES FDG L L SER 24-1 CL A4 5.08% 12-16-2030	Asset Backed Securities	5.08%	12/16/2030	557,520	561,747
	PVTPL HERTZ VEHICLE FINANCING LLC 5.13% 09-25-2031	Asset Backed Securities	5.13%	09/25/2031	1,004,107	1,022,499
	PVTPL HERTZ VEHICLE FINANCING LLC SR 25-1A CL A 4.91% 09-25-2029	Asset Backed Securities	4.91%	09/25/2029	1,449,194	1,468,326
	PVTPL HERTZ VEHICLE FINANCING LLC SR 25-5A CL A 4.62% 05-25-2030	Asset Backed Securities	4.62%	05/25/2030	583,709	585,784
	PVTPL HOME PARTNERS OF AMERICA TRUST SR 21-2 CL A 1.901% 12-17-2026	Asset Backed Securities	1.90%	12/17/2026	421,710	428,130
	PVTPL MMAF EQUIPMENT FINANCE LLC SR 24-ACL A3 4.95% 07-14-2031	Asset Backed Securities	4.95%	07/14/2031	399,927	407,536
	PVTPL PFS FING CORP 2024-F ASSET BACKED CTF CL A 144A 4.75% DUE 08-15-2029 BEO	Asset Backed Securities	4.75%	08/15/2029	699,928	709,541
	PVTPL PORSCHE INNOVATIVE LEASE OWNER TR SR 25-1A CL A3 4.61% 10-20-2028	Asset Backed Securities	4.61%	10/20/2028	399,957	405,140
	PVTPL PROGRESS RESIDENTIAL TRUST SR 25-SFR4 CL A 4.3% 08-19-2042	Asset Backed Securities	4.30%	08/19/2042	764,827	779,377
	PVTPL SFS AUTO RECEIVABLES SECURITIZATION SER 25-1A CL A3 4.75% 07-22-2030	Asset Backed Securities	4.75%	07/22/2030	699,890	708,502
	PVTPL STANWICH MTG LN TR SER 2010-2 CL A144A VAR RT DUE 02-28-2057 BEO	Asset Backed Securities	VAR	02/28/2057	3,246	3,380
	PVTPL T-MOBILE US TRUST SR 24-2A CL A 4.76% 05-15-2029	Asset Backed Securities	4.76%	05/15/2029	299,943	301,828
	PVTPL TOYOTA LEASE OWNER TRUST SER 25-B CL A4 3.97% 01-22-2030	Asset Backed Securities	3.97%	01/22/2030	699,964	701,908
	PVTPL TRICON RESIDENTIAL 2025-SFR2 TR 5.2% DUE 08-09-2044	Asset Backed Securities	5.20%	08/09/2044	412,923	410,245
**	PVTPL TRICON RESIDENTIAL SER 25-SFR1 CL A FLTG 03-17-2042	Asset Backed Securities	VAR	03/17/2042	(909,406)	(911,360)
	PVTPL WESTLAKE AUTOMOBILE RECEIVABLES TR SR 25-P1 CL A3 4.58% 06-15-2029	Asset Backed Securities	4.58%	06/15/2029	399,947	404,534
	PVTPL WHEELS FLEET LEASE FUNDING 1 LLC SR 25-3A CL A1 0.0% 09-18-2040	Asset Backed Securities	0.00%	09/18/2040	599,943	602,550

Screen Actors Guild - Producers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2110997, Plan #001
December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value Description	Rate of Interest	Maturity Date	(d) Cost	(e) Current Value
	PVTPL WHEELS FLEET LEASE FUNDING LLC SER 25-2A CL A1 0.0% 05-18-2040	Asset Backed Securities	0.00%	05/18/2040	399,948	403,858
	SANTANDER DR AUTO 5.78% DUE 07-16-2029	Asset Backed Securities	5.78%	07/16/2029	199,991	202,926
	USB AUTO OWNER TR 2025-1 NT CL A-3 144A 4.49% 06-17-2030	Asset Backed Securities	4.49%	06/17/2030	399,928	404,108
	VB-S1 ISSUER LLC 0% DUE 05-15-2054	Asset Backed Securities	0.00%	05/15/2054	396,954	404,218
	WORLD OMNI SLECT 4.39% DUE 08-15-2031	Asset Backed Securities	4.39%	08/15/2031	299,966	300,952
	AMSR 2024-SFR1 TR SR 24-SFR1 CL A 4.29% 07-17-2041	Commercial Mortgage-Backed	4.29%	07/17/2041	219,661	229,694
	BANK 2024-BNK47 MTG PASS THRU CTF CL A-55.716% 06-15-2057	Commercial Mortgage-Backed	55.72%	06/15/2057	388,828	400,274
	BANK 2025-BNK49 5.623% DUE 03-15-2058	Commercial Mortgage-Backed	5.62%	03/15/2058	570,699	589,768
	BBCMS MTG TR 5.829% DUE 05-15-2057	Commercial Mortgage-Backed	5.83%	05/15/2057	646,544	667,899
	BENCHMARK 2025-V17 5.0746% DUE 09-15-2058	Commercial Mortgage-Backed	5.07%	09/15/2058	623,150	622,957
	BENCHMARK 2025-V18 MTG TR COML MTG PASSTHRU CTF CL 5.18365% 10-15-2058	Commercial Mortgage-Backed	5.18%	10/15/2058	520,150	522,694
	BHMS COML MTG TR 2025-ATLS MTG PASS THRUCTF CL A 144A 5.47539% 08-15-2042	Commercial Mortgage-Backed	5.48%	08/15/2042	200,000	201,281
	BMO 2024-C9 MTG TR MTG PASSTHRU CTF CL A-5 5.7592% 07-15-2057	Commercial Mortgage-Backed	5.76%	07/15/2057	436,750	448,228
	BMO 2025-5C12 MTG 5.18% DUE 10-15-2058	Commercial Mortgage-Backed	5.18%	10/15/2058	345,049	345,639
	BMO 2025-C12 MTG 5.87058% DUE 06-15-2058	Commercial Mortgage-Backed	5.87%	06/15/2058	422,300	441,690
	BSPRT 2024-FL11 ISSUER LLC SR SECD NT CLA 144A 5.26339% 07-15-2039	Commercial Mortgage-Backed	5.26%	07/15/2039	299,243	300,970
	BX COML MTG TR 2024-XL5 5.31662% 03-15-2041	Commercial Mortgage-Backed	5.32%	03/15/2041	139,650	140,489
	BX TR 2024-BIO MTG PASSTHRU CTF CL A 144A 5.26739% 02-15-2041	Commercial Mortgage-Backed	5.27%	02/15/2041	299,250	300,113
	BX TR 2025-VLT7 5.32539% 07-15-2044	Commercial Mortgage-Backed	5.33%	07/15/2044	350,000	351,443
	BX TRUST SER 25-VLT6 CL A FLTG 03-15-2030	Commercial Mortgage-Backed	VAR	03/15/2030	399,000	400,483
	CMO BANK 2024-BNK48 SR 24-BNK48 CL AS 5.053% 09-15-2034	Commercial Mortgage-Backed	5.05%	09/15/2034	163,659	168,762
	CMO BARCLAYS COMMERCIAL MORTGAGE SEC SR 25-5C37 CL A3 5.015% DUE 09-15-2058 REG	Commercial Mortgage-Backed	5.02%	09/15/2058	617,976	616,803
	CMO BARCLAYS COMMERCIAL MORTGAGE SR 25-C32 CL A5 FRN 02-15-2062	Commercial Mortgage-Backed	0.01%	02/15/2062	156,445	160,574
	CMO BARCLAYS COMMERCIAL MORTGAGE SR 25-C39 CL AS 5.29694% 12-15-2058	Commercial Mortgage-Backed	5.30%	12/15/2058	576,800	581,270
	CMO BMO MORTGAGE TRUST SR 25-C11 CL A5 5.6874% 02-15-2058	Commercial Mortgage-Backed	5.69%	02/15/2058	1,341,160	1,365,941
	CMO WELLS FARGO COML MTG TR SR 25-C64 CL A5 5.645% 02-15-2058	Commercial Mortgage-Backed	5.65%	02/15/2058	751,344	775,320
	COMM 2025-SBX MTG TR 5.432202% 08-10-2041	Commercial Mortgage-Backed	5.43%	08/10/2041	400,000	404,558
	DGWD TR 2025-INFL FLTG RT 5.22539% DUE 08-15-2035	Commercial Mortgage-Backed	5.23%	08/15/2035	300,000	301,762
	INVITATION HOMES 4% DUE 09-17-2041	Commercial Mortgage-Backed	4.00%	09/17/2041	617,895	641,506
	LEX 2024-BBG MTG VAR RT 5.03607% DUE 10-13-2033	Commercial Mortgage-Backed	VAR	10/13/2033	200,000	202,058
	LIFE 2022-BMR2 MTG TR 4.92063% 05-15-2039	Commercial Mortgage-Backed	4.92%	05/15/2039	195,000	193,355
	NYC COML MTG TR 2025-28L COML MTG PASS THRU CTF CL A 4.82382% 11-05-2038	Commercial Mortgage-Backed	4.82%	11/05/2038	199,322	201,270
	PROGRESS RESDNTL 1.51% DUE 10-17-2038	Commercial Mortgage-Backed	1.51%	10/17/2038	289,398	312,080
	PROGRESS RESDNTL 2.95% DUE 04-17-2027	Commercial Mortgage-Backed	2.95%	04/17/2027	987,418	1,041,751
	PROGRESS RESDNTL 3.4% DUE 02-17-2042	Commercial Mortgage-Backed	3.40%	02/17/2042	373,610	378,854
	PROGRESS RESIDENTIAL 2021-SFR5 TR SINGLE FAMILY RENT PASS 1.427% 07-17-2038	Commercial Mortgage-Backed	1.43%	07/17/2038	238,146	257,003
	PROGRESS RESIDENTIAL 2021-SFR9 TR PASSTHRU CTF CL A 144A 2.013% 11-17-2040	Commercial Mortgage-Backed	2.01%	11/17/2040	187,287	190,578
	PROGRESS RESIDENTIAL 2022-SFR1 TR SINGLE-FAMILY RENT PASS 2.709 02-17-2041	Commercial Mortgage-Backed	2.71%	02/17/2041	614,973	643,309
	PROGRESS RESIDENTIAL 2022-SFR4 TR SINGLE FAMILY RENT PASSTHRU 4.438% 05-17-2041	Commercial Mortgage-Backed	4.44%	05/17/2041	95,429	98,452
	PROGRESS RESIDENTIAL 2025-SFR6 TR 4% 12-17-2042	Commercial Mortgage-Backed	4.00%	12/17/2042	1,640,165	1,645,267
	PVTPL ACREC LLC SR 25-FL3 CL A FLTG RT 08-18-2042	Commercial Mortgage-Backed	VAR	08/18/2042	249,375	249,363
	PVTPL AMSR 2019-SFR1 SER 23-SFR1 CL A 4.0% 04-17-2040	Commercial Mortgage-Backed	4.00%	04/17/2040	362,600	368,623
	PVTPL AMSR 2022-SFR3 TR SER 22-SFR3 CL A4% DUE 10-17-2039	Commercial Mortgage-Backed	4.00%	10/17/2039	309,241	314,614
	PVTPL AMSR 2023-SFR2 TR SER 23-SFR2 CL A13.95% 08-17-2040	Commercial Mortgage-Backed	13.95%	08/17/2040	96,836	99,426
	PVTPL AMSR TRUST SR 21-SFR3 CL A 1.476% 10-17-2038	Commercial Mortgage-Backed	1.48%	10/17/2038	381,347	411,279
	PVTPL CMO BX 2025-BIO3 MTG TR SR 25-BIO3 CL A 6.1382% DUE 02-10-2042 BEO	Commercial Mortgage-Backed	6.14%	02/10/2042	203,999	206,357
	PVTPL CMO BX TR SR 24-AIR2 CL A FLTG 10-15-2041	Commercial Mortgage-Backed	VAR	10/15/2041	382,713	385,099
	PVTPL CMO BX TRUST SR 25-VOLT CL A FLTG 12-15-2042	Commercial Mortgage-Backed	VAR	12/15/2042	450,000	451,491
	PVTPL CMO BX TRUST VAR RT DUE 07-15-2029 BEO	Commercial Mortgage-Backed	VAR	07/15/2029	199,500	200,432
	PVTPL CMO FS RIALTO SSUER LLC SER 24- FL9 CL A FLTG 10-19-2039	Commercial Mortgage-Backed	VAR	10/19/2039	399,000	400,202
	PVTPL CMO GREYSTONE COMMERCIAL REAL ESTATE NOTES SR 25-FL4 CL A FRN 01-15-2043	Commercial Mortgage-Backed	1.27%	01/15/2043	399,000	401,000
	PVTPL CMO HUDSON YARDS SR 25-SPRL CL A FLTG RT 01-13-2030	Commercial Mortgage-Backed	VAR	01/13/2030	1,342,893	1,354,635
	PVTPL GREYSTONE COMMERCIAL REAL ESTA 21-FL3 CL A FLTG RT DUE 07-15-2039 BEO	Commercial Mortgage-Backed	VAR	07/15/2039	15,458	15,815
	PVTPL PROGRESS RESIDENTIAL 2021-SFR7 TR SR 21-SFR 7 CL A 1.692% 08-17-2040	Commercial Mortgage-Backed	1.69%	08/17/2040	301,007	307,054
	PVTPL PROGRESS RESIDENTIAL TRUST SER 21-SFR3 CL A 1.64% DUE 05-17-2026 BEO	Commercial Mortgage-Backed	1.64%	05/17/2026	501,868	542,413
	PVTPL PROGRESS RESIDENTIAL TRUST SR 24-SFR4 CL A 3.1% 07-09-2029	Commercial Mortgage-Backed	3.10%	07/09/2029	521,109	545,367
	PVTPL STAR 2025-SFR5 TR SER 25-SFR5 CL A FLTG 02-17-2042	Commercial Mortgage-Backed	VAR	02/17/2042	534,970	536,119
	RIDE 2025-SHRE VAR RT 5.4376% DUE 02-14-2047	Commercial Mortgage-Backed	VAR	02/14/2047	85,000	87,923
	SLG OFFICE TR 2.5854% DUE 07-15-2041	Commercial Mortgage-Backed	2.59%	07/15/2041	741,415	767,115
	TRICON AMERN HOMES 2020-SFR2 TR 1.482% 11-17-2039	Commercial Mortgage-Backed	1.48%	11/17/2039	305,763	317,148
	TRICON RESDNTL 5.1% DUE 07-17-2040	Commercial Mortgage-Backed	5.10%	07/17/2040	294,835	296,001
	WELLS FARGO COML FLTG RT 5.186% DUE 10-15-2058	Commercial Mortgage-Backed	5.19%	10/15/2058	226,599	227,392
	ABN AMRO BK N V 4.197% DUE 07-07-2028	Corporate Bonds	4.20%	07/07/2028	390,000	400,403
	AERCAP IRELAND CAP 4.875% DUE 04-01-2028	Corporate Bonds	4.88%	04/01/2028	283,467	293,281
	AGREE LTD PARTNERSHIP 2.0% DUE 06-15-2028 BEO	Corporate Bonds	2.00%	06/15/2028	1,085,013	1,192,500
	ALLY FINANCIAL INC 5.737% 05-15-2029	Corporate Bonds	5.74%	05/15/2029	75,000	77,478
	AMAZON COM INC 3.9% 11-20-2028	Corporate Bonds	3.90%	11/20/2028	759,833	766,040
	AMER AIRLINES 3.15% 08-15-2033	Corporate Bonds	3.15%	08/15/2033	163,247	174,733
	AMERICAN AIRLS 2017-2 AA PTT 3.35% 04-15-2031	Corporate Bonds	3.35%	04/15/2031	537,941	586,712
	AMERICAN EXPRESS CO 4.731% 04-25-2029	Corporate Bonds	4.73%	04/25/2029	215,000	220,229
	AMERICAN EXPRESS CO 5.043% 07-26-2028	Corporate Bonds	5.04%	07/26/2028	886,818	919,273
	AMERICAN EXPRESS CO 5.043% 07-26-2028	Corporate Bonds	5.04%	07/26/2028	195,000	202,552
	AMERICAN EXPRESS CO 5.389% 07-28-2027	Corporate Bonds	5.39%	07/28/2027	349,958	360,727
	AMERICAN HONDA FINANCE 5.2% 03-05-2035	Corporate Bonds	5.20%	03/05/2035	968,835	1,016,545
	AMERN EXPRESS CO FLTG RT 5.667% DUE 04-25-2036	Corporate Bonds	5.67%	04/25/2036	988,165	1,052,927
	AMRIZE FIN US LLC 4.7% 04-07-2028	Corporate Bonds	4.70%	04/07/2028	264,979	271,053
	ANHEUSER-BUSCH COS LLC CORP 4.7% 02-01-2036	Corporate Bonds	4.70%	02/01/2036	503,593	536,111
	APPALACHIAN PWR CO SR NT SER AA 2.7% 04-01-2031	Corporate Bonds	2.70%	04/01/2031	1,018,077	1,097,945
	ARES STRATEGIC INCOME FD NT 144A 5.45% 09-09-2028	Corporate Bonds	5.45%	09/09/2028	322,735	333,350
	ARTHUR J GALLAGHER & CO 4.6% 12-15-2027	Corporate Bonds	4.60%	12/15/2027	74,939	75,940
	ATHENE GLOBAL FDG 5.516% DUE 03-25-2027	Corporate Bonds	5.52%	03/25/2027	360,000	370,899
	BANCO SANTANDER SA FLTG RT 07-15-2028	Corporate Bonds	VAR	07/15/2028	200,000	208,823
	BANK AMER CORP 4.623% 05-09-2029	Corporate Bonds	4.62%	05/09/2029	380,000	387,698
	BANK NOVA SCOTIA 4.043% 09-15-2028	Corporate Bonds	4.04%	09/15/2028	390,000	394,728
	BANK NOVA SCOTIA B C 4.932% 02-14-2029	Corporate Bonds	4.93%	02/14/2029	374,993	389,331
	BANK OF AMERICA CORP 4.979% 01-24-2029	Corporate Bonds	4.98%	01/24/2029	1,306,518	1,358,122
	BANK OF AMERICA CORP 5.511% 01-24-2036	Corporate Bonds	5.51%	01/24/2036	1,367,760	1,449,239
	BANK OF AMERICA CORPORATION 5.08% DUE 01-20-2027	Corporate Bonds	5.08%	01/20/2027	346,241	358,076
	BANK OF NEW YORK MELLON CORP 4.967% 04-26-2034	Corporate Bonds	4.97%	04/26/2034	1,347,646	1,406,370
	BANQUE FEDERATIVE 5.088% DUE 01-23-2027	Corporate Bonds	5.09%	01/23/2027	200,000	206,690
	BARCLAYS PLC SR NT FIXED/FLTG 4.47% 11-11-2029	Corporate Bonds	4.47%	11/11/2029	200,000	204,658
	BP CAP MKTS AMER INC 5.227% 11-17-2034	Corporate Bonds	5.23%	11/17/2034	1,388,607	1,451,157
	BPCE SR NON PFD VAR RT 5.975% DUE 01-18-2027	Corporate Bonds	VAR	01/18/2027	348,663	359,681
	BSTN UNIV MEDIUM 7.625% DUE 07-15-2097	Corporate Bonds	7.63%	07/15/2097	240,300	201,354
	BURLINGTON NORTHN SANTA FE LLC 2.875% 06-15-2052	Corporate Bonds	2.88%	06/15/2052	622,476	581,139
	CANADIAN IMPERIAL BANK 4.243% 09-08-2028	Corporate Bonds	4.24%	09/08/2028	245,000	249,237
	CANADIAN PAC RY CO NEW 5.2% 03-30-2035	Corporate Bonds	5.20%	03/30/2035	1,835,240	1,927,527
	CAP 1 FINL CORP 7.149% DUE 10-29-2027	Corporate Bonds	7.15%	10/29/2027	181,172	181,339
	CENCORA INC 4.625% 12-15-2027	Corporate Bonds	4.63%	12/15/2027	79,852	81,189
	CHEVRON U S A INC 4.98% 04-15-2035	Corporate Bonds	4.98%	04/15/2035	637,967	663,775
	CITIGROUP INC 3.785% 03-17-2033	Corporate Bonds	3.79%	03/17/2033	1,355,293	1,453,611
	CITIGROUP INC 4.542% 09-19-2030	Corporate Bonds	4.54%	09/19/2030	715,861	735,519
	CITIGROUP INC 5.333% 03-27-2036	Corporate Bonds	5.33%	03/27/2036	995,158	1,054,491
	CITIGROUP INC 5.449% 06-11-2035	Corporate Bonds	5.45%	06/11/2035	305,403	312,074
	CONAGRA BRANDS INC 5.3% 10-01-2026	Corporate Bonds	5.30%	10/01/2026	234,626	240,093
	CONSOLIDATED EDISON CO N Y INC 3.35% DUE 04-01-2030 REG	Corporate Bonds	3.35%	04/01/2030	303,570	317,769
	CSX CORP 5.05% 06-15-2035	Corporate Bonds	5.05%	06/15/2035	515,111	536,596
	DAIMLER TRUCK FIN 4.95% DUE 01-13-2028	Corporate Bonds	4.95%	01/13/2028	149,798	155,724
	DARDEN RESTAURANTS INC 4.35% 10-15-2027	Corporate Bonds	4.35%	10/15/2027	144,970	147,027
	DELL INTL L L C/EMC CORP 4.15% 02-15-2029	Corporate Bonds	4.15%	02/15/2029	249,903	252,367

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

Screen Actors Guild - Producers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2110997, Plan #001
December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value Description	Rate of Interest	Maturity Date	(d) Cost	(e) Current Value
	DELTA AIR LINES INC DEL 2.0% 12-10-2029	Corporate Bonds	2.00%	12/10/2029	541,673	574,615
	DIAMONDBACK ENERGY INC 5.2% 04-18-2027	Corporate Bonds	5.20%	04/18/2027	44,980	46,129
	DOMINION ENERGY INC 3.375% DUE 04-01-2030 REG	Corporate Bonds	3.38%	04/01/2030	596,702	633,072
	DTE ELEC CO 5.2% DUE 04-01-2033	Corporate Bonds	5.20%	04/01/2033	1,284,323	1,306,934
	DTE ENERGY CO 4.95% 07-01-2027	Corporate Bonds	4.95%	07/01/2027	109,869	114,187
	DUKE ENERGY CAROLINAS LLC 4.95% 01-15-2033	Corporate Bonds	4.95%	01/15/2033	356,219	374,034
	DUKE ENERGY FLA LLC 5.875% 11-15-2033	Corporate Bonds	5.88%	11/15/2033	1,948,401	1,975,659
	DUKE ENERGY IND LLC 5.25% 03-01-2034	Corporate Bonds	5.25%	03/01/2034	1,218,631	1,287,245
	ENBRIDGE INC 4.2% DUE 11-20-2028	Corporate Bonds	4.20%	11/20/2028	159,830	160,990
	ENERGY TRANSFER L P 6.05% 12-01-2026	Corporate Bonds	6.05%	12/01/2026	354,963	357,408
	ENTERGY AR LLC FIXED 3.35% DUE 06-15-2052	Corporate Bonds	3.35%	06/15/2052	586,769	552,255
	ENTERGY ARK LLC 5.45% 06-01-2034	Corporate Bonds	5.45%	06/01/2034	1,065,071	1,114,406
	ENTERGY ARKANSAS LLC 5.3% 09-15-2033	Corporate Bonds	5.30%	09/15/2033	716,345	741,058
	ENTERGY LA LLC 5.35% DUE 03-15-2034	Corporate Bonds	5.35%	03/15/2034	620,116	655,441
	EQUITABLE AMER 4% DUE 09-15-2027	Corporate Bonds	4.00%	09/15/2027	79,922	80,835
	EVERGY KANS CENT INC 4.7% 03-13-2028	Corporate Bonds	4.70%	03/13/2028	129,853	133,858
	FLORIDA PWR CORP 5.65% DUE 04-01-2040	Corporate Bonds	5.65%	04/01/2040	603,205	607,161
	FORD MTR CR CO LLC 4.542% DUE 08-01-2026	Corporate Bonds	4.54%	08/01/2026	333,396	356,167
	FORT IRWIN LD LLC 5.17% DUE 12-15-2035	Corporate Bonds	5.17%	12/15/2035	156,812	153,350
	GE HEALTHCARE TECHNOLOGIES INC SR NT 4.15% 12-15-2028	Corporate Bonds	4.15%	12/15/2028	75,000	75,380
	GENERAL MOTORS FINANCIAL 3.1% 01-12-2032	Corporate Bonds	3.10%	01/12/2032	622,326	681,556
	GENERAL MOTORS FINL CO 4.2% 10-27-2028	Corporate Bonds	4.20%	10/27/2028	3,918,447	2,450,813
	GENERAL MTRS FINL CO INC 5.4% 05-08-2027	Corporate Bonds	5.40%	05/08/2027	99,912	102,443
	GOLDMAN SACHS 4.937% DUE 04-23-2028	Corporate Bonds	4.94%	04/23/2028	110,000	112,299
	GOLDMAN SACHS GROUP INC 3.102% 02-24-2033	Corporate Bonds	3.10%	02/24/2033	361,284	392,099
	GOLDMAN SACHS GROUP INC 4.153% 10-21-2029	Corporate Bonds	4.15%	10/21/2029	390,000	393,177
	GOLDMAN SACHS GROUP INC 5.536% 01-28-2036	Corporate Bonds	5.54%	01/28/2036	1,118,784	1,180,952
	GOLUB CAP BDC INC 7.05% 12-05-2028	Corporate Bonds	7.05%	12/05/2028	184,840	185,600
	HCA INC 5.0% 03-01-2028	Corporate Bonds	5.00%	03/01/2028	84,942	88,025
	HOST HOTELS & 4.25% DUE 12-15-2028	Corporate Bonds	4.25%	12/15/2028	49,770	50,282
	HP ENTERPRISE CO 4.15% 09-15-2028	Corporate Bonds	4.15%	09/15/2028	244,912	248,294
	HP ENTERPRISE CO 4.4% 09-25-2027	Corporate Bonds	4.40%	09/25/2027	214,899	218,607
	HSBC HLDGS PLC 4.95% DUE 03-31-2030	Corporate Bonds	4.95%	03/31/2030	803,374	841,296
	HSBC HOLDINGS PLC 5.45% 03-03-2036	Corporate Bonds	5.45%	03/03/2036	631,873	688,739
	HUNTINGTON NATL BK MD 4.871% 04-12-2028	Corporate Bonds	4.87%	04/12/2028	250,000	254,754
	ICON INVTS SIX DESIGNATED ACTIVITY CO 5.809% 05-08-2027	Corporate Bonds	5.81%	05/08/2027	200,000	205,786
	JETBLUE AWYS CORP 2020-1 PASS THRU 4.0% 11-15-2025	Corporate Bonds	4.00%	11/15/2025	519,352	544,601
	JETBLUE AWYS CORP FIXED 2.75% DUE 11-15-2033	Corporate Bonds	2.75%	11/15/2033	283,005	298,402
	JPMORGAN CHASE & CO 4.505% 10-22-2028	Corporate Bonds	4.51%	10/22/2028	444,382	453,200
	JPMORGAN CHASE & CO 4.505% 10-22-2028	Corporate Bonds	4.51%	10/22/2028	295,028	300,436
	JPMORGAN CHASE & CO 4.912% DUE 07-25-2033/07-25-2032 BEO	Corporate Bonds	4.91%	07/25/2033	1,980,099	2,089,350
	JPMORGAN CHASE & CO 4.979% 07-22-2028	Corporate Bonds	4.98%	07/22/2028	180,000	186,674
	JPMORGAN CHASE & CO 5.04% 01-23-2028	Corporate Bonds	5.04%	01/23/2028	100,000	103,256
	JPMORGAN CHASE & CO 5.571% 04-22-2028	Corporate Bonds	5.57%	04/22/2028	180,000	185,522
	JPMORGAN CHASE & CO 5.834% 01-24-2036	Corporate Bonds	5.83%	01/24/2036	1,461,761	1,548,041
	KEYBANK NATIONAL ASSOCIATION OH TRANCHE # TR 798 11/15/2022 5.85 11-15-2027	Corporate Bonds	5.85%	11/15/2027	363,584	363,226
	L3HARRIS TECHNOLOGIES INC 5.35% DUE 06-01-2034	Corporate Bonds	5.35%	06/01/2034	651,825	676,900
	LOCKHEED MARTIN CORP 4.8% 08-15-2034	Corporate Bonds	4.80%	08/15/2034	472,336	499,694
	M & T BK CORP 4.833% 01-16-2029	Corporate Bonds	4.83%	01/16/2029	115,000	119,409
	MAIN STR CAP CORP 5.4% 08-15-2028	Corporate Bonds	5.40%	08/15/2028	149,984	153,767
	MANUFACTURERS & TRADERS TRUST CO 4.762% 07-06-2028	Corporate Bonds	4.76%	07/06/2028	250,000	258,719
	MARRIOTT INTL INC NEW 4.2% 07-15-2027	Corporate Bonds	4.20%	07/15/2027	79,946	81,521
	MCDONALDS CORP MEDIUM TERM NTS BOOK TRANCHE # TR 00145 4.95% 03-03-2035	Corporate Bonds	4.95%	03/03/2035	1,374,442	1,431,158
	MICROCHIP TECHNOLOGY INC 4.9% 03-15-2028	Corporate Bonds	4.90%	03/15/2028	124,869	128,553
	MIDAMERICAN ENERGY CO 5.35% DUE 01-15-2034	Corporate Bonds	5.35%	01/15/2034	608,085	625,976
	MORGAN STANLEY 2.943% DUE 01-21-2033	Corporate Bonds	2.94%	01/21/2033	345,094	375,330
	MORGAN STANLEY 4.133% 10-18-2029	Corporate Bonds	4.13%	10/18/2029	155,000	156,225
	MORGAN STANLEY 5.587% 01-18-2036	Corporate Bonds	5.59%	01/18/2036	1,124,638	1,184,864
	MORGAN STANLEY 5.652% 04-13-2028	Corporate Bonds	5.65%	04/13/2028	115,000	118,687
	MORGAN STANLEY BK N A SALT LAKE CITY UTAH 4.952% 01-14-2028	Corporate Bonds	4.95%	01/14/2028	250,000	258,104
	MORGAN STANLEY PRIVATE BANK NATIONA 4.204% 11-17-2028	Corporate Bonds	4.20%	11/17/2028	285,000	287,343
	MORGAN STANLEY PRIVATE BK NATL ASSN PUR 4.466% 07-06-2028	Corporate Bonds	4.47%	07/06/2028	270,000	277,211
	MOSAIC CO NEW 4.35% 01-15-2029	Corporate Bonds	4.35%	01/15/2029	79,947	80,708
	NATIONAL FUEL GAS CO 5.5% DUE 10-01-2026	Corporate Bonds	5.50%	10/01/2026	351,600	358,314
	NORFOLK SOUTHN CORP SR NT 5.1% 05-01-2035	Corporate Bonds	5.10%	05/01/2035	649,393	670,917
	NORTHERN STS PWR MINN 5.05% 05-15-2035	Corporate Bonds	5.05%	05/15/2035	1,069,773	1,099,112
	ONEOK INC 4.25% 09-24-2027	Corporate Bonds	4.25%	09/24/2027	189,932	192,837
	ONEOK INC 5.55% 11-01-2026	Corporate Bonds	5.55%	11/01/2026	352,625	357,029
	OWENS CORNING NEW 5.5% 06-15-2027	Corporate Bonds	5.50%	06/15/2027	89,982	92,075
	PHILIP MORRIS INTL INC 4.625% 10-29-2035	Corporate Bonds	4.63%	10/29/2035	622,755	622,706
	PNC BANK NA 4.429% 07-21-2028	Corporate Bonds	4.43%	07/21/2028	250,000	256,624
	PNC FINANCIAL SERVICES 4.812% 10-21-2032	Corporate Bonds	4.81%	10/21/2032	568,520	591,144
	PNC FINANCIAL SERVICES 5.3% 01-21-2028	Corporate Bonds	5.30%	01/21/2028	70,000	72,563
	PNC FINL SVCS GROUP INC 4.758% 01-26-2027	Corporate Bonds	4.76%	01/26/2027	343,602	357,312
	PNC FINL SVCS GROUP INC 6.037% 10-28-2033	Corporate Bonds	6.04%	10/28/2033	480,163	502,356
	PUBLIC SERVICE ENTERPRISE GROUP INC 2.45% 11-15-2031	Corporate Bonds	2.45%	11/15/2031	706,433	754,656
	PUBLIC SVC CO NEW HAMPSHIRE 5.35% 10-01-2033	Corporate Bonds	5.35%	10/01/2033	1,159,742	1,196,177
	PVTPL AIR CDA PASS THRU TR 2020-2A 5.25%10-01-2030	Corporate Bonds	5.25%	10/01/2030	633,979	668,225
	PVTPL ALASKA AIRLS 2020-1 PASS-THRU TR 4.8% 02-15-2029	Corporate Bonds	4.80%	02/15/2029	835,632	877,912
	PVTPL ALLIANT ENERGY FIN 5.4% 06-06-2027	Corporate Bonds	5.40%	06/06/2027	94,946	96,654
	PVTPL AVIATION CAP GROUP LLC 4.75% 04-14-2027	Corporate Bonds	4.75%	04/14/2027	79,898	81,248
	PVTPL BMW US CAPITAL LLC NT 4.6% 08-13-2027	Corporate Bonds	4.60%	08/13/2027	134,989	138,791
	PVTPL BNP PARIBAS FLTG RT 05-09-2029	Corporate Bonds	VAR	05/09/2029	400,000	407,369
	PVTPL BPCE SA 5.203% 01-18-2027	Corporate Bonds	5.20%	01/18/2027	250,000	258,904
	PVTPL BRITISH AIR 21-1 A PPT 2.9% 09-15-2036	Corporate Bonds	2.90%	09/15/2036	232,849	245,123
	PVTPL BRITISH AIRWAYS CAPITAL 3.3% 06-15-2034	Corporate Bonds	3.30%	06/15/2034	125,656	132,447
	PVTPL CAIXABANK S A 4.634% 07-03-2029	Corporate Bonds	4.63%	07/03/2029	240,000	247,952
	PVTPL COREBRIDGE GLOBAL FUNDING 4.9% 01-07-2028	Corporate Bonds	4.90%	01/07/2028	80,000	83,224
	PVTPL DAIMLER TRUCK FIN NORTH AMER LLC 5.0% 01-15-2027	Corporate Bonds	5.00%	01/15/2027	149,750	154,914
	PVTPL DAIMLER TRUCKS FIN NORTH AMER 5.125% 09-25-2027	Corporate Bonds	5.13%	09/25/2027	149,495	154,460
	PVTPL DANSKE BANK A/S 5.427% 03-01-2028	Corporate Bonds	5.43%	03/01/2028	200,000	206,741
	PVTPL ENEL FIN INTL N V 4.125% 09-30-2028	Corporate Bonds	4.13%	09/30/2028	199,532	201,802
	PVTPL EQUITABLE AMERICA GLOBAL 4.65% 06-09-2028	Corporate Bonds	4.65%	06/09/2028	109,964	111,468
	PVTPL GLENCORE FDG LLC 5.338% 04-04-2027	Corporate Bonds	5.34%	04/04/2027	130,000	133,706
	PVTPL HYUNDAI CAP AMER 5.25% 01-08-2027	Corporate Bonds	5.25%	01/08/2027	154,453	160,691
	PVTPL HYUNDAI CAPITAL AMERICA 5.3% 03-19-2027	Corporate Bonds	5.30%	03/19/2027	164,621	169,828
	PVTPL HYUNDAI CAPITAL AMERICA 5.65% 06-26-2026	Corporate Bonds	5.65%	06/26/2026	349,213	352,799
	PVTPL INDIANAPOLIS PWR & LT CO 5.65% 12-01-2032	Corporate Bonds	5.65%	12/01/2032	1,559,295	1,576,554
	PVTPL MONONGAHELA POWER CO 5.85% 02-15-2034 BEO	Corporate Bonds	5.85%	02/15/2034	803,467	837,480
	PVTPL NATIONWIDE BLDG 4.649% 07-14-2029	Corporate Bonds	4.65%	07/14/2029	215,000	221,737
	PVTPL PENSKE TRUCK LEASING/PTL 5.35% 01-12-2027	Corporate Bonds	5.35%	01/12/2027	69,951	72,561
	PVTPL PRINCIPAL LIFE GLOBAL FUND II 4.6% 08-19-2024	Corporate Bonds	4.60%	08/19/2024	104,918	107,770
	PVTPL REPSOL E&P CAP MARKETS 4.805% 09-16-2028	Corporate Bonds	4.81%	09/16/2028	200,000	204,748
	PVTPL SBA TOWER TR 4.831% 10-15-2029	Corporate Bonds	4.83%	10/15/2029	200,000	201,795
	PVTPL UBS GROUP AG 4.151% 12-23-2029	Corporate Bonds	4.15%	12/23/2029	210,000	212,253
	PVTPL UBS GROUP AG SR 3.126% 08-13-2030	Corporate Bonds	3.13%	08/13/2030	481,899	524,181
	PVTPL VISTRA OPERATIONS CO LLC 4.3% 10-15-2028	Corporate Bonds	4.30%	10/15/2028	134,965	136,485
	PVTPL VISTRA OPERATIONS CO LLC 5.05% 12-30-2026	Corporate Bonds	5.05%	12/30/2026	44,977	45,327
	PVTPL VOLKSWAGEN GROUP AMER FIN LLC 5.3% 03-22-2027	Corporate Bonds	5.30%	03/22/2027	889,818	913,990
	PVTPL VOLKSWAGEN GROUP AMER FIN LLC 5.3% 03-22-2027	Corporate Bonds	5.30%	03/22/2027	369,593	379,973

Screen Actors Guild - Producers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2110997, Plan #001
December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value Description	Rate of Interest	Maturity Date	(d) Cost	(e) Current Value
	QUEST DIAGNOSTICS INC 4.6% 12-15-2027	Corporate Bonds	4.60%	12/15/2027	109,976	111,567
	RIO TINTO FIN USA PLC 4.5% 03-14-2028	Corporate Bonds	4.50%	03/14/2028	84,771	87,143
	ROYAL BANK OF CANADA 4.498% 08-06-2029	Corporate Bonds	4.50%	08/06/2029	395,000	406,104
	ROYAL BANK OF CANADA 4.65% 10-18-2030	Corporate Bonds	4.65%	10/18/2030	1,120,599	1,152,171
	ROYAL BANK OF CANADA MTN 4.522% 10-18-2028	Corporate Bonds	4.52%	10/18/2028	320,000	326,024
	RYDER SYSTEM INC 5.3% 03-15-2027	Corporate Bonds	5.30%	03/15/2027	109,880	113,302
	SAN DIEGO GAS & ELEC CO 5.4% 04-15-2035	Corporate Bonds	5.40%	04/15/2035	1,214,547	1,268,326
	SANTANDER HLDGS USA INC 5.473% 03-20-2029	Corporate Bonds	5.47%	03/20/2029	385,000	399,519
	SANTANDER HLDGS USA INC 6.124% 05-31-2027	Corporate Bonds	6.12%	05/31/2027	60,000	60,726
	SMITH & NEPHEW PLC 5.15% 03-20-2027	Corporate Bonds	5.15%	03/20/2027	79,914	82,076
	SOUTH BOW USA INFRA HLDGS LLC 4.911% 09-01-2027	Corporate Bonds	4.91%	09/01/2027	125,000	128,209
	STATE STREET CORP 5.146% DUE 02-28-2036	Corporate Bonds	5.15%	02/28/2036	883,586	918,037
	STEEL DYNAMICS INC 4.0% 12-15-2028	Corporate Bonds	4.00%	12/15/2028	218,682	220,831
	SYNCHRONY FINANCIAL 5.019% 07-29-2029	Corporate Bonds	5.02%	07/29/2029	65,000	67,217
	SYNOPSYS INC 4.65% 04-01-2028	Corporate Bonds	4.65%	04/01/2028	154,888	158,921
	TD SYNNEX CORPORATION 4.3% 01-17-2029	Corporate Bonds	4.30%	01/17/2029	119,894	121,008
	TORONTO DOMINION BK 4.861% 01-31-2028	Corporate Bonds	4.86%	01/31/2028	310,000	321,487
	TOYOTA MTR CR CORP MEDIUM TERM NTS BOOK 5.0% DUE 03-19-2027	Corporate Bonds	5.00%	03/19/2027	619,930	637,760
	TRANSCANADA 4.1% DUE 04-15-2030	Corporate Bonds	4.10%	04/15/2030	1,112,143	1,172,699
	TRUIST BANK 4.136% 10-23-2029	Corporate Bonds	4.14%	10/23/2029	250,000	251,856
	TRUIST BK GLOBAL VAR RT 4.42% DUE 07-24-2028	Corporate Bonds	VAR	07/24/2028	275,000	281,934
	U S BANCORP MEDIUM TERM NTS- BOOK 5.384%01-23-2030	Corporate Bonds	5.38%	01/23/2030	1,333,124	1,399,168
	UBS AG STAMFORD CT 4.864% 01-10-2028	Corporate Bonds	4.86%	01/10/2028	250,000	257,897
	UNION ELECTRIC COMPANY 5.2% 04-01-2034	Corporate Bonds	5.20%	04/01/2034	1,066,293	1,118,136
	UNION PAC CORP 5.1005% 02-20-2035	Corporate Bonds	5.10%	02/20/2035	1,390,507	1,457,828
	UNITED AIRLS INC 2019-1AA PASS THRU TR 4.15% 08-25-2031	Corporate Bonds	4.15%	08/25/2031	113,314	120,210
	UNITED AIRLS INC 3.45% DUE 06-01-2029	Corporate Bonds	3.45%	06/01/2029	40,571	42,753
	UNITED AIRLS PASS THRU TR 2016-2AA 2.875% 04-07-2030	Corporate Bonds	2.88%	04/07/2030	157,396	169,578
	UNITED PARCEL SVC INC 5.15% 05-22-2034	Corporate Bonds	5.15%	05/22/2034	639,745	669,349
	US BANK NA CINCINNATI 4.73% 05-15-2028	Corporate Bonds	4.73%	05/15/2028	250,000	254,017
	UTD AIRLS INC 2018-1AA PASS THRU TR 3.5% 09-01-2031	Corporate Bonds	3.50%	09/01/2031	500,674	534,519
	VIRGINIA ELEC & PWR CO 5.15% 03-15-2035	Corporate Bonds	5.15%	03/15/2035	1,358,263	1,417,244
	WELLS FARGO & COMPANY 4.078% 09-15-2029	Corporate Bonds	4.08%	09/15/2029	370,000	374,251
	WELLS FARGO & COMPANY 4.897% 07-25-2033	Corporate Bonds	4.90%	07/25/2033	1,966,416	2,097,419
	WELLS FARGO & COMPANY 4.97% 04-23-2029	Corporate Bonds	4.97%	04/23/2029	295,000	303,356
	WISCONSIN PUBLIC SERVICE 2.85% 12-01-2051	Corporate Bonds	2.85%	12/01/2051	599,237	588,706
	WISCONSIN PWR & LT CO 4.95% 04-01-2033	Corporate Bonds	4.95%	04/01/2033	2,440,400	2,514,744
	ANGEL OAK MTG TR 2025-11 MTG BACKED CTF CL A-1 144A 4.975% 10-25-2070	Non-Government Backed C.M.O.s	4.98%	10/25/2070	206,655	207,287
	ANGEL OAK MTG TR 2025-13 MTG PASS THRU CTF CL A-1 4.92899990082% 10-25-2070	Non-Government Backed C.M.O.s	4.93%	10/25/2070	369,994	371,784
	ANGEL OAK MTG TR FLTG RT 5.039% DUE 12-25-2070	Non-Government Backed C.M.O.s	VAR	12/25/2070	273,718	274,553
	FLAGSTAR MTG TR 2021-12 MTG PASS THRU CTF CL A-2 2.5% 11-25-2051	Non-Government Backed C.M.O.s	2.50%	11/25/2051	1,431,528	1,508,305
	FLAGSTAR MTG TR 2021-3INV 2.5% 06-25-2051	Non-Government Backed C.M.O.s	2.50%	06/25/2051	258,311	256,706
	FLAGSTAR MTG TR 2021-4 MTG PASSTHRU CTF CL A-1 2.5% 06-01-2051	Non-Government Backed C.M.O.s	2.50%	06/01/2051	741,594	783,975
	FLAGSTAR MTG TR FLTG RT 2.5% DUE 08-25-2051	Non-Government Backed C.M.O.s	2.50%	08/25/2051	1,700,412	1,733,931
	GS MTG-BACKED SECS FLTG RT 2.5% DUE 04-25-2052	Non-Government Backed C.M.O.s	2.50%	04/25/2052	461,694	473,152
	GS MTG-BACKED SECS FLTG RT 2.5% DUE 12-25-2051	Non-Government Backed C.M.O.s	2.50%	12/25/2051	716,727	735,662
	GS MTG-BACKED SECS TR 2020-INV1 2.90779%10-25-2050	Non-Government Backed C.M.O.s	2.91%	10/25/2050	601,894	619,193
	J P MORGAN MTG TR 2021-14 5% 05-25-2052	Non-Government Backed C.M.O.s	5.00%	05/25/2052	348,670	352,359
	J P MORGAN MTG TR 2021-14 MTG PASS THRU CTF CL A-3-A 2% 05-25-2052	Non-Government Backed C.M.O.s	2.00%	05/25/2052	287,717	301,530
	J P MORGAN MTG TR 2021-3 MTG PASS THRU CTF CL A-3 2.5% 07-25-2051	Non-Government Backed C.M.O.s	2.50%	07/25/2051	771,848	806,063
	J P MORGAN MTG TR 2021-4 MTG PASSTHRU CTF CL A-3 2.5% 08-25-2051	Non-Government Backed C.M.O.s	2.50%	08/25/2051	737,764	773,789
	J P MORGAN MTG TR 2024-3 MTG PASS THRU CTF CL A-3 3% 05-25-2054	Non-Government Backed C.M.O.s	3.00%	05/25/2054	792,902	835,437
	J P MORGAN MTG TR 2024-7 MTG PASS THRU CTF CL A-3 3% 04-25-2053	Non-Government Backed C.M.O.s	3.00%	04/25/2053	453,545	463,960
	J P MORGAN MTG TR 2025-12MPR MTG BKD NTSCL A-1D 144A 5.055% 06-25-2056	Non-Government Backed C.M.O.s	5.06%	06/25/2056	1,285,137	1,290,991
	J P MORGAN MTG TR 2025-7MPR MTG BACKED NT CL A-1D 144A 5.324% 02-25-2056	Non-Government Backed C.M.O.s	5.32%	02/25/2056	853,819	860,058
	J P MORGAN MTG TR 2025-NQM5 MTG PASS THRU CTF CL A-1 4.87900018692 05-25-2066	Non-Government Backed C.M.O.s	4.87%	05/25/2066	195,000	195,746
	J P MTG TR 2025-5MPR MTG BACKED NT CL A-1D 144A 5.5% 11-25-2055	Non-Government Backed C.M.O.s	5.50%	11/25/2055	1,039,928	1,054,048
	MELLO MTG CAP ACCEP 2021-INV1 MTG PASSTHRU CTF CL A-4 2.5% 06-25-2051	Non-Government Backed C.M.O.s	2.50%	06/25/2051	778,432	805,300
	OBX 2021-INV2 TR FLTG RT 2.5% DUE 10-25-2051	Non-Government Backed C.M.O.s	2.50%	10/25/2051	869,472	895,920
	OBX 2023-INV1 TR MTG PASSTHRU CTF CL A-13% 01-25-2052	Non-Government Backed C.M.O.s	13.00%	01/25/2052	486,229	508,992
	PRMI SECURITIZATION TRUST 2.5% 04-25-2051	Non-Government Backed C.M.O.s	2.50%	04/25/2051	255,677	264,043
	PSMC 2021-2 TR FLTG RT 2.5% DUE 05-25-2051	Non-Government Backed C.M.O.s	2.50%	05/25/2051	524,736	543,759
	PVTPL CMO COLT FUNDING LLC SER 25-12 CL A1 VAR 01-26-2071	Non-Government Backed C.M.O.s	VAR	01/26/2071	634,991	637,960
	PVTPL CMO CYRUSONE DATA CTRS ISSUER I LLC SR 24-2A CL A 2 4.5% 05-20-2049	Non-Government Backed C.M.O.s	4.50%	05/20/2049	180,221	195,555
	PVTPL CMO FLAGSTAR MTG TR 2021-7 CL A-1 VAR 08-25-2051 BEO	Non-Government Backed C.M.O.s	VAR	08/25/2051	2,194,339	2,321,384
	PVTPL CMO GS MORTGAGE-BACKED SECURITIES TRUST SR 21-GR2 CL A2 VAR RT 02-25-2052	Non-Government Backed C.M.O.s	VAR	02/25/2052	762,757	779,903
	PVTPL CMO GS MTG-BACKED SECS TR 2021-PJ2 CTF CL A-2 VAR RT DUE 07-25-2051	Non-Government Backed C.M.O.s	VAR	07/25/2051	822,477	845,471
	PVTPL CMO GS MTG-BACKED SECS TR 2022-PJ6GSMBS 2022-PJ6 A4 VAR RT 01-25-2053	Non-Government Backed C.M.O.s	VAR	01/25/2053	1,499,010	1,568,862
	PVTPL CMO J P MORGAN MTG SER 17-2 CL A7 FLTG RT 05-25-2047	Non-Government Backed C.M.O.s	VAR	05/25/2047	273,875	282,357
	PVTPL CMO J P MORGAN MTG TR 2021-7 SR 21-7 CL A-3 VAR RT 11-25-2051	Non-Government Backed C.M.O.s	VAR	11/25/2051	894,323	924,868
	PVTPL CMO J P MORGAN MTG TR 2021-8 SER 21-8 CL A3 VAR RT DUE 12-25-2051	Non-Government Backed C.M.O.s	VAR	12/25/2051	688,565	734,635
	PVTPL CMO J P MORGAN MTG TR 2022-6 VAR RT 11-25-2052	Non-Government Backed C.M.O.s	VAR	11/25/2052	1,748,645	1,822,579
	PVTPL CMO JP MORGAN MORTGAGE TRUST JPMMT2021-10 A3A VAR RT DUE 12-25-2051 BEO	Non-Government Backed C.M.O.s	VAR	12/25/2051	966,283	1,026,517
	PVTPL CMO MELLO MTG CAP ACCEP SER 21-MTG2 CL A1 VAR RT 06-25-2051	Non-Government Backed C.M.O.s	VAR	06/25/2051	256,084	264,365
	PVTPL CMO SEQUOIA MORTGAGE TRUST SR 25-52 CL A1 VAR 11-25-2055	Non-Government Backed C.M.O.s	VAR	11/25/2055	516,360	519,164
	PVTPL CMO SEQUOIA MTG TR 2021-1 25/03/2051 VAR RT DUE 03-25-2051 BEO	Non-Government Backed C.M.O.s	VAR	03/25/2051	1,126,451	1,171,807
	PVTPL CMO SEQUOIA MTG TR 2021-4 25/06/2051 VAR RT DUE 06-25-2051 BEO	Non-Government Backed C.M.O.s	VAR	06/25/2051	705,444	725,130
	PVTPL CMO SWITCH ABS ISSUER LLC SR 24-2A CL A2 5.44% 05-25-2054	Non-Government Backed C.M.O.s	5.44%	05/25/2054	288,720	301,168
	PVTPL CMO SWITCH ABS ISSUER LLC/SWITCH ABS CO-IS SR 24-1A CL A2 6.28% 03-25-2054	Non-Government Backed C.M.O.s	6.28%	03/25/2054	407,688	404,402
	PVTPL PRPM 2025-NQM6 TR MTG SR 25-NQM6 CL A1 FLTG RT 12-25-2070	Non-Government Backed C.M.O.s	VAR	12/25/2070	294,998	297,155
	STACK 5.9% DUE 03-25-2049	Non-Government Backed C.M.O.s	5.90%	03/25/2049	198,695	202,689
	VERUS FLTG RT 4.961% DUE 12-25-2070	Non-Government Backed C.M.O.s	4.96%	12/25/2070	605,687	608,236
					185,363,531	**189,454,093**
	Real Estate					
	BUSINESS ARTS PLAZA INC	Real Estate	N/A	N/A	891,532	65,336,479
					891,532	**65,336,479**
	Common/Collective Trusts					
	CF ARTISAN GLOBAL OPPORTUNITIES TRUST - TIER 8	CCT	N/A	N/A	89,173,537	219,976,800
	CF EARNEST PARTNERS SMID CAP CORE FDR CL	CCT	N/A	N/A	105,000,000	132,984,914
	CF S&P GLOBAL LARGEMIDCAP NATURAL RESOURCES INDEX NL FUND (ZVB51)	CCT	N/A	N/A	42,703,773	58,260,455
	CF WILLIAM BLAIR EMERGING MARKETS GROWTH COLLECTIVE INVESTMENT FUND	CCT	N/A	N/A	125,527,432	140,688,042
	MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING	CCT	N/A	N/A	239,895,030	323,352,984
	MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING	CCT	N/A	N/A	335,311,287	898,362,620
	CF WTC CIF II CORE BOND MST	CCT	N/A	N/A	274,811,834	275,413,191
	MFB NT COLLECTIVE LONG-TERM GOVT BD INDEX FUND-NON-LENDING	CCT	N/A	N/A	129,895,208	117,316,873
	CF PAYDEN & RYGEL EMERGING MARKETS BOND CIT - CLASS MIG	CCT	N/A	N/A	38,792,590	51,459,250
	CF WTC CTF BLENDED OPPORTUNISTIC EMD	CCT	N/A	N/A	46,414,170	46,343,504
	CF JPMCB STRATEGIC PROPERTY FUND	CCT	N/A	N/A	121,425,974	153,299,645
					1,548,950,835	**2,417,458,278**
	Pooled Separate Accounts					
	CF PRUDENTIAL PRISA II	PSA	N/A	N/A	68,301,695	114,660,419
	CF PRUDENTIAL PRISA SA	PSA	N/A	N/A	25,688,261	38,658,731
					93,989,956	**153,319,150**
	103-12 Investment Entities					
	CF ACADIAN NON-US ALL CAP EQUITY FUND, USD HEDGED, LLC	103-12	N/A	N/A	106,291,788	269,262,634

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

Screen Actors Guild - Producers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2110997, Plan #001
December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value Description	Rate of Interest	Maturity Date	(d) Cost	(e) Current Value
	CF CF LAZARD EMERGING MARKETS EQTY GROUPTR FD	103-12	N/A	N/A	54,577,603	201,332,708
	CF NCS GROUP TRUST - GLOBAL FUND	103-12	N/A	N/A	96,988,650	218,364,720
					257,858,041	**688,960,062**
	Partnerships/ Joint Ventures					
	ATERIAN INVESTMENT PARTNERS IV, LP	Partnerships	N/A	N/A	3,541,057	3,074,327
	AURORA EQUITY PARTNERS VI, L.P.	Partnerships	N/A	N/A	6,904,722	8,620,124
	AVISTA HEALTHCARE PARTNERS I, L.P.	Partnerships	N/A	N/A	3,508,397	1,550,818
	AVISTA HEALTHCARE PARTNERS II, L.P.	Partnerships	N/A	N/A	5,844,713	8,807,944
	AVISTA HEALTHCARE PARTNERS III, L.P.	Partnerships	N/A	N/A	9,995,506	13,381,732
	BLACKSTONE CAPITAL PARTNERS VIII, L.P.	Partnerships	N/A	N/A	9,849,433	13,081,011
	BOND III, LP	Partnerships	N/A	N/A	8,538,750	11,618,709
	CVC CAPITAL PARTNERS IX, L.P.	Partnerships	N/A	N/A	3,796,053	4,350,746
	CVC CAPITAL PARTNERS VIII, L.P.	Partnerships	N/A	N/A	9,156,674	11,828,580
	EQT X USD SCSP	Partnerships	N/A	N/A	5,345,985	5,872,828
	GREAT HILL EQUITY PARTNERS VIII, L.P.	Partnerships	N/A	N/A	7,736,793	7,352,208
	GTCR FUND XIII, L.P.	Partnerships	N/A	N/A	5,041,507	6,772,879
	GTCR FUND XIV LP	Partnerships	N/A	N/A	2,109,022	3,716,546
	GTCR STRATEGIC GROWTH FUND I LP	Partnerships	N/A	N/A	5,066,347	5,732,434
	HAMILTON LANE EUROPEAN SMID AGGREGATOR FUND	Partnerships	N/A	N/A	4,770,706	5,031,459
	HAMILTON LANE VENTURE ACCESS OFFSHORE FUND I LP	Partnerships	N/A	N/A	3,260,735	5,578,654
	HAMILTON LANE VENTURE CAPITAL FUND, L.P. (SERIES 2019)	Partnerships	N/A	N/A	6,475,602	10,975,475
	HAMILTON LANE VENTURE CAPITAL FUND, L.P. (SERIES 2020)	Partnerships	N/A	N/A	6,069,945	8,339,474
	HAMILTON LANE VENTURE CAPITAL FUND, L.P. (SERIES 2021)	Partnerships	N/A	N/A	8,321,547	9,879,450
	HAMILTON LANE VENTURE CAPITAL FUND, L.P. (SERIES 2022)	Partnerships	N/A	N/A	6,200,280	9,801,392
	INFLEXION BUYOUT FUND VI	Partnerships	N/A	N/A	5,923,890	7,913,381
	INSIGHT PARTNERS XII, L.P.	Partnerships	N/A	N/A	7,214,963	7,978,697
	K5 PRIVATE INVESTORS, L.P.	Partnerships	N/A	N/A	7,611,134	12,077,128
	KELSO INVESTMENT ASSOCIATES X, L.P.	Partnerships	N/A	N/A	7,244,162	11,769,956
	KELSO INVESTMENT ASSOCIATES XI, L.P.	Partnerships	N/A	N/A	4,773,144	5,788,690
	KPS SPECIAL SITUATIONS FUND V, L.P.	Partnerships	N/A	N/A	7,925,012	9,542,538
	KPS SPECIAL SITUATIONS FUND VI, L.P.	Partnerships	N/A	N/A	1,998,187	2,121,228
	L CATTERTON GROWTH IV, L.P.	Partnerships	N/A	N/A	4,992,365	4,135,318
	L CATTERTON GROWTH V, L.P.	Partnerships	N/A	N/A	9,268,957	10,932,297
	NEWQUEST ASIA FUND IV, L.P.	Partnerships	N/A	N/A	8,469,619	11,611,664
	OAK HILL CAPITAL PARTNERS IV, L.P.	Partnerships	N/A	N/A	2,665,700	28,277
	OAK HILL CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	10,310,564	15,155,512
	OAK HILL CAPITAL PARTNERS VI, L.P.	Partnerships	N/A	N/A	7,863,257	10,224,122
	PARTNERS GROUP DIRECT EQUITY V (USD), L.P.	Partnerships	N/A	N/A	5,557,583	5,643,310
	PLATINUM EQUITY CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	10,410,373	13,273,638
	PLATINUM EQUITY CAPITAL PARTNERS VI, L.P.	Partnerships	N/A	N/A	7,356,548	8,415,943
	PLATINUM EQUITY SMALL CAP FUND, L.P.	Partnerships	N/A	N/A	6,667,085	7,924,450
	PROJECT BLAZER	Partnerships	N/A	N/A	234,548	392,627
	PROJECT COLUMBUS	Partnerships	N/A	N/A	8,362,914	92,162
	PROJECT HELIX	Partnerships	N/A	N/A	3,361,780	4,540,169
	PROJECT MARS	Partnerships	N/A	N/A	4,121,986	4,832,701
	PROJECT ROSE	Partnerships	N/A	N/A	5,630,258	4,512,176
	PROJECT TENEO	Partnerships	N/A	N/A	5,039,974	4,121,471
	ROARK CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	12,143,992	18,248,274
	STG ALLEGRO FUND, L.P.	Partnerships	N/A	N/A	3,587,842	4,256,897
	STG VI, L.P.	Partnerships	N/A	N/A	3,649,244	4,573,471
	STG VII, L.P.	Partnerships	N/A	N/A	3,159,187	2,680,745
	THOMAS H. LEE EQUITY FUND IX, L.P.	Partnerships	N/A	N/A	7,531,491	8,493,385
**	THOMAS H. LEE EQUITY FUND VIII, L.P.	Partnerships	N/A	N/A	(320,660)	5,156,245
	VANCE STREET CAPITAL IV, L.P.	Partnerships	N/A	N/A	4,805,571	5,194,240
	VERDANE CAPITAL XI	Partnerships	N/A	N/A	3,925,731	4,689,578
	VERDANE EDDA III	Partnerships	N/A	N/A	1,284,892	1,894,104
**	FFL CAPITAL PARTNERS VI, L.P.	Partnerships	N/A	N/A	(240,853)	(240,853)
**	GREAT HILL EQUITY PARTNERS IX, L.P.	Partnerships	N/A	N/A	(67,144)	(67,144)
**	K6 HL L.P.	Partnerships	N/A	N/A	(153,599)	(153,599)
	APOLLO HYBRID VALUE FUND, L.P.	Partnerships	N/A	N/A	3,732,620	4,083,171
	ARES SENIOR DIRECT LENDING FUND III LP	Partnerships	N/A	N/A	4,735,459	4,992,689
	ARES SPECIAL OPPORTUNITIES FUND II, L.P.	Partnerships	N/A	N/A	10,347,222	14,038,265
	ARES SPECIAL OPPORTUNITIES FUND, L.P.	Partnerships	N/A	N/A	1,242,122	3,977,987
	AS BIRCH GROVE OPPORTUNITIES FUND, L.P. (FKA ASCRIBE IV)	Partnerships	N/A	N/A	6,200,572	6,045,137
	ASI HARK CAPITAL III, LP	Partnerships	N/A	N/A	2,237,940	2,829,282
	AUDAX MEZZANINE FUND V, L.P.	Partnerships	N/A	N/A	4,510,994	4,843,210
	AVENUE ASIA SPECIAL SITUATIONS FUND V, L.P.	Partnerships	N/A	N/A	1,119,708	3,632,357
	BALANCE POINT CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	7,989,227	10,526,877
	BALANCE POINT CAPITAL PARTNERS VI, L.P.	Partnerships	N/A	N/A	2,841,675	3,209,472
	BCP SPECIAL OPPORTUNITIES FUND II, L.P.	Partnerships	N/A	N/A	9,021,943	10,968,980
	BCP SPECIAL OPPORTUNITIES FUND III, L.P.	Partnerships	N/A	N/A	4,141,765	4,717,137
	BLACKSTONE CAPITAL OPPORTUNITIES FUND IV LP	Partnerships	N/A	N/A	4,177,758	5,052,396
	BLACKSTONE TACTICAL OPPORTUNITIES FUND - HL L.P.	Partnerships	N/A	N/A	7,311,075	6,922,121
	BSP DEBT FUND V, L.P.	Partnerships	N/A	N/A	5,655,349	5,505,199
	CARLYLE CREDIT OPPORTUNITIES FUND II, L.P.	Partnerships	N/A	N/A	6,312,036	6,414,762
	CARLYLE CREDIT OPPORTUNITIES FUND III, L.P.	Partnerships	N/A	N/A	5,665,740	5,941,009
	CASTLELAKE AVIATION IV STABLE YIELD, L.P.	Partnerships	N/A	N/A	6,273,361	7,593,291
	CASTLELAKE AVIATION V STABLE YIELD, L.P.	Partnerships	N/A	N/A	2,599,818	3,047,454
	CASTLELAKE INCOME OPPORTUNITIES II, L.P.	Partnerships	N/A	N/A	6,268,762	5,986,648
	CASTLELAKE INCOME OPPORTUNITIES, L.P.	Partnerships	N/A	N/A	2,220,197	1,764,042
	CASTLELAKE OPPORTUNISTIC ASSET SOLUTIONS VI, L.P.	Partnerships	N/A	N/A	9,620,872	12,890,448
	CASTLELAKE V DISLOCATED OPPORTUNITIES, L.P.	Partnerships	N/A	N/A	3,296,612	3,806,890
	CASTLELAKE V, L.P.	Partnerships	N/A	N/A	472,522	1,975,834
	COMVEST CREDIT PARTNERS V, L.P.	Partnerships	N/A	N/A	8,257,856	5,468,456
	COMVEST CREDIT PARTNERS VI, L.P.	Partnerships	N/A	N/A	12,713,077	10,609,588
	CRESCENT CREDIT SOLUTIONS IX, L.P.	Partnerships	N/A	N/A	1,000,001	972,701
	CRESCENT CREDIT SOLUTIONS VIII, L.P.	Partnerships	N/A	N/A	8,397,330	8,567,227
	CRESCENT DIRECT LENDING FUND III, L.P.	Partnerships	N/A	N/A	8,375,615	8,134,496
	EVERBERG CAPITAL PARTNERS II, L.P.	Partnerships	N/A	N/A	9,166,595	9,090,062
	EVERBERG CAPITAL PARTNERS III, L.P.	Partnerships	N/A	N/A	2,000,000	2,075,530
	FIRST EAGLE DIRECT LENDING FUND IV, LLC	Partnerships	N/A	N/A	6,187,212	5,410,124
	FIRST EAGLE DIRECT LENDING FUND V, LLC	Partnerships	N/A	N/A	5,975,701	5,312,107
	FP CREDIT PARTNERS III, L.P.	Partnerships	N/A	N/A	350,000	326,870
	GSO ENERGY SELECT OPPORTUNITIES FUND II, L.P.	Partnerships	N/A	N/A	796,245	666,300
	HPS MEZZANINE PARTNERS 2019, L.P.	Partnerships	N/A	N/A	5,748,445	7,692,199
	HPS STRATEGIC INVESTMENT PARTNERS V, L.P.	Partnerships	N/A	N/A	8,587,766	10,401,701
	ICG EUROPE FUND IX SCSP	Partnerships	N/A	N/A	96,711	124,244
	ICG EUROPE FUND VII, L.P.	Partnerships	N/A	N/A	4,010,978	3,638,939
	ICG EUROPE FUND VIII SCSP	Partnerships	N/A	N/A	8,345,110	11,545,041
	ICG RECOVERY FUND II SCSP	Partnerships	N/A	N/A	5,784,081	7,786,040
	LBC CREDIT PARTNERS V, L.P.	Partnerships	N/A	N/A	4,111,007	5,019,994
	LONE STAR FUND XI, L.P.	Partnerships	N/A	N/A	3,810,214	7,307,145
	OAKTREE OPPORTUNITIES FUND XI, L.P.	Partnerships	N/A	N/A	3,467,991	6,282,094
	OAKTREE SPECIAL SITUATIONS FUND II, L.P.	Partnerships	N/A	N/A	6,515,976	6,515,976
	OAKTREE SPECIAL SITUATIONS FUND III, L.P.	Partnerships	N/A	N/A	3,558,100	5,603,952
	OHA CREDIT SOLUTIONS FUND II, L.P.	Partnerships	N/A	N/A	10,673,890	10,981,072
	OHA STRATEGIC CREDIT FUND III, L.P.	Partnerships	N/A	N/A	1,875,000	2,010,109
	PLEXUS FUND VI, L.P.	Partnerships	N/A	N/A	10,625,000	11,308,017
	PLEXUS FUND VII L.P.	Partnerships	N/A	N/A	598,347	597,628

Screen Actors Guild - Producers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2110997, Plan #001
December 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value Description	Rate of Interest	Maturity Date	(d) Cost	(e) Current Value
	STONE POINT CREDIT INCOME FUND	Partnerships	N/A	N/A	2,852,281	2,846,303
	SUMMIT PARTNERS CREDIT FUND IV, L.P.	Partnerships	N/A	N/A	155,084	627,828
	VELD CREDIT OPPORTUNITIES IV	Partnerships	N/A	N/A	6,587,788	6,871,104
	ARES SPECIAL OPPORTUNITIES FUND III, LP	Partnerships	N/A	N/A	5,137	5,137
**	BLACKSTONE CAPITAL OPPORTUNITIES FUND V LP	Partnerships	N/A	N/A	(21,729)	(21,729)
**	GTCR CAPITAL SOLUTIONS FUND LP	Partnerships	N/A	N/A	(64,363)	(64,363)
	HITECVISION NEW ENERGY FUND II	Partnerships	N/A	N/A	1,682,379	1,622,579
	KKR GLOBAL INFRASTRUCTURE INVESTORS IV, L.P.	Partnerships	N/A	N/A	4,423,886	5,258,738
	PROJECT GREEN 3.0 (INVENERGY - BLACKSTONE)	Partnerships	N/A	N/A	5,000,000	5,612,616
	PROJECT TRI-TIP (FARMERS GATE)	Partnerships	N/A	N/A	5,000,000	5,649,022
	QUANTUM ENERGY PARTNERS VIII, L.P.	Partnerships	N/A	N/A	6,044,077	6,718,767
	QUANTUM ENERGY PARTNERS VIII, L.P. CO-INVESTMENT FUND	Partnerships	N/A	N/A	921,280	1,157,325
	SUSTAINABLE ASSET FUND IV, LP	Partnerships	N/A	N/A	2,679,935	1,851,810
	TIVERTON AG LEGACY HOLDINGS II, LP	Partnerships	N/A	N/A	2,464,605	2,578,059
**	ECP VI, LP		N/A	N/A	(52,508)	(52,508.00)
	INDEPENDENT FRANCHISE PARTNERS GLOBAL EQUITY LP	Partnerships	N/A	N/A	132,004,095	232,714,377
	INSTITUTIONAL CREDIT FUND, LP	Partnerships	N/A	N/A	90,000,000	95,855,078
	JPMORGAN INFRASTRUCTURE INVESTMENTS FUND	Partnerships	N/A	N/A	244,957,728	294,647,157
	OAKTREE PRINCIPAL FUND V	Partnerships	N/A	N/A	307,273	3,174,114
	OAKTREE REAL ESTATE DEBT FUND II, LP	Partnerships	N/A	N/A	13,864,249	11,065,952
					1,081,678,264	**1,345,449,224**
	Registered Investment Companies					
	MFO VANGUARD MALVERN FDS SHORT-TERM INFLAT PROTECTED SECS INDEX FD INSTL SHS	Mutual Funds	N/A	N/A	78,680,418	76,652,083
	American Funds Bond Fund of Amer R6 (RBFGX)	Mutual Funds	N/A	DCA	DCA	198,104
	American Funds Eupac R6 (RERGX)	Mutual Funds	N/A	DCA	DCA	21,699
	American Funds Intl Gr And Inc R6 (RIGGX)	Mutual Funds	N/A	DCA	DCA	612
	American Funds New World R6 (RNWGX)	Mutual Funds	N/A	DCA	DCA	32,018
	Fidelity 500 Index (FXAIX)	Mutual Funds	N/A	DCA	DCA	295,301
	Fidelity Large Cap Growth Index (FSPGX)	Mutual Funds	N/A	DCA	DCA	167,279
	Fidelity Real Estate Index (FSRNX)	Mutual Funds	N/A	DCA	DCA	1,939
	Fidelity Small Cap Index (FSSNX)	Mutual Funds	N/A	DCA	DCA	33,521
	Guaranteed Income Fund (NCFBUO)	Mutual Funds	N/A	DCA	DCA	113,081
	Nuveen Lifecycle Index 2010 R6 (TLTIX)	Mutual Funds	N/A	DCA	DCA	6,758
	Nuveen Lifecycle Index 2020 R6 (TLWIX)	Mutual Funds	N/A	DCA	DCA	172,313
	Nuveen Lifecycle Index 2030 R6 (TLHIX)	Mutual Funds	N/A	DCA	DCA	108,840
	Nuveen Lifecycle Index 2040 R6 (TLZIX)	Mutual Funds	N/A	DCA	DCA	52,276
	Nuveen Lifecycle Index 2050 R6 (TLLIX)	Mutual Funds	N/A	DCA	DCA	17,714
	Nuveen Lifecycle Index 2060 R6 (TVIIX)	Mutual Funds	N/A	DCA	DCA	19,766
	PGIM High-Yield R6 (PHYQX)	Mutual Funds	N/A	DCA	DCA	139,771
	PGIM Total Return Bond R6 (PTRQX)	Mutual Funds	N/A	DCA	DCA	366,188
	PIMCO All Asset Instl (PAAIX)	Mutual Funds	N/A	DCA	DCA	405,420
	Putnam Large Cap Value R6 (PEQSX)	Mutual Funds	N/A	DCA	DCA	1,175
					78,680,418	**78,805,858**
	Other Investments					
	CF ADAPTIVE TREND FUND, LTD SUB CLASS SERIES 3	Hedge Equity	N/A	N/A	60,000,000	51,479,864
	CF GGIF II QUANT MACRO ENH VOL SP SER C SHARE CLASS	Hedge Equity	N/A	N/A	53,038,647	46,830,961
	CF GGIF II QUANT MACRO SP SERIES C SHARE CLASS	Hedge Equity	N/A	N/A	5,721,570	5,129,055
	CF ABS OPPORTUNITIES LTD- GLOBAL STRATEGIC PORTFOLIO	Hedge Equity	N/A	N/A	158,076,269	310,995,434
	CF BRIDGEWATER PURE ALPHA II LTD SER	Hedge Equity	N/A	N/A	149,530,763	242,037,164
	VOYA MORTGAGE INVESTMENT FUND US DOLLAR INSTL VOYA MTG INVT FD US $ INSTL	Hedge Equity	N/A	N/A	32,887,754	55,768,189
	CF CRABEL FD SPC LTD SEGREGATED PORT H CLASS ALT FEE SR 63	Hedge Equity	N/A	N/A	15,000,000	16,389,422
	CF CRABEL FUND SPC LTD SEGREGATED PORT H CLASS ALT FEE SR 52	Hedge Equity	N/A	N/A	45,000,000	44,666,711
					519,255,003	**773,296,800**
				TOTAL	**$ 4,038,938,650**	**$ 5,984,414,060**

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

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

Screen Actors Guild - Producers Pension Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN #95-2110997, Plan #001
December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	Purchase (c) Price	Selling (d) Price	Lease (e) Rental	Expense Incurred with (f) Transaction	Cost of (g) Asset	Current Value of Asset on Transaction (h) Date	Net Gain (l) or (Loss)
Series of transactions in excess of five percent of plan assets								
NORTHERN TRUST	NT COLLECTIVE GOVT SHORT TERM INVT FD	$ 663,323,553	N/A	N/A	N/A	$ 663,323,553	$ 663,323,553	$ -
NORTHERN TRUST	NT COLLECTIVE GOVT SHORT TERM INVT FD	N/A	$ 628,743,157	N/A	N/A	$ 628,743,157	$ 628,743,157	$ -

*Denotes party-in-interest.

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

Screen Actors Guild - Producers Pension Plan

Exhibit E.1 - Schedule of Projection Of Expected Benefit Payments

Measurement Date: January 1, 2025 [Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	$ 22,170,931	$ 16,960,071	$ 332,290,991	$ 371,421,993
2026	35,796,331	29,115,007	323,943,688	388,855,026
2027	49,916,181	41,093,190	315,115,167	406,124,538
2028	64,817,766	53,610,952	305,641,561	424,070,279
2029	80,439,070	65,974,400	295,458,033	441,871,503
2030	93,276,696	76,633,186	285,212,059	455,121,941
2031	107,280,693	87,417,991	274,775,670	469,474,354
2032	121,365,340	98,288,007	264,236,913	483,890,260
2033	135,500,776	108,752,463	253,257,625	497,510,864
2034	149,899,512	119,067,002	241,760,223	510,726,737
2035	164,616,460	129,480,909	230,417,352	524,514,721
2036	179,068,472	139,107,524	219,025,060	537,201,056
2037	192,436,876	147,724,922	207,466,087	547,627,885
2038	205,626,903	155,607,368	195,764,364	556,998,635
2039	218,189,350	162,705,201	183,978,220	564,872,771
2040	230,421,804	169,048,726	172,155,499	571,626,029
2041	241,846,178	174,927,942	160,356,419	577,130,539
2042	251,979,726	179,838,858	148,647,461	580,466,045
2043	261,569,563	183,563,238	137,099,079	582,231,880
2044	268,983,816	186,549,471	125,783,465	581,316,752
2045	275,264,479	188,696,898	114,772,846	578,734,223
2046	279,857,233	189,737,128	104,136,631	573,730,992
2047	284,318,276	189,784,068	93,939,799	568,042,143
2048	286,740,936	189,037,591	84,241,109	560,019,636
2049	288,121,883	187,516,912	75,090,586	550,729,381

Screen Actors Guild - Producers Pension Plan

Exhibit E.1 - Schedule of Projection Of Expected Benefit Payments (Cont.)

Measurement Date: January 1, 2025 [Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning January 1	Expected Benefit Payments: Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	$ 291,647,490	$ 185,543,031	$ 66,528,042	$ 543,718,563
2051	290,528,066	182,900,758	58,581,875	532,010,699
2052	288,042,871	179,348,866	51,268,587	518,660,324
2053	284,141,663	175,138,458	44,593,025	503,873,146
2054	279,164,844	170,433,172	38,549,309	488,147,325
2055	272,698,145	165,155,468	33,122,197	470,975,810
2056	265,957,535	159,389,160	28,288,850	453,635,545
2057	257,724,705	153,340,054	24,020,020	435,084,779
2058	249,069,595	146,952,383	20,280,892	416,302,870
2059	239,888,373	140,142,138	17,032,709	397,063,220
2060	229,825,694	133,138,844	14,234,203	377,198,741
2061	219,231,659	125,917,017	11,842,886	356,991,562
2062	208,250,863	118,597,465	9,816,067	336,664,395
2063	197,028,742	111,412,842	8,111,730	316,553,314
2064	185,869,804	104,355,529	6,689,313	296,914,646
2065	174,771,994	97,258,968	5,510,374	277,541,336
2066	163,621,846	90,290,116	4,539,337	258,451,299
2067	152,647,258	83,608,692	3,743,924	239,999,874
2068	141,886,661	77,217,787	3,095,233	222,199,681
2069	131,318,732	71,067,372	2,567,823	204,953,927
2070	121,264,119	65,284,879	2,139,706	188,688,704
2071	111,597,080	59,683,432	1,792,128	173,072,640
2072	102,739,741	54,436,739	1,509,346	158,685,826
2073	93,687,714	49,528,321	1,278,426	144,494,461
2074	85,144,582	44,926,737	1,088,863	131,160,182

Notes

- Expected benefit payments assume no additional accruals, no future new entrants to the Plan, and experience is consistent with the valuation assumptions set forth herein.

Screen Actors Guild - Producers Pension Plan

2025 Schedule MB, line 8b(2)
Schedule of Active Participant Data
EIN: 95-2110997
PN: 001

Distribution of Active Participants

Measurement Date: January 1, 2025 [Form 5500 Sch. MB, Line 8b(2)]

		Years of Pension Credit									
Age	Stat	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & up	Total
	Count	438	371	93	16	-	-	-	-	-	918
Under 25	Avg. Comp	$79,995	$115,924	$196,891							$108,477
	Avg. Ben	$308	$1,185	$2,581							$945
	Count	705	359	93	26	19	-	-	-	-	1,202
25 - 29	Avg. Comp	$77,480	$176,622	$251,400	$220,638						$127,074
	Avg. Ben	$313	$1,520	$2,861	$4,058						$1,042
	Count	970	792	217	53	24	4	-	-	-	2,060
30 - 34	Avg. Comp	$66,719	$136,345	$207,208	$203,794	$256,982					$114,815
	Avg. Ben	$283	$1,231	$2,900	$4,127	$5,558					$1,096
	Count	985	1,062	487	131	52	33	13	3	-	2,766
35 - 39	Avg. Comp	$56,437	$112,001	$163,111	$216,143	$276,798	$232,383				$111,608
	Avg. Ben	$239	$1,119	$2,427	$4,350	$5,688	$6,071				$1,369
	Count	645	815	653	322	162	44	27	12	-	2,680
40 - 44	Avg. Comp	$56,045	$97,662	$150,063	$208,930	$227,832	$312,029	$246,575			$127,401
	Avg. Ben	$242	$1,022	$2,306	$3,993	$5,498	$6,336	$6,708			$1,946
	Count	428	525	435	414	316	126	41	22	6	2,313
45 - 49	Avg. Comp	$49,964	$90,682	$117,844	$167,414	$231,574	$270,560	$287,919	$235,644		$137,126
	Avg. Ben	$221	$917	$1,965	$3,640	$5,297	$5,900	$7,001	$7,339		$2,529
	Count	290	369	323	305	316	304	106	42	15	2,070
50 - 54	Avg. Comp	$50,279	$74,677	$101,119	$132,411	$179,831	$243,541	$302,490	$362,470		$143,509
	Avg. Ben	$212	$858	$1,727	$2,930	$4,796	$5,984	$6,951	$7,483		$3,058
	Count	198	225	165	211	199	225	183	75	32	1,513
55 - 59	Avg. Comp	$43,847	$67,654	$84,503	$114,331	$145,926	$190,433	$261,480	$328,813	$290,559	$142,543
	Avg. Ben	$210	$750	$1,465	$2,807	$4,240	$5,822	$6,941	$7,438	$7,879	$3,489
	Count	130	149	122	106	103	107	137	121	59	1,034
60 - 64	Avg. Comp	$40,409	$60,145	$68,816	$83,499	$119,257	$164,003	$182,450	$257,077	$314,845	$131,500
	Avg. Ben	$180	$667	$1,544	$2,534	$3,732	$4,820	$5,947	$7,348	$7,910	$3,530
	Count	52	55	30	33	25	28	31	47	62	363
65 - 69	Avg. Comp	$36,536	$75,394	$77,130	$83,854	$129,940	$123,609	$229,466	$215,451	$298,331	$147,585
	Avg. Ben	$168	$739	$1,224	$2,364	$3,718	$3,989	$5,966	$7,203	$7,746	$3,781
	Count	75	36	6	8	6	12	5	7	19	174
70 +	Avg. Comp	$48,205	$65,678								$106,165
	Avg. Ben	$188	$534								$2,120
	Count	3,847	195	1	-	-	-	-	-	-	4,043
Unknown	Avg. Comp	$58,943	$138,864								$62,820
	Avg. Ben	$171	$1,072								$215
	Count	**8,763**	**4,953**	**2,625**	**1,625**	**1,222**	**883**	**543**	**329**	**193**	**21,136**
Total	**Avg. Comp**	**$60,286**	**$110,212**	**$142,116**	**$161,940**	**$194,835**	**$223,233**	**$248,258**	**$283,181**	**$297,118**	**$115,012**
	Avg. Ben	**$ 220**	**$ 1,073**	**$ 2,175**	**$ 3,448**	**$ 4,879**	**$ 5,734**	**$ 6,620**	**$ 7,358**	**$ 7,802**	**$ 1,755**

Notes

- All active participants in the valuation have at least one year of Pension Credit.
- The average compensation and average accrued monthly benefit are not provided for any grouping that contains fewer than 20 participants.

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

EIN 95-2110997
Plan No. 001
Plan Year Ended December 31, 2025

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

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

Appendix E: Information for Form 5500 Schedule MB

Exhibit E.1 - Schedule of Projection Of Expected Benefit Payments

Measurement Date: January 1, 2025 [Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	$ 22,170,931	$ 16,960,071	$ 332,290,991	$ 371,421,993
2026	35,796,331	29,115,007	323,943,688	388,855,026
2027	49,916,181	41,093,190	315,115,167	406,124,538
2028	64,817,766	53,610,952	305,641,561	424,070,279
2029	80,439,070	65,974,400	295,458,033	441,871,503
2030	93,276,696	76,633,186	285,212,059	455,121,941
2031	107,280,693	87,417,991	274,775,670	469,474,354
2032	121,365,340	98,288,007	264,236,913	483,890,260
2033	135,500,776	108,752,463	253,257,625	497,510,864
2034	149,899,512	119,067,002	241,760,223	510,726,737
2035	164,616,460	129,480,909	230,417,352	524,514,721
2036	179,068,472	139,107,524	219,025,060	537,201,056
2037	192,436,876	147,724,922	207,466,087	547,627,885
2038	205,626,903	155,607,368	195,764,364	556,998,635
2039	218,189,350	162,705,201	183,978,220	564,872,771
2040	230,421,804	169,048,726	172,155,499	571,626,029
2041	241,846,178	174,927,942	160,356,419	577,130,539
2042	251,979,726	179,838,858	148,647,461	580,466,045
2043	261,569,563	183,563,238	137,099,079	582,231,880
2044	268,983,816	186,549,471	125,783,465	581,316,752
2045	275,264,479	188,696,898	114,772,846	578,734,223
2046	279,857,233	189,737,128	104,136,631	573,730,992
2047	284,318,276	189,784,068	93,939,799	568,042,143
2048	286,740,936	189,037,591	84,241,109	560,019,636
2049	288,121,883	187,516,912	75,090,586	550,729,381

Appendix E: Information for Form 5500 Schedule MB

Exhibit E.1 - Schedule of Projection Of Expected Benefit Payments (Cont.)

Measurement Date: January 1, 2025 [Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	$ 291,647,490	$ 185,543,031	$ 66,528,042	$ 543,718,563
2051	290,528,066	182,900,758	58,581,875	532,010,699
2052	288,042,871	179,348,866	51,268,587	518,660,324
2053	284,141,663	175,138,458	44,593,025	503,873,146
2054	279,164,844	170,433,172	38,549,309	488,147,325
2055	272,698,145	165,155,468	33,122,197	470,975,810
2056	265,957,535	159,389,160	28,288,850	453,635,545
2057	257,724,705	153,340,054	24,020,020	435,084,779
2058	249,069,595	146,952,383	20,280,892	416,302,870
2059	239,888,373	140,142,138	17,032,709	397,063,220
2060	229,825,694	133,138,844	14,234,203	377,198,741
2061	219,231,659	125,917,017	11,842,886	356,991,562
2062	208,250,863	118,597,465	9,816,067	336,664,395
2063	197,028,742	111,412,842	8,111,730	316,553,314
2064	185,869,804	104,355,529	6,689,313	296,914,646
2065	174,771,994	97,258,968	5,510,374	277,541,336
2066	163,621,846	90,290,116	4,539,337	258,451,299
2067	152,647,258	83,608,692	3,743,924	239,999,874
2068	141,886,661	77,217,787	3,095,233	222,199,681
2069	131,318,732	71,067,372	2,567,823	204,953,927
2070	121,264,119	65,284,879	2,139,706	188,688,704
2071	111,597,080	59,683,432	1,792,128	173,072,640
2072	102,739,741	54,436,739	1,509,346	158,685,826
2073	93,687,714	49,528,321	1,278,426	144,494,461
2074	85,144,582	44,926,737	1,088,863	131,160,182

Notes

- Expected benefit payments assume no additional accruals, no future new entrants to the Plan, and experience is consistent with the valuation assumptions set forth herein.

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

EIN 95-2110997
Plan No. 001
Plan Year Ended December 31, 2025

Form 5500, Schedule H, Part III
Financial Statements used to formulate IQPA's opinion

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

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

EIN 95-2110997
Plan No. 001
Plan Year Ended December 31, 2025

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

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

Screen Actors Guild - Producers Pension Plan

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	$438,213,239	$0	$438,213,239
2026	$447,810,109	$0	$447,810,109
2027	$453,183,830	$0	$453,183,830
2028	$458,622,036	$0	$458,622,036
2029	$464,125,501	$0	$464,125,501
2030	$469,695,007	$0	$469,695,007
2031	$475,331,347	$0	$475,331,347
2032	$481,035,323	$0	$481,035,323
2033	$486,807,747	$0	$486,807,747
2034	$492,649,440	$0	$492,649,440

Screen Actors Guild - Producers Pension Plan

Plan Name	**Screen Actors Guild – Producers Pension Plan**
Plan Sponsor	Board of Trustees, Screen Actors Guild – Producers Pension Plan
EIN / PN	95-2110997 / 001

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

Interest Rates

7.25% per annum, compounded annually, net of investment expense for determining costs and liabilities.

This interest rate assumption, used for purposes of the ERISA funding valuation and ASC 960 accounting disclosure, is a reasonable estimate of the net investment return for the Plan assets over the long term. This assumption was developed based on our professional judgment, the investment policy and asset allocation for the Plan (as set by the plan sponsor) and considers the results of the 2025 edition of the Survey of Capital Market Assumptions by Horizon Actuarial Services, LLC.

The highest rate within the IRS allowable range for determining Current Liability, which is 4.01% per annum as of January 1, 2025.

Retirement Age Active and Inactive Vested participants:

Retirement Rules

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

*If eligible to retire; otherwise, assumed to retire upon completion of age and service requirement

Weighted average retirement age for Active Participants: 64.6
Weighted average retirement age for Inactive Vested Participants: 66.0

Non-Disabled Mortality The 2016 version of the RP-2014 mortality tables (separate for males and females, and by annuitant/non-annuitant status). No future improvement was assumed.

The non-disabled mortality assumption was chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Disabled Mortality

The 2016 version of the RP-2014 disabled retiree mortality tables (separate for males and females). No future improvement was assumed.

The disabled mortality assumption was chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Active Participant

For valuation purposes, an active participant is a participant who earned one year of Pension Credit in the Plan Year ended December 31, 2024, and had not retired as of January 1, 2025.

Also included in the valuation are "Type 2" actives who are non-vested participants who did not earn a Pension Credit during 2024, but did so in either 2023 or 2022.

Withdrawal

Annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below:

Withdrawal Rates

Years of Pension Credit	Males	Females
1	50.0%	30.0%
2	35.0%	25.0%
3	25.0%	20.0%
4	17.5%	15.0%
5	10.0%	10.0%
6	8.0%	9.0%
7	7.5%	8.0%
8	7.0%	7.0%
9	6.5%	6.0%
10	6.0%	5.0%
11	5.5%	4.0%
12-15	5.0%	3.0%
16	4.5%	3.0%
17-29	4.0%	3.0%
30+	3.0%	3.0%

Disability Illustrations of the annual rates of disablement are shown in the table below for selected ages:

Representative Disability Rates

Age	Males and Females
20	0.012%
25	0.017%
30	0.022%
35	0.030%
40	0.044%
45	0.072%
50	0.121%
55	0.202%
60	0.325%

Operating Expenses Expenses are assumed to amount to $18.75 million per year, payable monthly ($18.0 million per year was assumed for the January 1, 2024 valuation). Investment management and counseling fees and bad debt expenses (uncollectable contributions) are not included in assumed operating expenses. This assumption is selected based on a review of recent years' operating expenses and anticipated future changes in expenses, including inflation.

Reemployment It is assumed that participants will not be reemployed following a break in service.

Form of Payment 55% of the participants are assumed to elect to receive their accrued benefit in the partial lump sum payment form. The remaining 45% are assumed to elect to receive their accrued benefit in the five-year certain and life annuity form. The interest rate used to value the partial lump sum payment is 4.00% to reflect expected future statutory interest rates under IRC 417(e)(3).

Percent Married 75% of non-retired male participants and 52% of non-retired female participants are assumed to be married.

Spouse Age The wife is assumed to be five years younger than the husband.

Future Service Accrual Rate	Based on earnings in 2024, adjusted to reflect a 4.0% annual increase. The assumed 4.0% increase in covered earnings is based on historical experience, professional judgment, and expectations for future increases dues to inflation and other factors.
Pensioner Accruals	Each pensioner who accrued additional benefits in 2024 is assumed to earn the same benefit in 2025. The present value of this assumed benefit accrual is added to Normal Cost.
Inactive Vested and Type 2 Participants	It is assumed that inactive vested participants and Type 2 participants who have not commenced benefits by age 80 will not do so.
Contribution Income	$3,599,200,000 in total covered compensation and an average contribution rate of 10.00% of covered compensation in 2025. The 2025 total covered compensation was assumed based on the Plan Office's anticipated work levels. The characteristics of the anticipated new participants are based on those of recent years' new participants.
Cost Method	Costs and liabilities for all Plan benefits were determined based on the Unit Credit Cost Method. The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.
Asset Valuation Method	The actuarial value is equal to the market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Participant Data	The actuarial valuation was prepared based on listings for active, retired, inactive vested and Type 2 participants furnished by the Plan Office.
Missing or Incomplete Participant Data	Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those characteristics exhibited by participants with similar known characteristics. Costs and liabilities for reported "male" non-retired lives were adjusted to reflect a percentage of females based upon inspection of the first names in portions of the data.
Financial Information	Financial information was obtained from the audited financial statements provided by the auditor.
Nature of Actuarial Calculations	The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable. The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.
Unfunded Vested Benefits for Employer Withdrawals	Valued using an interest rate of 7.25% per annum (same as fund earnings assumption used to determine other plan costs and liabilities for the January 1, 2024 valuation), and the market value of assets, but not less than the actuarial value of assets.

Screen Actors Guild - Producers Pension Plan

Changes in Assumptions

Since the prior valuation, the following assumption has been changed:

- The assumed annual operating expenses, payable monthly, changed from $18.00 million to $18.75 million

Justification for Changes in Assumptions

The assumption was changed based on recent and anticipated future experience, and professional judgement.

Screen Actors Guild - Producers Pension Plan

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

Plan Name	Screen Actors Guild – Producers Pension Plan
Plan Sponsor	Board of Trustees, Screen Actors Guild – Producers Pension Plan
EIN / PN	95-2110997 / 001
Effective Date and Most Recent Amendment	The original effective date of the Plan is February 1, 1960. The most recent amendment to the Plan reflected in the valuation is Amendment #79 which was adopted on July 20, 2018.
Plan Year	The twelve-month period beginning January 1 and ending December 31.
Participation	All Employees in Covered Employment participate in the Plan after earning one year of Pension Credit. However, the initial year of service is counted for benefit accrual and eligibility purposes. Union Office Participants who were participants in the Screen Actors Guild Employees Retirement Plan as of December 31, 2003 became participants in the Plan on January 1, 2004.
Pension Credit	A participant receives Past Service Credit for covered employment before January 1, 1961 for each calendar year between 1937 and 1960 with earnings of $2,000 or more, not to exceed 20 years. For 1961 and later, a Participant earns one year of Current Service Credit for each year in which covered earnings are at least as follows:

Year	Covered Earnings at Least:	Year	Covered Earnings at Least:
1961-1991	$2,000	2009	$16,000
1992-1995	5,000	2010	17,000
1996-1998	7,500	2011	18,000
1999-2002	10,000	2012 and later	20,000
2003-2008	15,000		

Prior to 2003, if the participant was age 55 or older with at least 5 but less than 10 years of Pension Credit as of January 1, 1996, the $5,000 rate applies until 10 Pension Credits are reached. If the participant has at least 3 years of Pension Credit as of January 1, 1999, the $7,500 rate applies until 10 Pension Credits are reached. These "grandfather" provisions apply only to Pension Credits earned through 2002.

On and after January 1, 1999, a year of Pension Credit can also be earned if the participant has 60 days of employment in a Plan Year before 2003, or 70 days of employment in a Plan Year after 2002.

On and after January 1, 2004, a year of Pension Credit can also be earned if a Plan Office Participant or Union Office Participant is credited with 1,000 or more Hours of Service in a Plan Year.

Normal Retirement Age	A participant attains Normal Retirement Age at the later of attaining age 65 or the fifth anniversary of an active Participant's Plan participation.
Break-In-Service	For calendar years after 1991, a Break-in-Service is incurred if earnings are less than half the minimum earnings required to earn a Service Credit. Note: On and after January 1, 1999 (January 1, 1989 for Plan Office Participants, and January 1, 2004 for Union Office Participants), for non-vested benefits, cancellation of Pension Credit for vesting purposes occurs after 5 consecutive Break in Service years, if the number of Break-in-Service years equals or exceeds the number of Pension Credits.
Regular Pension – Eligibility	Age 65 with at least 5 years of Pension Credit, or age 65 and the fifth anniversary of participation without a Break-in-Service.
Regular Pension – Amount of Benefit	The annual amount of the Regular Pension is equal to the Prior Service Benefit plus the Current Service Benefit. The Prior Service Benefit is equal to the average covered earnings of the five most recent years before January 1, 1961, multiplied by the sum of the appropriate percentages shown below and multiplied by total years of Past Service Credit. The annual Current Service Benefit is equal to the greater of: (1) the sum of the annual benefits determined by applying each year's earnings since January 1, 1961 to the schedule below, and (2) the annual benefit determined

by applying the average covered earnings of years since January 1, 1961 to the schedule below, multiplied by total years of Current Service before January 1, 1996, January 1, 1996 through December 31, 1998, January 1, 1999 through December 31, 2009, and on and after January 1, 2010.

Annual Covered Earnings	Prior Service	Current Service Prior to 1996	Current Service 1996-1998[1]	Current Service 1999-2009	Current Service After 2009
First $2,500	8.23%	4.57%	3.50%	3.50%	2.00%
$2,501-$5,000	7.60	4.21	3.50	3.50	2.00
5,001-7,500	5.08	3.21	3.50	3.50	2.00
7,501-25,000	4.66	3.21	3.50	3.50	2.00
25,001-30,000	4.10	3.21	3.50	3.50	2.00
30,001-50,000	1.42	1.82	3.50	3.50	2.00
50,001-75,000	1.30	1.54	2.50	3.50	2.00
75,001-100,000	1.30	1.36	2.50	3.50	2.00
$100,000 & over	1.30	1.19[2]	1.50[2]	3.50[2]	2.00[2]

[1] The annual pension benefit accrual is $272.50 plus the percentages shown for earnings above $7,500, for each year of Pension Credit.

[2] For years after 1988, annual earnings received per employer for benefit determination cannot exceed the limit for the year under IRC Section 401(a)(17). For 2025, the limit is $350,000 per employer.

Participants with at least 10 years of Pension Credit are entitled to a pension of not less than $220 per month even if the scheduled benefit produces a lesser amount.

The maximum monthly pension effective July 1, 2007 is shown in the table below. The maximum monthly pension does not apply to Plan Office Participants or Union Office Participants.

Pension Credits as of the Annuity Starting Date	Maximum Monthly Pension
Less than 20 Pension Credits	$6,500
20 through 29 Pension Credits	$7,000
30 through 34 Pension Credits	$7,500
35 or more Pension Credits	$8,000

For Plan Office Participants, the annual amount of Regular Pension equals 3.5% of five-year average compensation, times years of Pension Credit (not to exceed 20). The Regular Pension for a Plan Office Participant will not be less than the sum of the Prior Service Benefit and the Current Service Benefit, as described above.

For Union Office Participants who earn at least one Pension Credit after 2003, the annual amount of Regular Pension equals (1) plus (2) to a maximum of 70% of the participant's five-year average compensation:

(1) 3.5% of five-year average compensation, times years of Pension Credit earned after 2003
(2) 3.0% of five-year average compensation up to Social Security Covered Compensation, plus 3.65% of five-year average compensation in excess of Social Security Covered Compensation, times years of Pension Credit earned prior to 2004 to a maximum of 20 years

The Regular Pension for a Union Office Participant will not be less than the benefit accrued under the Screen Actors Guild Employees Retirement Plan as of December 31, 2003.

Delayed Pension	The Regular Pension is actuarially increased for commencement after Normal Retirement Age.
Early Retirement Pension – Eligibility	Age 55 with at least 10 years of Pension Credit. Union Office Participants are eligible to receive an Early Retirement Pension for the benefits accrued under the Screen Actors Guild Employees Retirement Plan as of December 31, 2003, after attaining age 55 with at least 5 years of Pension Credit.
Early Retirement Pension – Amount of Benefit	The calculated Regular Pension reduced by ¼ of one percent for each month that retirement precedes age 65. Union Office Participants can receive their accrued benefit as of December 31, 2003 reduced by ½ of one percent for each month that retirement precedes age 65. Union Office Participants' benefits accrued after December 31, 2003 are payable in accordance with the eligibility and amount of benefit rules that apply to all other participants.
Service Pension	For Plan Office Participants and Union Office Participants who are age 55 or older with at least 10 years of Pension Credit, an unreduced Service Pension (calculated as described above for Regular Pension) is payable if the sum of age and Pension Credit is at least 75.

Disability Pension – Eligibility	Totally and permanently disabled with at least 10 years of Pension Credit and at least one year of Pension Credit in the six calendar year period preceding the date of disability. The participant must also have been awarded a Social Security Disability benefit.
Disability Pension – Amount of Benefit	Same as the calculated Regular Pension, commencing immediately.
Vested Benefit	Vesting is provided for participants who have accumulated at least 5 years of Pension Credit and who earn at least one hour of employment on or after January 1, 1999 (or one Pension Credit if they have a temporary Break in Service as of December 31, 1998) before incurring a permanent Break in Service (participants with 10 years of Pension Credit become vested, regardless of Breaks in Service). Employees with at least one hour of service on or after January 1, 1988, also vest upon the later of (a) age 65 or (b) the fifth anniversary of commencement of participation in the Plan without a Break-in-Service.
Pre-Retirement Spouse's Annuity	If a deceased married participant had not retired but had met the service requirements for vesting, his spouse receives a survivor's annuity. The survivor's annuity is payable for life, commencing upon the death of the participant, and the monthly amount is the survivor's portion of the 50% Joint and Survivor annuity equivalent of the Regular Pension the participant would have received had he retired the day before he died and elected the 50% Joint and Survivor option. If the participant was not eligible for Early or Regular Retirement at the time of death, the benefit is deferred until he would have been eligible for Early or Regular Retirement. Effective January 1, 2004, if the participant had met the age and service requirements for an Early Retirement Pension, the spouse may instead receive a monthly amount equal to the survivor's portion of the 100% Joint and Survivor Option that the participant could have received had he retired the day before he died and elected the Joint and Survivor Option. The surviving spouse may elect to receive this benefit or the lump sum death benefit described below. Effective July 1, 2011 these provisions also apply to a same-sex spouse or a same-sex domestic partner. However, if the participant was not eligible for Early or Regular Retirement at the time of death, the benefit is payable on the first

	day of the month following the Participant's death, rather than deferred to an eligible retirement date.
Lump Sum Death Benefit	For participants with at least 5 years of Pension Credit. The amount of benefit is equal to four times the accrued annual Current Service Benefit, but not less than $1,500. This benefit is not payable if benefits are due under the Pre-Retirement Spouse's Annuity.
Death after Age 65	For participants who are eligible to retire with a Regular Pension. The benefit is sixty monthly payments of the benefit the participant would have received had he retired the day before he died. For married participants, this benefit is not payable if the pre-retirement spouse's annuity is of greater value.
Forms of Payment	*Normal Form* For married participants, retirement benefits are paid in the form of a 50% Joint and Survivor annuity unless this form is rejected by a participant. If not rejected, the benefit amount otherwise payable is reduced to reflect the 50% Joint and Survivor form. If rejected, or if not married, benefits are payable for the life of the participant with 60 monthly payments guaranteed. *Optional Forms* The following optional forms of payment are available: • 75% Joint and Survivor Annuity • 100% Joint and Survivor Annuity • 10-Year Certain and Life Annuity • Partial Lump Sum Option (the first 12 monthly payments are made in a lump sum; the remaining payments are actuarially adjusted) • 50% Joint and Survivor Annuity with "Pop-Up" • 75% Joint and Survivor Annuity with "Pop-Up" • 100% Joint and Survivor Annuity with "Pop-Up" Other optional forms of payment are available to Union Office Participants with respect to benefits earned through December 31, 2003.
Actuarial Equivalence	Benefits under optional forms of payment are converted from the amount payable under the 5-Year Certain and Life Annuity, based on assumptions of 6.5% and the Revenue Ruling 2001-62 mortality table.

Changes in Plan Provisions	There have been no changes in the Plan's benefit provisions since the prior valuation.

Screen Actors Guild - Producers Pension Plan

Funding Standard Account Amortization Bases

Charges [Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 1/1/2025* Period	Balance	Annual Payment
Assumption	1/1/1996	30.00	$ 10,389,800	1.00	$ 814,810	$ 814,810
Amendment	1/1/1996	30.00	140,462,971	1.00	11,015,661	11,015,661
Amendment	1/1/1998	30.00	88,025,710	3.00	19,302,914	6,889,537
Amendment	1/1/1999	30.00	116,529,069	4.00	32,914,793	9,111,676
Assumption	1/1/2000	30.00	11,542,902	5.00	3,938,893	901,724
Amendment	1/1/2002	30.00	1,023,266	7.00	457,223	79,795
Amendment	1/1/2004	30.00	26,510,053	9.00	14,268,748	2,063,784
Amendment	1/1/2007	30.00	3,836,073	12.00	2,504,530	297,939
ENIL (2008)	1/1/2009	29.00	362,807,012	13.00	251,287,532	28,432,848
ENIL (2008)	1/1/2010	28.00	78,104,008	13.00	54,670,367	6,185,879
ENIL (2008)	1/1/2011	27.00	72,651,894	13.00	51,440,747	5,820,452
ENIL (2008)	1/1/2012	26.00	49,342,919	13.00	35,375,695	4,002,713
Exper Loss	1/1/2012	15.00	25,853,352	2.00	5,236,823	2,710,009
ENIL (2008)	1/1/2013	25.00	113,834,100	13.00	82,728,522	9,360,622
Assumption	1/1/2013	15.00	36,121,362	3.00	10,597,968	3,782,594
ENIL (2008)	1/1/2014	24.00	167,266,235	13.00	123,375,064	13,959,723
Assumption	1/1/2014	15.00	2,023,901	4.00	764,876	211,738
ENIL (2008)	1/1/2015	23.00	15,713,417	13.00	11,779,226	1,332,804
Exper Loss	1/1/2015	15.00	127,628,693	5.00	58,271,111	13,339,900
Exper Loss	1/1/2016	15.00	238,078,028	6.00	126,120,661	24,861,664
Exper Loss	1/1/2017	15.00	202,516,711	7.00	121,071,637	21,129,527
Assumption	1/1/2017	15.00	192,518	7.00	115,094	20,086
Exper Loss	1/1/2018	15.00	192,320,141	8.00	127,160,600	20,048,551
Exper Loss	1/1/2019	15.00	177,450,994	9.00	127,790,557	18,483,198
Exper Loss	1/1/2020	15.00	101,635,996	10.00	78,768,071	10,577,857
Assumption	1/1/2020	15.00	195,218,574	10.00	151,294,730	20,317,548
Assumption	1/1/2021	15.00	172,148,277	11.00	142,202,352	17,902,562
Exper Loss	1/1/2023	15.00	212,219,985	13.00	195,051,534	22,069,820
Exper Loss	1/1/2024	15.00	44,238,699	14.00	42,511,857	4,600,604
Exper Loss	1/1/2025	15.00	90,509,801	15.00	90,509,801	9,412,568
Total Charges					$1,973,342,397	$ 289,738,193

Screen Actors Guild - Producers Pension Plan

Funding Standard Account Amortization Bases (Cont.)

Credits [Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 1/1/2025* Period	Balance	Annual Payment
Amendment	1/1/1997	30.00	$ 527,356	2.00	$ 79,839	$ 41,316
Amendment	1/1/1999	30.00	15,438,326	4.00	4,360,713	1,207,160
Amendment	1/1/2003	30.00	34,498,438	8.00	17,048,340	2,687,896
Exper Gain	1/1/2011	15.00	26,110,353	1.00	2,739,722	2,739,722
Exper Gain	1/1/2013	15.00	53,432,280	3.00	15,676,972	5,595,377
Exper Gain	1/1/2014	15.00	92,592,899	4.00	34,992,878	9,686,945
Exper Gain	1/1/2021	15.00	30,563,101	11.00	25,246,520	3,178,410
Exper Gain	1/1/2022	15.00	46,826,845	12.00	40,936,067	4,869,758
Assumption	1/1/2023	15.00	8,174,935	13.00	7,513,588	850,152
Total Credits					$ 148,594,639	$ 30,856,736
Net Total					$1,824,747,758	$ 258,881,457

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

Different types of amortization bases are as follows:

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

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2025

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

Employer: Corporate Management Solutions, Inc.
Fed ID: 37-1425813
Base Unit: % of Earnings

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	3/31/2025	3/31/2026
2025 SAG-AFTRA Direct Signatory Audio Commercials Agreement	3/31/2028	
2022 SAG-AFTRA Direct Signatory Commercials Agreement	3/31/2025	3/31/2026
2025 SAG-AFTRA Direct Signatory Commercials Agreement	3/31/2028	
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	12/31/2025
2025 SAG-AFTRA Corporate/Educational Agreement	10/31/2028	
2022 SAG-AFTRA Corporate/Educational Agreement	10/31/2025	3/31/2026
2022 SAG-AFTRA Interactive Media Agreement	10/31/2028	
2017 SAG-AFTRA Interactive Media Agreement	11/7/2020	3/15/2026
2024 SAG-AFTRA Interim Interactive Media Agreement	11/8/2025	12/31/2025

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2025

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

Employer: Cmc/Forecast, Inc.
Fed ID: 36-4042591
Base Unit: % of Earnings

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	3/31/2025	3/31/2026
2022 SAG-AFTRA Direct Signatory Commercials Agreement	3/31/2025	3/31/2026
2025 SAG-AFTRA Direct Signatory Commercials Agreement	3/31/2028	
2025 SAG-AFTRA Direct Signatory Audio Commercials Agreement	3/31/2028	
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	12/31/2025
2022 SAG-AFTRA Corporate/Educational Agreement	10/31/2025	3/31/2026

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2025

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

Employer: Twentieth Century Fox Film, Inc.
Fed ID: 84-0850631
Base Unit: % of Earnings

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026
2023 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA Basic Cable Animation AMPTP Agreement	6/30/2026	9/30/2026
2023 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2026	9/30/2026
2022 SAG-AFTRA Direct Signatory Commercials Agreement	3/31/2025	3/31/2026
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	12/31/2025

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2025

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

Employer: NBC Universal
Fed ID: 27-3526824
Base Unit: % of Earnings

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2025 SAG-AFTRA Network Television Code Agreement	8/30/2028	
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	12/31/2025
2023 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026
2021 SAG-AFTRA Sound Recordings Agreement	12/31/2026	
2023 WVIT-TV Agreement	6/30/2026	
2023 KNBC-TV Staff Newspersons	11/14/2026	
2025 WNBC-TV Newspersons Agreement	11/11/2026	
2023 NBC Network TV News Producers Agreement	9/30/2027	
2023 WRC-TV & WZDC-TV Agreement	3/31/2026	12/31/2026
2021 WCAU-TV Agreement	5/22/2023	5/22/2027
2025 WNJU-TV Agreement	8/19/2028	
2018 WMAQ-TV Agreement	2/5/2026	
2022 WSNS-TV Agreement	12/15/2023	12/31/2026

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2015 WNBC-TV Newspersons Agreement	12/17/2018	11/30/2025
2015 WMAQ-TV Agreement	12/15/2018	12/31/2026
2015 WMAQ-TV Agreement	12/15/2018	12/31/2026
2018 WNJU-TV Agreement	8/19/2021	5/30/2025
1998 AFTRA LA Local TV Program Agreement	11/15/2001	12/31/2026
1994 AFTRA New York Local Agreement	11/15/1997	12/31/2026

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2025

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

Employer: Universal Television, LLC
Fed ID: 41-2040219
Base Unit: % of Earnings

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2025 SAG-AFTRA Network Television Code Agreement	8/30/2028	
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	12/31/2025
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2025

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

Employer: Cbs Studios, Inc.
Fed ID: 20-3656897
Base Unit: % of Earnings

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	12/31/2025
2021 SAG-AFTRA Network Code Independent Agreement	6/30/2024	12/31/2025
2025 SAG-AFTRA Network Television Code Agreement	8/30/2028	
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2025

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

Employer: SAG-AFTRA
Fed ID: 45-4931719
Base Unit: % of Earnings

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
SAG-AFTRA Union Staff Participation Agreement - Health & Both Pensions	12/31/2050	
SAG-AFTRA Union Staff Participation Agreement - Health & SAG Pension	12/31/2050	
SAG-AFTRA Union Staff Participation Agreement - Health & AFTRA Retirement	12/31/2050	
SAG-AFTRA Union Staff Participation Agreement - SAG Pension Only	12/31/2050	

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2025

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

Employer: Netflix Production, LIC
Fed ID: 77-0467272
Base Unit: % of Earnings

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2022 SAG-AFTRA Netflix Television Agreement	6/30/2026	9/30/2026
2022 SAG-AFTRA Netflix Theatrical Agreement	6/30/2026	9/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026
2021 SAG-AFTRA Sound Recordings Agreement	12/31/2026	

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2025

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

Employer: Abc Studios
Fed ID: 95-4771596

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2025 SAG-AFTRA Network Television Code Agreement	8/30/2028	
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	12/31/2025
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2026	
2025 KSPN-AM Agreement	1/1/2028	
2023 KSPN-AM Agreement	1/30/2025	
2023 ABC Network Staff Agreement	6/30/2026	7/31/2026
2024 KABC-TV Newspersons Agreement	11/1/2027	
2022 WLS-TV Newspersons Agreement	11/18/2025	2/5/2026
2023 WEPN-FM and ESPN-AM Agreement	6/21/2026	
2018 WMVP-AM Agreement	9/30/2021	10/31/2026
2025 WABC-TV Agreement	3/13/2028	
2023 KGO-TV Staff Newspersons & Announcers Agreement	9/4/2026	
2021 WABC-TV Agreement	10/24/2024	10/31/2025
2003 AFTRA Commercial Radio Broadcast Agreement	11/15/2007	12/31/2026
2000 KABC-AM Announcers Staff & Freelance Agreement	11/15/2003	9/30/2025

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
1998 AFTRA LA Local TV Program Agreement	11/15/2001	12/31/2026
2000 San Francisco Local TV Program Agreement	12/31/2002	12/31/2026
1994 AFTRA New York Local Agreement	11/15/1997	12/31/2026

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2025

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

Employer: Warner Bros. Television
Fed ID: 13-3666692
Base Unit: % of Earnings

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

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

EIN 95-2110997
Plan No. 001
Plan Year Ended December 31, 2025

Form 5500, Additional Response Part I, Line 7

Total number of employers obligated to contribute to the Plan is 10,855. Because the form is limited to 4 digits, the maximum amount of 9,999 was entered

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Screen Actors Guild - Producers Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Board of Trustees Screen Actors Guild - Producers Pension Plan

D Employer Identification Number (EIN)
95-2110997

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

1a Enter the valuation date: Month 01 Day 01 Year 2025

b	Assets		
(1)	Current value of assets	1b(1)	5,247,431,860
(2)	Actuarial value of assets for funding standard account	1b(2)	5,364,372,432
c (1)	Accrued liability for plan using immediate gain methods	1c(1)	6,595,167,397
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	1c(2)(a)	
(b)	Accrued liability under entry age normal method	1c(2)(b)	
(c)	Normal cost under entry age normal method	1c(2)(c)	
(3)	Accrued liability under unit credit cost method	1c(3)	6,595,167,397
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2)	"RPA '94" information:		
(a)	Current liability	1d(2)(a)	10,579,758,407
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	210,164,711
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	396,740,450
(3)	Expected plan disbursements for the plan year	1d(3)	390,171,993

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

9/29/2026
Date

Cary Franklin
Type or print name of actuary

2604013
Most recent enrollment number

Horizon Actuarial Services, LLC
Firm name

818-691-2002
Telephone number (including area code)

5200 Lankershim Blvd, Suite 740
North Hollywood CA 91601
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	5,247,431,860
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		16,059	3,894,466,679
(2) For terminated vested participants		20,711	2,715,717,755
(3) For active participants:			
(a) Non-vested benefits			240,927,755
(b) Vested benefits			3,728,646,218
(c) Total active		31,218	3,969,573,973
(4) Total		67,988	10,579,758,407
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	49.59 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
	352,059,775				

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability — **6a**: 4.01 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.25 %	7.25 %
e Salary scale	6e	4.00 % ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.0 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	18,056,104
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	90,509,801	9,412,568

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		**8e**	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	116,676,340
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	1,973,342,397	289,738,193
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	29,465,054
e Total charges. Add lines 9a through 9d		**9e**	435,879,587
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	593,952,793
g Employer contributions. Total from column (b) of line 3		**9g**	352,059,775
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	148,594,639	30,856,736
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	55,933,830
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	2,207,596,091	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	4,393,926,561	
(3) FFL credit		**9j(3)**	0
k (1) Waived funding deficiency		**9k(1)**	0
(2) Other credits		**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	1,032,803,134
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	596,923,547
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No

Screen Actors Guild - Producers Pension Plan

The following change in actuarial assumptions was made as of January 1, 2025:

- The assumed annual operating expenses**,** payable monthly, changed from $18,000,000 to $18,750,000.

The assumption was changed based on recent and anticipated future experience, and professional judgement.

Statement by Enrolled Actuary

Plan Sponsor:	Board of Trustees, Screen Actors Guild – Producers Pension Plan
EIN:	95-2110997
Plan Number:	001
Plan Name:	Screen Actors Guild – Producers Pension Plan
Valuation Date:	January 1, 2025
Enrolled Actuary:	Cary Franklin
Enrollment Number:	26-04013

The actuarial assumptions and methods, in combination, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the plan's auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amount of contributions shown in Line 3 of Schedule MB was listed in reliance on information provided by the plan administrator and/or the plan's auditor.

Attached as separate exhibits are:

- Line 6 – Statement of Actuarial Assumptions/Methods
- Line 6 – Summary of Plan Provisions
- Line 8b(1) – Schedule of Projection of Expected Benefit Payments
- Line 8b(2) – Schedule of Active Participant Data
- Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
- Lines 9c and 9h – Schedule of Funding Standard Account Bases
- Line 11 – Justification for Change in Actuarial Assumptions

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
Screen Actors Guild - Producers Pension Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/02/1960

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
Board of Trustees Screen Actors Guild - Producers

3601 West Olive Avenue
Suite 300
Burbank CA 91505

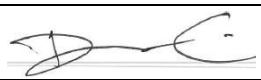
2b Employer Identification Number (EIN) 95-2110997

2c Plan Sponsor's telephone number (818) 954-9400

2d Business code (see instructions) 512100

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

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

SIGN HERE		10/12/2026	David Choi
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/12/2026	Barry Gordon
	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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	67,988
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)**	31,218
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	27,978
b	Retired or separated participants receiving benefits	**6b**	15,119
c	Other retired or separated participants entitled to future benefits	**6c**	21,317
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	64,414
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1,340
f	Total. Add lines **6d** and **6e**.	**6f**	65,754
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	9,999

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

1A

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) [X]	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)** [X] **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)** [X] **A** (Insurance Information) – Number Attached 1
- **(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_____

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2025

Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: Corporate Management Solutions, Inc.
Fed ID: 37-1425813
Base Unit: % of Earnings

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	23.50%	11/1/2025	3/31/2026
2025 SAG-AFTRA Direct Signatory Audio Commercials Agreement	23.50%	4/1/2025	3/31/2028
2022 SAG-AFTRA Direct Signatory Commercials Agreement	23.50%	11/1/2025	3/31/2026
2025 SAG-AFTRA Direct Signatory Commercials Agreement	23.50%	4/1/2025	3/31/2028
2021 SAG-AFTRA Network Television Code Agreement	20.30%	10/19/2025	12/31/2025
2025 SAG-AFTRA Corporate/Educational Agreement	20.25%	12/15/2025	10/31/2028
2022 SAG-AFTRA Corporate/Educational Agreement	18.75%	2/1/2026	3/31/2026
2022 SAG-AFTRA Interactive Media Agreement	17.00%	10/31/2026	10/31/2028
2017 SAG-AFTRA Interactive Media Agreement	17.00%	1/1/2026	3/15/2026
2024 SAG-AFTRA Interim Interactive Media Agreement	17.00%	11/9/2025	12/31/2025

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2025

Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: Cmc/Forecast, Inc.
Fed ID: 36-4042591
Base Unit: % of Earnings

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	23.50%	11/1/2025	3/31/2026
2022 SAG-AFTRA Direct Signatory Commercials Agreement	23.50%	11/1/2025	3/31/2026
2025 SAG-AFTRA Direct Signatory Commercials Agreement	23.50%	4/1/2025	3/31/2028
2025 SAG-AFTRA Direct Signatory Audio Commercials Agreement	23.50%	4/1/2025	3/31/2028
2021 SAG-AFTRA Network Television Code Agreement	21.30%	10/19/2025	12/31/2025
2022 SAG-AFTRA Corporate/Educational Agreement	18.75%	2/1/2026	3/31/2026

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Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: Twentieth Century Fox Film, Inc.
Fed ID: 84-0850631
Base Unit: % of Earnings

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
SAG Phono Conversion Theatrical/Television Agreement	21.00%	1/1/2024	6/30/2026
2023 SAG-AFTRA Codified Basic AMPTP Agreement	21.00%	11/9/2023	6/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	21.00%	11/9/2023	6/30/2026
2023 SAG-AFTRA Basic Cable Animation AMPTP Agreement	20.80%	7/1/2026	9/30/2026
2023 SAG-AFTRA TV Animation AMPTP Agreement	20.80%	7/1/2026	9/30/2026
2022 SAG-AFTRA Direct Signatory Commercials Agreement	20.50%	11/1/2025	3/31/2026
2021 SAG-AFTRA Network Television Code Agreement	20.00%	10/19/2025	12/31/2025

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Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: NBC Universal
Fed ID: 27-3526824
Base Unit: % of Earnings

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2025 SAG-AFTRA Network Television Code Agreement	21.30%	10/19/2025	8/30/2028
2021 SAG-AFTRA Network Television Code Agreement	21.30%	10/19/2025	12/31/2025
2023 SAG-AFTRA Codified Basic AMPTP Agreement	21.00%	11/9/2023	6/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	21.00%	11/9/2023	6/30/2026
SAG Phono Conversion Theatrical/Television Agreement	21.00%	1/1/2024	6/30/2026
2021 SAG-AFTRA Sound Recordings Agreement	13.50%	1/1/2025	12/31/2026
2023 WVIT-TV Agreement	13.00%	1/1/2024	6/30/2026
2023 KNBC-TV Staff Newspersons	13.00%	11/1/2026	11/14/2026
2025 WNBC-TV Newspersons Agreement	13.00%	11/1/2026	11/11/2026
2023 NBC Network TV News Producers Agreement	12.75%	10/1/2023	9/30/2027
2023 WRC-TV & WZDC-TV Agreement	12.75%	4/1/2026	12/31/2026
2021 WCAU-TV Agreement	12.75%	6/1/2026	5/22/2027
2025 WNJU-TV Agreement	12.75%	8/18/2027	8/19/2028
2018 WMAQ-TV Agreement	12.75%	12/1/2023	2/5/2026
2022 WSNS-TV Agreement	12.75%	1/1/2026	12/31/2026
CBA Agreement	**Total Rate**	**Rate Effective**	**Rate Expiration**
2015 WNBC-TV Newspersons Agreement	12.75%	12/1/2024	11/30/2025
2015 WMAQ-TV Agreement	12.50%	1/1/2026	12/31/2026
2015 WMAQ-TV Agreement	12.50%	1/1/2026	12/31/2026
2018 WNJU-TV Agreement	12.25%	1/1/2025	5/30/2025
1998 AFTRA LA Local TV Program Agreement	11.00%	1/1/2026	12/31/2026
1994 AFTRA New York Local Agreement	10.50%	1/1/2026	12/31/2026

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Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: Universal Television, LLC
Fed ID: 41-2040219
Base Unit: % of Earnings

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2025 SAG-AFTRA Network Television Code Agreement	21.30%	10/19/2025	8/30/2028
2021 SAG-AFTRA Network Television Code Agreement	21.30%	10/19/2025	12/31/2025
SAG Phono Conversion Theatrical/Television Agreement	21.00%	1/1/2024	6/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	21.00%	11/9/2023	6/30/2026

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Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: Cbs Studios, Inc.
Fed ID: 20-3656897
Base Unit: % of Earnings

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2021 SAG-AFTRA Network Television Code Agreement	21.30%	10/19/2025	12/31/2025
2021 SAG-AFTRA Network Code Independent Agreement	21.30%	10/19/2025	12/31/2025
2025 SAG-AFTRA Network Television Code Agreement	21.30%	10/19/2025	8/30/2028
SAG Phono Conversion Theatrical/Television Agreement	21.00%	1/1/2024	6/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	21.00%	11/9/2023	6/30/2026

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Employer: SAG-AFTRA
Fed ID: 45-4931719
Base Unit: % of Earnings

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
SAG-AFTRA Union Staff Participation Agreement - Health & Both Pensions	36.19%	1/1/2025	12/31/2050
SAG-AFTRA Union Staff Participation Agreement - Health & SAG Pension	22.75%	10/1/2023	12/31/2050
SAG-AFTRA Union Staff Participation Agreement - Health & AFTRA Retirement	22.75%	10/1/2023	12/31/2050
SAG-AFTRA Union Staff Participation Agreement - SAG Pension Only	13.44%	10/1/2023	12/31/2050

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Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: Netflix Production, LIC
Fed ID: 77-0467272
Base Unit: % of Earnings

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2022 SAG-AFTRA Netflix Television Agreement	21.00%	7/1/2026	9/30/2026
2022 SAG-AFTRA Netflix Theatrical Agreement	21.00%	7/1/2026	9/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	21.00%	11/9/2023	6/30/2026
SAG Phono Conversion Theatrical/Television Agreement	21.00%	1/1/2024	6/30/2026
2021 SAG-AFTRA Sound Recordings Agreement	13.50%	1/1/2025	12/31/2026

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Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: Warner Bros. Television
Fed ID: 13-3666692
Base Unit: % of Earnings

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2023 SAG-AFTRA Television AMPTP Agreement	21.00%	11/9/2023	6/30/2026
SAG Phono Conversion Theatrical/Television Agreement	21.00%	1/1/2024	6/30/2026
2021 SAG-AFTRA Network Television Code Agreement	20.30%	10/19/2025	12/31/2025
2021 SAG-AFTRA Sound Recordings Agreement	13.50%	1/1/2025	12/31/2026

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Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: Abc Studios
Fed ID: 95-4771596

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2025 SAG-AFTRA Network Television Code Agreement	21.30%	10/19/2025	8/30/2028
2021 SAG-AFTRA Network Television Code Agreement	21.30%	10/19/2025	12/31/2025
SAG Phono Conversion Theatrical/Television Agreement	21.00%	1/1/2024	6/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	21.00%	11/9/2023	6/30/2026
2023 SAG-AFTRA Codified Basic AMPTP Agreement	20.50%	11/9/2023	6/30/2026
2025 KSPN-AM Agreement	14.50%	10/1/2025	1/1/2028
2023 KSPN-AM Agreement	14.00%	1/1/2024	1/30/2025
2023 ABC Network Staff Agreement	14.00%	7/1/2026	7/31/2026
2024 KABC-TV Newspersons Agreement	13.50%	11/1/2026	11/1/2027
2022 WLS-TV Newspersons Agreement	13.00%	11/19/2025	2/5/2026
2023 WEPN-FM and ESPN-AM Agreement	13.00%	5/12/2025	6/21/2026
2018 WMVP-AM Agreement	13.00%	11/1/2025	10/31/2026
2025 WABC-TV Agreement	13.00%	3/15/2027	3/13/2028
2023 KGO-TV Staff Newspersons & Announcers Agreement	13.00%	9/5/2023	9/4/2026
2021 WABC-TV Agreement	13.00%	10/25/2024	10/31/2025
2003 AFTRA Commercial Radio Broadcast Agreement	11.50%	1/1/2026	12/31/2026
2000 KABC-AM Announcers Staff & Freelance Agreement	11.50%	1/1/2025	9/30/2025

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
1998 AFTRA LA Local TV Program Agreement	11.00%	1/1/2026	12/31/2026
2000 San Francisco Local TV Program Agreement	10.50%	1/1/2026	12/31/2026
1994 AFTRA New York Local Agreement	10.50%	1/1/2026	12/31/2026