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

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

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

D Check box if filing under:
- [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
MOTION PICTURE AND TELEVISION FUND RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1981

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)
MOTION PICTURE AND TELEVISION FUND

23388 MULHOLLAND DRIVE
WOODLAND HILLS, CA 91364

2b Employer Identification Number (EIN)
95-1652916

2c Plan Sponsor's telephone number
818-876-1549

2d Business code (see instructions)
813000

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.	10/15/2026	KATHRYN ADAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1023
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)**	148
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	131
b	Retired or separated participants receiving benefits	**6b**	566
c	Other retired or separated participants entitled to future benefits	**6c**	266
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	963
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	46
f	Total. Add lines **6d** and **6e**.	**6f**	1009
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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit 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
MOTION PICTURE AND TELEVISION FUND RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MOTION PICTURE AND TELEVISION FUND

D Employer Identification Number (EIN)
95-1652916

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

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

2 Assets:

a Market value	**2a**	47600880
b Actuarial value	**2b**	45500771

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	577	40104359	40104359
b For terminated vested participants	301	10293230	10293230
c For active participants	148	6947586	6947586
d Total	1026	57345175	57345175

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	728000
c Target normal cost	**6c**	728000

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

08/24/2026
Date

SAMANTHA OLSON, FSA, EA
Type or print name of actuary

26-09085
Most recent enrollment number

NYHART
Firm name

770-405-0756
Telephone number (including area code)

530 B STREET
SUITE 900
SAN DIEGO, CA 92101
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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1740018
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1740018
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 10.47 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		900
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.06 %		46
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		946
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	79.34 %
15	Adjusted funding target attainment percentage	15	79.34 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	79.23 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 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
02/10/2025	197036	0	08/12/2025	197036	0
03/10/2025	197037	0	09/10/2025	197037	0
04/10/2025	197036	0	10/09/2025	197036	0
05/09/2025	197036	0	11/10/2025	197037	0
06/10/2025	197037	0	12/12/2025	197037	0
07/10/2025	197036	0	12/23/2025	105000	0
			Totals ► 18(b)	2272401	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2209253

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.55 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	728000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	11844404	1479925
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2207925

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	2207925
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2209253
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1328
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

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	**B** Three-digit plan number (PN) ▶	
MOTION PICTURE AND TELEVISION FUND RETIREMENT INCOME PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
MOTION PICTURE AND TELEVISION FUND	95-1652916	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

ASCENSUS LLC

82-3719843

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	100201	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB TRUST BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 50	NONE	15534	Yes [X] No [ ]	Yes [X] No [ ]	11437	Yes [ ] No [X]

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

BANNER RIDGE

641 LEXINGTON AVENUE
27TH FLOOR
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	26261	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)

D E SHAW

1166 AVENUE OF THE AMERICAS
NINTH FLOOR
NEW YORK, NY 10036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	23068	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRIDGE INVESTMENT GROUP

111 E SEGO LILY DR
STE 400
SALT LAKE CITY, UT 84070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	18191	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RIALTO CAPITAL MANAGEMENT

200 SOUTH BISCAYNE BLVD
SUITE 3550
MIAMI, FL 33131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	10000	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)

KING STREET

C/O HSBC SECURITIES SERVICES 1 GRAND CANAL SQUARE
DUBLIN, IRELAND D02 P820 IR

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	9124	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WHITEHAWK

C/O UMB FINANCIAL CORPORATION
1010 GRAND BOULEVARD
KANSAS CITY, MO 64106

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	8731	Yes [ ] No [X]	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
CHARLES SCHWAB TRUST BANK	59	5865

(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.
CLIFFWATER 4640 ADMIRALTY WAY 11TH FLOOR MARINA DEL REY, CA 90292	SHAREHOLDER SERVICES AND USED TO PAY TRUST AND CUSTODY FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	59	4618

(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.
GQG PARTNERS 450 E LAS OLAS BLVD STE 750 FORT LAUDERDALE, FL 33301	SHAREHOLDER SERVICES AND USED TO PAY TRUST AND CUSTODY FEES

(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 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
MOTION PICTURE AND TELEVISION FUND RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOTION PICTURE AND TELEVISION FUND

D Employer Identification Number (EIN)
95-1652916

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	918187	502552
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	667786	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	612389
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	46115947	49174701
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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		
1f Total assets (add all amounts in lines 1a through 1e)	1f	47701920	50289642
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	47701920	50289642

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)	2272401	
(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)		2272401
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	1389547	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1389547
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4114256
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7776204
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4355490	
(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)		4355490
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	95683	
(6) Bank or trust company trustee/custodial fees	2i(6)	15534	
(7) Actuarial fees	2i(7)	100201	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	621574	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		832992
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5188482
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2587722
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
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 584706.

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
MOTION PICTURE AND TELEVISION FUND RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOTION PICTURE AND TELEVISION FUND

D Employer Identification Number (EIN)
95-1652916

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): 82-3967259

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** 2

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 37.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 17.0 %
High-Yield Debt: 5.0 % Real Assets: 2.0 % Cash or Cash Equivalents: 2.0 % Other: 37.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Independent Auditors' Report and
Financial Statements with
Supplemental Schedules

Motion Picture and Television Fund Retirement Income Plan

December 31, 2025 and 2024

bakertilly

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Independent Auditors' Report

The Plan Administrator
Motion Picture And Television Fund Retirement Income Plan

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

We have performed audits of the financial statements of Motion Picture And Television Fund Retirement Income Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the 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 statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Motion Picture And Television Fund Retirement Income 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Motion Picture And Television Fund Retirement Income Plan’s ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 Motion Picture And Television Fund Retirement Income 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 Motion Picture And Television Fund Retirement Income Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules *Required by ERISA*

The Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

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



Albuquerque, New Mexico
October 15, 2026

Financial Statements

Motion Picture and Television Fund Retirement Income Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value		
Mutual funds	$ 32,303,724	$ 29,819,410
Alternative investment funds	16,870,977	16,296,537
Total investments	49,174,701	46,115,947
Cash and cash equivalents	502,552	918,187
Other receivable - Due from broker	612,389	-
Employer contributions receivable	-	667,786
NET ASSETS AVAILABLE FOR BENEFITS	$ 50,289,642	$ 47,701,920

See accompanying notes.

Motion Picture and Television Fund Retirement Income 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	$ 4,114,256	$ 3,413,636
Interest and dividends	1,389,547	1,390,544
Total investment income	5,503,803	4,804,180
Employer contributions	2,272,401	667,786
Total additions	7,776,204	5,471,966
DEDUCTIONS		
Benefits paid directly to participants	4,355,490	4,118,827
Administrative expenses	832,992	995,213
Total deductions	5,188,482	5,114,040
CHANGE IN NET ASSETS	2,587,722	357,926
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	47,701,920	47,343,994
End of year	$ 50,289,642	$ 47,701,920

See accompanying notes.

Motion Picture and Television Fund Retirement Income Plan
Statement of Accumulated Plan Benefits
December 31, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits		
Participants currently receiving benefits payments	$	38,667,796
Other participants		16,330,237
Total actuarial present value of accumulated plan benefits	$	54,998,033

See accompanying notes.

Motion Picture and Television Fund Retirement Income Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
Beginning of year	$ 55,548,090
CHANGES DURING THE YEAR ATTRIBUTABLE TO	
Increase in interest due to decrease in discount period	3,211,120
Benefits paid during the year ended December 31, 2024	(4,118,827)
Assumption changes	4,474
Benefits accumulated and other changes	353,176
Net change	(550,057)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
End of year	$ 54,998,033

See accompanying notes.

Note 1 – Description of Plan

The following description of the Motion Picture and Television Fund Retirement Income Plan (the Plan) provides only general information. Plan participants and other interested parties should refer to the plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined benefit pension plan established effective May 1, 1981, and most recently amended January 1, 2016. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective June 30, 2011, the Plan was amended to freeze participation and benefit accruals with respect to non-union employees. Effective February 28, 2014, the Plan was amended to freeze participation and benefit accruals with respect to union employees. Effective on these freeze dates, employees may not commence participation in the Plan and participants do not accrue additional benefits.

Plan administration – The assets of the Plan are held under a trust agreement with Charles Schwab Trust Bank (Schwab). The trust agreement requires that Schwab holds, administers, and distributes the funds of the Plan pursuant to the trust agreement and in accordance with the provisions of the Plan. The Plan is administered by NyHart, part of FuturePlan by Ascensus (NyHart). Motion Picture and Television Fund (the Company) is the Plan's sponsor and serves as plan administrator.

Pension benefits – Employees are entitled to annual pension benefits beginning at normal retirement age (65) equal to:

a. 1% of a participant's final earnings not in excess of $4,800 plus 2% of such final earnings in excess of $4,800 but not in excess of $9,600, multiplied by a participant's non-contributory credited service measured in years and months.

b. 1% of a participant's final earnings not in excess of $4,800 plus 2% of such final earnings in excess of $4,800, multiplied by a participant's contributory credited service measured in years and months.

The sum of a. and b. above, however, cannot be less than $120 multiplied by a participant's credited service not in excess of 20 years or an annual benefit of $120.

A participant's final earnings means the highest average annual compensation received in any five consecutive full calendar years during the last ten full calendar years before a participant's retirement date; or if employment ceases more than five years before retirement, the average annual compensation received in the last five full calendar years before employment ceases.

Early retirement is allowed at age 55 with five years of service. Employees forfeit the right to receive the portion of their accumulated plan benefits if they terminate before rendering five years of service. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity or as a life annuity payable monthly from retirement.

Vesting – Under the terms of the Plan, participants are eligible for normal retirement benefits upon reaching age 65, as defined. As a result of plan amendments, the accrual of pension benefits and vesting schedules may vary amongst participants. Participants should refer to specific benefit formulas and vesting schedules contained in the plan agreement for more details.

Death and disability benefits – If an active employee dies, a death benefit equal to 50% of the 50% joint and survivor annuity is paid to the surviving spouse at the later of date of death or the employee's early retirement age. Upon death, employee contributions may be distributed with interest to the employee's beneficiary. An active employee who becomes disabled may be eligible to retire in accordance with the Plan Agreement.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting – The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), using the accrual basis of accounting.

Use of estimates – The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

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

Expenses – The Plan's expenses are paid by the Plan or the Company, as specified in the plan agreement or at the discretion of management. Expenses that are paid by the Company are excluded from these financial statements. Certain administrative expenses paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are deducted from investment earnings, as disclosed in the investment prospectus, and thus are not separately disclosed in the accompanying financial statements.

Actuarial present value of accumulated plan benefits – Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' final earnings, defined in the plan agreement as the highest average earnings received in any five consecutive years during the last ten years preceding retirement. The accumulated plan benefits for active employees are based on their highest average compensation in five consecutive years during the ten years ending on the date as of which the benefits information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary 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, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following actuarial assumptions are based on the presumption that the Plan will continue as a frozen plan. 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 computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, 2024, there would be no material differences.

The significant actuarial assumptions used in the valuation as of December 31, 2024, were as follows:

Items	2024 Assumptions
Discount rate	6.00% per year
Retirement age	Rates vary by age for active employees Age 63 for vested terminated employees
Mortality rates	Pri-2012 Mortality Table, projected generationally with Scale MP-2021

Payment of benefits – Benefit payments to participants are recorded upon distribution.

Subsequent events –The Plan has evaluated subsequent events through October 15, 2026, which is the date the financial statements were available to be issued.

Note 3 – Fair Value Measurements

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

The three levels of the fair value hierarchy are described below:

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

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets in active markets; quoted prices for identical or similar assets in inactive markets; inputs other than quoted prices that are observable for the asset; or inputs that are derived principally from or can be corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset.

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

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

Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The following is a description of the valuation techniques used for the assets measured at fair value. There were no changes in the techniques used during the years ended December 31, 2025 and 2024.

Mutual funds – Shares in registered investment companies (mutual funds) are valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission.

Investments Measured Using Net Asset Value as a Practical Expedient – The Plan invests in various alternative investment funds, including private credit funds, real estate funds, hedge funds, and other private investment partnerships. These investments are not publicly traded and are measured at NAV per share or its equivalent as a practical expedient.

The NAV is determined by the respective investment managers based on the fair value of the underlying investments, less applicable liabilities. Management considers the NAV information provided by the investment managers, including relevant capital activity and other available information, in determining the fair value of these investments.

The following table summarizes the Plan's investments measured using NAV as a practical expedient as of December 31, 2025 and 2024:

	Fair Value 2025	Fair Value 2024	Unfunded Commitments 2025	Unfunded Commitments 2024	Redemption Frequency	Redemption Notice Period
Multistrategy and absolute return hedge funds	$ 7,530,129	$ 7,428,958	$ -	$ -	Varies by fund	Varies by fund
Long/short equity hedge funds	2,710,316	2,499,178	-	-	Quarterly	60 days
Private credit and opportunistic drawdown funds	3,620,851	3,885,699	222,548	1,415,492	Quarterly / Not redeemable	Varies / N/A
Real estate and real estate debt funds	2,204,267	1,871,697	910,476	459,805	Monthly / Not redeemable	Varies / N/A
Private investment secondaries	805,414	611,005	535,138	567,216	Not redeemable	N/A
	$ 16,870,977	$ 16,296,537	$ 1,668,162	$ 2,442,513		

- **Multistrategy and absolute return hedge funds:** These investments pursue diversified strategies across equity, credit, and other financial markets. Certain funds may utilize short selling, leverage, derivatives, and opportunistic investments. Redemption provisions vary by fund and share class and may include advance notice requirements, redemption gates, side-pocket investments, and restrictions on settlement of redemption proceeds.

- **Long/short equity hedge funds:** These funds invest in long and short positions in publicly traded equity securities, with an emphasis on identifying securities whose market values differ from their underlying investment fundamentals. Certain investments generally permit quarterly redemptions with 60 days' advance notice, subject to applicable fund restrictions.

- **Private credit and opportunistic drawdown fund:** These investments primarily provide financing to private companies or invest in credit-related opportunities, including direct lending, structured credit, distressed investments, and special situations.

Certain private credit investments offer periodic share repurchases subject to fund-level limitations, board approval, and available liquidity. Other investments are structured as closed-end partnerships and do not permit investor-initiated redemptions. Capital is generally returned through distributions as underlying investments are realized.

- **Real estate and real estate debt funds:** These investments primarily hold interests in residential and commercial real estate, real estate-related debt, and other real estate financing arrangements.

  Certain investments offer limited periodic share repurchases subject to program restrictions and available liquidity. Other investments are structured as limited partnerships, with distributions dependent upon operating cash flows, refinancing, or the realization of underlying properties and loans.

- **Private investment secondaries:** These investments primarily acquire existing interests in private investment funds and other secondary-market opportunities. The investments are generally illiquid and do not permit investor-initiated redemptions. Capital is returned through distributions from the underlying investments and eventual liquidation of the partnerships.

  Banner Ridge Secondary Fund V has a scheduled termination date in July 2032, subject to extension provisions under the fund's governing agreement.

As of December 31, 2025 and 2024, the Plan's unfunded commitments to alternative investments totaled $1,668,162 and $2,442,513, respectively. These commitments represent additional capital that may be called by the investment managers pursuant to the respective fund agreements.

The Plan's ability to liquidate certain alternative investments is limited by the respective fund agreements. Such limitations may include redemption notice periods, repurchase limits, redemption gates, restrictions on the transfer of ownership interests, and the timing of realization of underlying investments. Certain nonredeemable funds may continue operating beyond their scheduled termination dates pursuant to extension provisions in their governing agreements.

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

The following table discloses the fair value hierarchy of the Plan's assets by level:

	Fair Value Measurements at December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 32,303,724	$ -	$ -	$ 32,303,724
Investments measured at NAV (practical expedient)				16,870,977
Total investments, at fair value				$ 49,174,701

	Fair Value Measurements at December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 29,819,410	$ -	$ -	$ 29,819,410
Investments measured at NAV (practical expedient)				16,296,537
Total investments, at fair value				$ 46,115,947

Note 4 – Certified Investment Information

The following information related to investments was obtained by management and agreed to or derived from information certified as complete and accurate by Charles Schwab Trust Bank, a qualified institution:

- Investments and cash totaling $50,172,971 and $45,811,150 and included on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, respectively.
- Net appreciation in fair value of investments, interest, and dividends on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.
- Investments reflected on Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025.
- Investment transactions reported on Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2025.

Note 5 – Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make contributions to the Plan in amounts determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024.

Note 6 – Plan Termination

While it is not the Company's intent to terminate the Plan, the Plan may be amended or terminated by the Company at any time. In the event the Plan is terminated, the accrued benefits to be provided from the assets of the Plan will, to the extent funded, be distributed to the participants and their beneficiaries according to the order of priority as described in the plan agreement. Should the Plan terminate at some future time, its assets generally will be available on a pro rata basis to provide participants' benefits.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC). Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Note 7 – Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated February 1, 2018, that the Plan was designed in accordance with applicable sections of Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, the plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the values of the investments in the near term could materially affect the amounts reported in the statements of net assets available for benefits.

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

Supplemental Schedules

Motion Picture and Television Fund Retirement Income Plan
Employer Identification Number: 95-1652916, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
	Dimensional	Inflation Protected Securities I Fund	$ 4,764,371	$ 4,518,982
	Fidelity	FPA New Income Fund	2,363,063	1,828,905
	GQG Partners	Global Quality Equity Fund	4,510,187	5,252,677
	Vanguard	Total Stock Market Index Fund	5,497,617	8,151,885
	Vanguard	Total Intl Stock Index Fund	4,577,000	5,322,326
	World Gold Trust	SPDR Gold MiniShares Trust Fund	1,124,628	1,757,256
*	Schwab	Government Money Market Fund	536,310	915,547
	Cliffwater	Corporate Lending I Fund	2,070,314	2,278,710
	Cliffwater	Corporate Enhanced Lending I Fund	2,079,380	2,277,436
			27,522,870	32,303,724
	Alternative Investment Funds			
	Banner Ridge	Secondary Fund V	152,546	805,414
	Blackstone	Real Estate Income Trust	884,388	1,024,438
	Blackstone	Private Credit Fund	1,995,828	1,936,605
	Bridge	Multifamily Fund V	889,999	818,403
	D.E. Shaw	D.E. Shaw Orienteer International Fund	1,895,958	3,174,574
	FPA	WhiteHawk III, L.P.	279,370	229,216
	White Hawk	IV Onshore Fund L.P.	289,708	852,358
	Hawk Ridge	Partners II (Offhsore Ltd)	2,427,601	2,710,316
	Ruffer	Absolute Institutional Ltd	2,184,310	2,423,530
	King Street Capital	Global Drawdown, L.P.	619,081	602,672
	King Street Capital	Class A Shares	1,752,358	1,837,165
	King Street Capital	Class S Shares	142,546	94,860
	Rialto	Real Estate Fund V - Debt, L.P.	225,000	361,426
			13,738,693	16,870,977
			$ 41,261,563	$ 49,174,701

* Indicates party-in-interest.

Motion Picture and Television Fund Retirement Income Plan
Employer Identification Number: 95-1652916, Plan Number: 001
Schedule H, line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Expenses Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Series of transactions in excess of 5% of plan assets							
Schwab Government Money Fund							
35 purchases	Mutual fund	$ 8,785,444	$ -	$ -	$ 8,785,444	$ 8,785,444	$ -
19 sales	Mutual fund	-	9,432,676	-	7,376,290	-	2,056,386

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Active Participant Schedule

Active participant information grouped based on age and credited service.

Age Group	Years of Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up
Under 25										
25 to 29										
30 to 34		2								
35 to 39										
40 to 44	1	2								
45 to 49	1	3	4	4						
50 to 54		3	11	5	5	2				
55 to 59	3	5	11	13	5	8	2			
60 to 64		2	13	8	6	8	9			
65 to 69		2	4	2		2				
70 & up	1						1			

Except where otherwise indicated, the following assumptions were selected by the plan sponsor with the concurrence of the actuary. Prescribed assumptions are based on the requirements of the relevant law, the Internal Revenue Code, and applicable regulation. The actuary was not able to evaluate the prescribed assumptions for reasonableness for the purpose of the measurement.

Valuation Date

January 1, 2025

Participant and Asset Information Collected as of

January 1, 2025

Retirement Rates *(FE)*

Age	Rate
Under 55	0.0%
55	15.0%
56-59	3.0%
60-61	5.0%
62	15.0%
63-64	5.0%
65	100.0%

Current and future vested terminated participants are assumed to retire at age 63.

As the plan is not large enough to have credible experience, retirement rates are based on professional judgement and expectation for the general population adjusted as necessary for the specific provisions of the plan.

Mortality Rates *(FE)*

Healthy and Disabled - Prescribed

2025 IRS Generational Mortality - Pri-2012 base mortality with separate rates for annuitants and non-annuitants as provided in IRC 430(h)(3). Mortality projections are based on SOA Adjusted Improvement Scale MP-2021 and the projection methodology described in IRS regulation 1.430(h)(3)-(1)(c).

The mortality table is prescribed by federal regulation.

Lump Sum

IRS 2025 Applicable Mortality as prescribed by IRC 417(e), with no pre-commencement mortality assumed.

The mortality table is prescribed by federal regulation.

ASC 960

Pri-2012 Mortality Table, projected generationally with Scale MP -2021

The Society of Actuaries (SOA) has not released an updated mortality improvement scale for 2022 through 2024 as they would be based on data impacted by the COVID pandemic, and it is unclear how the pandemic may impact future mortality. We considered alternative projection scales that reflected continued excess deaths from the pandemic, however implemented a conservative approach of continuing with the PRI -2012 with MP-2021 scale for the mortality assumption, given anticipated impacts would be small gains.

As the plan is not large enough to have credible experience, mortality assumptions are set to reflect general population trends.

Disability Rates *(FE)*

Sample rates as follows:

Age	Males	Females
20	0.03%	0.03%
25	0.04%	0.05%
30	0.05%	0.08%
35	0.07%	0.14%
40	0.12%	0.21%
45	0.20%	0.32%
50	0.36%	0.53%
55	0.72%	0.95%
60	1.26%	1.16%

The disability rates were set by the prior actuary. We believe these assumptions to be reasonable, and in our professional opinion, additional evaluation of the assumption is not merited, given the plan is frozen and all participants are fully vested.

Withdrawal Rates *(FE)*

Sample rates as follows:

Age	Years of Service			
	0-2	*2-4*	*5-9*	*10+*
20	27.3%	20.6%	N/A	N/A
25	24.7%	18.6%	12.6%	N/A
30	22.2%	16.8%	11.4%	8.2%
35	19.9%	15.2%	10.3%	6.4%
40	17.8%	13.6%	9.3%	5.0%
45	15.9%	12.3%	8.4%	3.9%
50	14.1%	11.0%	7.5%	3.0%

The withdrawal rates were set by the prior actuary. We believe these assumptions to be reasonable, and in our professional opinion, additional evaluation of the assumption is not merited, given the plan is frozen and all participants are fully vested.

Annual Pay Increases *(CO)*

Not Applicable.

Interest Rates

	1st Segment (0-5 years)	2nd Segment (5-20 years)	3rd Segment (20+ years)
Minimum Funding and Benefit Restrictions - Prescribed *(CO)*	5.07%	5.31%	5.55%
PBGC and Maximum Funding - Prescribed *(CO)*	5.07%	5.33%	5.36%
ASC 960 *(CO)*	6.00%	6.00%	6.00%
For Converting Accumulated Employee Contributions to Annuities			
-Funding (same as used for Minimum Funding)	5.07%	5.31%	5.55%
-ASC 960 (August 417(e)(3) interest rates)	4.50%	4.96%	5.40%

All segment rates are based on the sponsor's election to use a 4 month lookback. The minimum Funding and Benefit Restriction interest rates are based on rates with ARP relief. The PBGC interest rates are based on the sponsor's election to use the Alternative calculation method. The Alternative calculation method was first elected in 2008.

Interest rates used for Minimum and Maximum funding purposes are prescribed by IRS regulation. The ASC 960 interest rate is the expected long term rate of return on assets. This assumption has been set by the plan sponsor in conjunction with their asset advisors. We have reviewed the assumption and believe it to be reasonable.

Payment Form Election *(FE)*	80% of participants are assumed to elect a single life annuity and 20% are assumed to elect a refund of employee contributions with a single life annuity residual benefit. Terminated vested participants are assumed to elect a single life annuity.
Expense and/or Contingency Loading *(FE)*	The Target Normal Cost is increased by $728,000 to cover anticipated administrative expenses paid from the trust during the 2025 plan year.
Participant Contributions *(CO)*	Assumed to accumulate at 120% of the January Applicable Federal Mid-term interest rate.
Marital Status and Ages *(FE)*	80% of male Participants are assumed to be married and 50% of female Participants are assumed to be married. Wives are assumed to be 3 years younger than husbands.
Market Value of Assets	Equal to the fair value of assets as of the valuation date, plus the discounted value of contributions made following the valuation date and before the date of this report for the purpose of satisfying the prior year's funding requirements
Plan Asset Valuation Method	PPA Smoothed Value of Assets. Gains or losses on the Market Value of Assets are recognized over three years, subject to a 10% corridor around the Market Value of Assets
Expected Rate of Return on Assets (CO)	For determination of the Plan Asset value, the expected return on assets is equal to 6.00%
Cost Method	PPA requires the use of the Unit Credit cost method for determining the minimum required contribution and PBGC premiums. The maximum tax deductible contribution calculation includes limited Projected Unit Credit calculations as required under IRC 404(o). ASC 960 requires the use of the Unit Credit cost method.

FE indicates an assumption representing an estimate of future experience
MD indicates an assumption representing observations of estimates inherent in market data
CO indicates an assumption representing a combination of an estimate of future experience and observations of market data

Motion Picture and Television Fund Retirement Income Plan
Employer Identification Number: 95-1652916, Plan Number: 001
Schedule H, line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Expenses Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Series of transactions in excess of 5% of plan assets							
Schwab Government Money Fund							
35 purchases	Mutual fund	$ 8,785,444	$ -	$ -	$ 8,785,444	$ 8,785,444	$ -
19 sales	Mutual fund	-	9,432,676	-	7,376,290	-	2,056,386

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit 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
Motion Picture and Television Fund Retirement Income Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Motion Picture and Television Fund

D Employer Identification Number (EIN)
95-1652916

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

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

2 Assets:

a Market value	**2a**	47,600,880
b Actuarial value	**2b**	45,500,771

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	577	40,104,359	40,104,359
b For terminated vested participants	301	10,293,230	10,293,230
c For active participants	148	6,947,586	6,947,586
d Total	1,026	57,345,175	57,345,175

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	728,000
c Target normal cost	**6c**	728,000

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

Samantha Olson *Samantha Olson*
Signature of actuary

08/24/2026
Date

Samantha Olson, FSA, EA
Type or print name of actuary

2609085
Most recent enrollment number

Nyhart
Firm name

770-405-0756
Telephone number (including area code)

530 B Street
Suite 900
San Diego CA 92101
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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,740,018
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,740,018
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 10.47 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		900
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.06 %		46
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		946
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	79.34 %
15	Adjusted funding target attainment percentage	15	79.34 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	79.23 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 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
02/10/2025	197,036	0			
03/10/2025	197,037	0			
04/10/2025	197,036	0			
05/09/2025	197,036	0			
06/10/2025	197,037	0			
07/10/2025	197,036	0			
08/12/2025	197,036	0			
09/10/2025	197,037	0			
10/09/2025	197,036	0			
11/10/2025	197,037	0			
12/12/2025	197,037	0			
12/23/2025	105,000	0			
			Totals ► 18(b)	2,272,401	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	2,209,253

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.55%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	728,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	11,844,404	1,479,925
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,207,925

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	2,207,925
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,209,253

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	1,328
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

Summary of Contributions

Below is a summary of historical contributions.

Effective Rate: 5.34%

Contributions for Plan Year Beginning in 2025

Contribution Date	Amount	Discounted Value
February 10, 2025	$197,036	$195,916
March 10, 2025	$197,037	$195,137
April 10, 2025	$197,036	$194,275
May 09, 2025	$197,036	$193,474
June 10, 2025	$197,037	$192,594
July 10, 2025	$197,036	$191,772
August 12, 2025	$197,036	$190,872
September 10, 2025	$197,037	$190,085
October 09, 2025	$197,036	$189,301
November 10, 2025	$197,037	$188,440
December 12, 2025	$197,037	$187,582
December 23, 2025	$105,000	$99,805
Totals	**2,272,401**	**2,209,253**

Age	Expected Actives at Age	Retirement Rate	Expected Retirements	Weighted Age
55.00	41.2679	14.99%	6.1862	340.2386
56.00	40.0321	3.00%	1.2001	67.2049
57.00	48.7746	3.00%	1.4621	83.3390
58.00	59.2370	3.00%	1.7756	102.9821
59.00	67.3592	3.00%	2.0188	119.1107
60.00	78.2123	4.99%	3.9065	234.3871
61.00	80.1435	4.99%	4.0025	244.1520
62.00	86.9584	14.98%	13.0266	807.6501
63.00	78.7203	4.99%	3.9302	247.6057
64.00	81.5652	4.99%	4.0718	260.5980
65.00	91.2432	100.00%	91.2432	5,930.8074
66.00	1.0000	100.00%	1.0000	66.0000
67.00	2.0000	100.00%	2.0000	134.0000
68.00	0.0000	100.00%	0.0000	0.0000
69.00	2.0000	100.00%	2.0000	138.0000
70.00	1.0000	100.00%	1.0000	70.0000
71.00	1.0000	100.00%	1.0000	71.0000
Total			139.8179	8,917.0757

Weighted Average Retirement Age = Weighted Age/Expected Retirements : 63.78

*** Please note that the retirement rates are a weighted average of the rates shown in Part V for active participants eligible to retire at the age and zero for all other active participants.**

Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	206,667	767,872	3,934,770	4,909,309
2026	262,352	476,895	3,854,679	4,593,927
2027	280,927	512,098	3,766,450	4,559,475
2028	380,584	546,477	3,671,101	4,598,162
2029	379,795	591,691	3,569,697	4,541,183
2030	424,003	626,772	3,461,772	4,512,547
2031	450,606	664,264	3,347,066	4,461,936
2032	482,742	692,107	3,225,308	4,400,157
2033	531,038	708,795	3,096,966	4,336,800
2034	545,328	713,247	2,962,210	4,220,784
2035	578,647	731,578	2,821,350	4,131,576
2036	577,951	751,971	2,675,500	4,005,422
2037	578,542	753,709	2,524,356	3,856,607
2038	585,435	757,612	2,368,497	3,711,544
2039	575,604	773,221	2,208,656	3,557,481
2040	564,093	770,709	2,045,783	3,380,585
2041	561,640	772,593	1,881,078	3,215,311
2042	546,008	753,483	1,716,004	3,015,494
2043	534,669	732,548	1,552,287	2,819,505
2044	515,519	708,160	1,391,814	2,615,493
2045	496,332	680,549	1,236,412	2,413,293
2046	475,995	651,259	1,087,797	2,215,051
2047	454,720	625,572	947,515	2,027,808
2048	431,606	593,128	816,822	1,841,555
2049	408,004	561,085	696,679	1,665,769
2050	382,114	526,755	587,802	1,496,670
2051	355,670	491,094	490,569	1,337,333
2052	328,698	455,013	405,021	1,188,732
2053	301,691	418,922	330,909	1,051,521
2054	274,733	383,242	267,716	925,691
2055	248,182	348,385	214,687	811,254
2056	222,349	314,718	170,896	707,963
2057	197,486	282,548	135,310	615,343
2058	173,878	252,123	106,839	532,840
2059	151,721	223,621	84,401	459,743
2060	131,170	197,160	66,963	395,293
2061	112,337	172,794	53,575	338,706
2062	95,287	150,517	43,396	289,201
2063	80,039	130,282	35,703	246,024
2064	66,562	112,011	29,894	208,467
2065	54,795	95,608	25,481	175,883
2066	44,639	80,967	22,084	147,690
2067	35,979	67,983	19,413	123,375
2068	28,685	56,555	17,256	102,495
2069	22,619	46,580	15,462	84,661
2070	17,641	37,959	13,926	69,526
2071	13,610	30,587	12,579	56,775
2072	10,389	24,356	11,371	46,115
2073	7,848	19,154	10,269	37,272
2074	5,870	14,868	9,251	29,989

Plan Effective Date

May 1, 1981; most recently restated effective January 1, 2016 and amended effective January 1, 2020.

Plan Status

The plan is closed to new entrants and benefit accruals are frozen.

Plan Year

January 1 through December 31.

Eligibility for Participation

No new non-union employees may enter the plan after June 30, 2011. No new union employees may enter the plan after February 28, 2014.

Vesting

100% vesting after five years of service.

Benefits

Normal Retirement

Eligibility Age 65

Benefit

Basic:

(a) 1.0% of Average Monthly Compensation up to $4,800, plus 2% of Average Monthly Compensation in excess of $4,800, multiplied by years of contributory service, plus

(b) 1.0% of Average Monthly Compensation up to $4,800 plus 2% of Average Monthly Compensation in excess of $4,800 up to $9,600, multiplied by years of non-contributory service after May 1, 1981.

Basic Benefits of non-union participants are frozen at June 30, 2011. Basic Benefits for union participants are frozen at February 28, 2014.

Minimum:

$120 multiplied by years of credited service up to 20 years. Credited service is the sum of contributory service and non -contributory service

Supplemental:

Participants listed in Table B of the plan document accrue supplemental benefits under the plan for the plan years set forth in Table B provided that the additional benefit does not result in a violation of Section 401(a)(4) of the Code. No additional supplemental benefits are permitted after June 30, 2011.

Early Retirement

Eligibility	Age 55 and 5 years of continuous service
Benefit	Benefits reduced 6.67% per year for first 5 years preceding Normal Retirement Age, 3.33% per year for next 5 years.

Late Retirement

Greater of (a) or (b):

(a) Benefit calculated with all service to retirement date.

(b) Actuarially increased Normal Retirement Date benefit.

Benefits actuarially increased using the blended RP-2000 Mortality Table and 6.5% interest. Actuarial increases ceased with the plan freeze and subsequent issuing of suspension of benefits notices.

Death before Retirement

(a)	Return of Employee Contributions with interest.
(b)	All vested participants are covered by death benefits. Under this death benefit, if a covered participant dies prior to actual retirement and is married on such date, the surviving spouse will receive the benefit which would have been payable as a Joint and 50% Survivor Annuity had the participant terminated on the day preceding death and commenced benefits at the earliest retirement date.

Disability

Disabled participants continue to accrue retirement benefits if:

(a) They are qualified for benefits under the Employer's Long-Term Disability Program or,

(b) They are qualified for benefits under the Federal Social Security Act.

Disability Benefits may commence on Normal Retirement Date or Early Retirement Date. Disability Benefits for non-union participants are frozen at June 30, 2011. Disability Benefits for union participants are frozen at February 28, 2014.

Compensation and Average Monthly Compensation

All taxable earnings paid to the employee by the employer. No compensation earned after June 30, 2011 for non-union employees and after February 28, 2014 for union employees is included. Average Monthly Compensation is calculated by dividing the total compensation of the highest 5 consecutive full calendar years during the last 10 years of employment prior to the Freeze Date by 60. Or if employment ceases more than 5 years before a participant's normal retirement date, the average of the last 5 full calendar years of employment.

Credited Service

Years and months of employment, excluding breaks in service. Credited service is allocated to contributory service, during the months the participant made employee contributions, and non-contributory service, otherwise. No credited service is granted to non-union participants after June 30, 2011. No credited service is granted to union participants after February 28, 2014.

Employee Contributions

For contributory participants, the after-tax employee contribution level is 4% of the participant's rate of earnings in excess of $9,600. After June 30, 2011, non-union participants are no longer permitted to make employee contributions. After February 28, 2014, union participants are no longer permitted to make employee contributions.

Payment Forms

Normal Form
- Single: Single Life Annuity
- Married: 50% Joint and Survivor Annuity

Optional Forms
- Life Annuity with 5 or 10 years certain, 50%, 66-2/3%, 75%, and 100% Joint and Survivor Annuity

Actuarial Equivalence

For non-decreasing annuities: Actuarial Equivalence will be computed using 6.50% interest and the blended RP-2000 Healthy Annuitant Mortality Table with White Collar Adjustment projected to 2020 using Scale AA.

For accelerated forms of payment: Actuarial Equivalence will be computed using the interest rate and mortality as prescribed under Code Section 417(e)(3). The interest rate will be for the month of August preceding the Plan Year that contains the annuity starting date.

Plan Provisions Not Included

We are not aware of any plan provisions not included in the valuation.

Adjustments Made for Subsequent Events

We are not aware of any event following the measurement date and prior to the date of this report that would materially impact the results of this report.

Motion Picture and Television Fund Retirement Income Plan
Employer Identification Number: 95-1652916, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
	Dimensional	Inflation Protected Securities I Fund	$ 4,764,371	$ 4,518,982
	Fidelity	FPA New Income Fund	2,363,063	1,828,905
	GQG Partners	Global Quality Equity Fund	4,510,187	5,252,677
	Vanguard	Total Stock Market Index Fund	5,497,617	8,151,885
	Vanguard	Total Intl Stock Index Fund	4,577,000	5,322,326
	World Gold Trust	SPDR Gold MiniShares Trust Fund	1,124,628	1,757,256
*	Schwab	Government Money Market Fund	536,310	915,547
	Cliffwater	Corporate Lending I Fund	2,070,314	2,278,710
	Cliffwater	Corporate Enhanced Lending I Fund	2,079,380	2,277,436
			27,522,870	32,303,724
	Alternative Investment Funds			
	Banner Ridge	Secondary Fund V	152,546	805,414
	Blackstone	Real Estate Income Trust	884,388	1,024,438
	Blackstone	Private Credit Fund	1,995,828	1,936,605
	Bridge	Multifamily Fund V	889,999	818,403
	D.E. Shaw	D.E. Shaw Orienteer International Fund	1,895,958	3,174,574
	FPA	WhiteHawk III, L.P.	279,370	229,216
	White Hawk	IV Onshore Fund L.P.	289,708	852,358
	Hawk Ridge	Partners II (Offhsore Ltd)	2,427,601	2,710,316
	Ruffer	Absolute Institutional Ltd	2,184,310	2,423,530
	King Street Capital	Global Drawdown, L.P.	619,081	602,672
	King Street Capital	Class A Shares	1,752,358	1,837,165
	King Street Capital	Class S Shares	142,546	94,860
	Rialto	Real Estate Fund V - Debt, L.P.	225,000	361,426
			13,738,693	16,870,977
			$ 41,261,563	$ 49,174,701

* Indicates party-in-interest.

Development of Shortfall Amortization Charge

Type of Base	Present Value of Remaining Installments	Valuation Date Established	Years Remaining	Amortization Installment
Shortfall	$ 562,948	1/1/2025	15	$ 52,490
Shortfall	$ 852,680	1/1/2024	14	$ 83,267
Shortfall	$ 1,869,013	1/1/2023	13	$ 192,089
Shortfall	$(475,020)	1/1/2022	12	$(51,675)
Shortfall	$ 989,046	1/1/2021	11	$ 114,653
Shortfall	$(210,540)	1/1/2020	10	$(26,218)
Shortfall	$ 8,256,277	1/1/2019	9	$ 1,115,319
	$ 11,844,404			$ 1,479,925

* The shortfall amortization charge cannot be less than zero.

Changes since Prior Valuation and Key Notes

There have been no changes to the plan provisions since the last valuation.

The interest rates and mortality assumptions have been updated as required under the Pension Protection Act, all subsequent legislation, and associated IRS Regulations. These changes resulted in a decrease in the Funding Target and no change in the Target Normal Cost.

To better reflect anticipated plan experience, the administrative expense load added to the Target Normal Cost was changed from $ 937,000 to $728,000.

To better reflect anticipated plan experience, the interest rates used for ASC 960 purposes in converting accumulated employee contributions to annuities were changed to the August 2024 417(e)(3) interest rates.