

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2022

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... [] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension... 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: NEW JERSEY MAILERS LOCAL 1100 S-LWSJ PENSION PLAN
1b Three-digit plan number (PN): 062
1c Effective date of plan: 01/01/1990
2a Plan sponsor's name: NEWARK MORNING LEDGER CO.
2b Employer Identification Number (EIN): 22-1157720
2c Plan Sponsor's telephone number: 973-392-4141
2d Business code: 511110

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include James Reuter (10/10/2023) and Steve Leotsakos (10/11/2023).

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

Form 5500 (2022) v. 220413

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor LOCAL 1100 S-LWSJ PENSION PLAN JOINT BOARD OF TRUSTEES JIM REUTER 373E ROUTE 46 WEST, SUITE 240 FAIRFIELD, NJ 07004	3b Administrator's EIN 22-3129844 3c Administrator's telephone number 973-227-1676
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 321
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).	
6(1) Total number of active participants at the beginning of the plan year	6a(1) 86
6(2) Total number of active participants at the end of the plan year	6a(2) 79
b Retired or separated participants receiving benefits	6b 82
c Other retired or separated participants entitled to future benefits.....	6c 139
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 300
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 15
f Total. Add lines 6d and 6e	6f 315
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 1
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> 0 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

A Name of plan <u>NEW JERSEY MAILERS LOCAL 1100 S-L/WSJ PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>062</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NEWARK MORNING LEDGER CO.</u>	D Employer Identification Number (EIN) <u>22-1157720</u>

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

1a Enter the valuation date: Month 01 Day 01 Year 2022

b Assets		
(1) Current value of assets	1b(1)	<u>17371966</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>17371966</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>16244470</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>16244270</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>30824343</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>974710</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>974710</u>

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

SIGN HERE		<u>07/10/2023</u>
	Signature of actuary	Date
	<u>GARY H. CEPPOS</u>	<u>23-03421</u>
	Type or print name of actuary	Most recent enrollment number
	<u>CSB ASSOCIATES, INC.</u>	<u>973-325-8441</u>
	Firm name	Telephone number (including area code)
	<u>659 EAGLE ROCK AVENUE, WEST ORANGE, NJ 07052</u>	
	Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	17371966
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	94	10058261
(2) For terminated vested participants	141	9631600
(3) For active participants:		
(a) Non-vested benefits		428477
(b) Vested benefits.....		10706005
(c) Total active	86	11134482
(4) Total.....	321	30824343
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....	2c	56.35 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2023	40741	0			
Totals ▶			3(b)	40741	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	106.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/>		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.43 %
b Rates specified in insurance or annuity contracts	Pre-retirement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Post-retirement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
c Mortality table code for valuation purposes:				
(1) Males.....	6c(1)	10		10
(2) Females.....	6c(2)	10		10
d Valuation liability interest rate.....	6d	7.50 %		7.50 %
e Salary scale.....	6e	0.00 %	<input type="checkbox"/> N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)			%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g			11.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h			11.7 %
i Expense load included in normal cost reported in line 9b	6i		<input type="checkbox"/> N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)			%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)			
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		<input type="checkbox"/>	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	36594	3857

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

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

c Amortization charges as of valuation date:

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

	Outstanding balance	
9c(1)	2998230	387782
9c(2)		
9c(3)		

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

9d	29084
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e Total charges. Add lines 9a through 9d.....

9e	416866
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Credits to funding standard account:

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

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

9g	40741
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h Amortization credits as of valuation date.....

	Outstanding balance	
9h	2998230	349883

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

9i	26242
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j Full funding limitation (FFL) and credits:

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

9j(1)		
9j(2)		
9j(3)		0

k(1) Waived funding deficiency.....

9k(1)	0
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(2) Other credits.....

9k(2)	0
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l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	416866
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	
-----------	--

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

9n	
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o Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the 2022 plan year
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
 - (a) Reconciliation outstanding balance as of valuation date.....
 - (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))
- (3) Total as of valuation date

9o(1)	
9o(2)(a)	
9o(2)(b)	0
9o(3)	0

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

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

Yes No

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>NEW JERSEY MAILERS LOCAL 1100 S-L/WSJ PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>062</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NEWARK MORNING LEDGER CO.</u>	D Employer Identification Number (EIN) <u>22-1157720</u>	

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

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

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

PNC BANK, NATIONAL ASSOCIATION

249 FIFTH AVENUE
PITTSBURGH, PA 15222

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 62 27 68 49	TRUSTEE	93122	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

CSB ASSOCIATES

659 EAGLE ROCK AVENUE, SUITE 2
WEST ORANGE, NJ 07052

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	ACTUARY	35000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE H (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Financial Information</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2022</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
<p>A Name of plan NEW JERSEY MAILERS LOCAL 1100 S-LWSJ PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶ 062</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NEWARK MORNING LEDGER CO.</p>	<p>D Employer Identification Number (EIN) 22-1157720</p>

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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1) 36593	40741
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3) 40853	27402
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1) 334265	0
(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) 0	14852
(B) Common.....	1c(4)(B) 4104186	2972470
(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) 12856069	10082732
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15) 0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	17371966	13138197

Liabilities

g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	17371966	13138197
---	----	----------	----------

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)	40741	
(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)		40741
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	4717	
(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)		4717
(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)	311428	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		311428
(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)		
(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)		-3477483
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-3120597
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	974221	
(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)		974221
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	35000	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	103951	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		138951
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1113172
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-4233769
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BDO USA, PC**

(2) EIN: **13-5381590**

d The opinion of an independent qualified public accountant is **not attached** because:

- (1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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 No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 460165.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>NEW JERSEY MAILERS LOCAL 1100 S-L/WSJ PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>062</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NEWARK MORNING LEDGER CO.</u>	D Employer Identification Number (EIN) <u>22-1157720</u>	

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): 25-1211909

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

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

3	0
---	---

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

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 NEWARK MORNING LEDGER CO.
b EIN 22-1157720 c Dollar amount contributed by employer 40741
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 08 Day 15 Year 2025
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) 0.00
(2) Base unit measure: Hourly Weekly Unit of production X Other (specify): MIN. REQUIRED CONTRIBUTI

a Name of contributing employer
b EIN c Dollar amount contributed by employer
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer
b EIN c Dollar amount contributed by employer
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer
b EIN c Dollar amount contributed by employer
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer
b EIN c Dollar amount contributed by employer
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer
b EIN c Dollar amount contributed by employer
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

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

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

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) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

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 _____

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

**Financial Statements and
ERISA-Required Supplemental Schedule
Years Ended December 31, 2022 and 2021**

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Financial Statements and ERISA-Required Supplemental Schedule
Years Ended December 31, 2022 and 2021

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Contents

Independent Auditor's Report	3-6
Financial Statements	
Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021	7
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2022 and 2021	8
Notes to Financial Statements	9-15
ERISA-Required Supplemental Schedule	
Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022	17-24
Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), as amended, have been omitted because they are not applicable.	



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622 Third Ave, Suite 3100
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Independent Auditor's Report

The Board of Trustees
New Jersey Mailers Local 1100 S-L/WSJ Pension Plan
Newark, New Jersey

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

We have performed audits of the financial statements of New Jersey Mailers Local 1100 S-L/WSJ Pension 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). The financial statements comprise the statements of net assets available for benefits of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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



Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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



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

Our 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 GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audits is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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 Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule 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 certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P. C.

October 13, 2023

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2022	2021
Assets		
Investments, at fair value	\$ 13,070,054	\$ 17,294,520
Contribution receivable from employer	40,741	36,593
Accrued investment income	27,402	40,853
Total Assets	13,138,197	17,371,966
Net Assets Available for Benefits	\$ 13,138,197	\$ 17,371,966

See accompanying notes to financial statements.

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2022	2021
Additions		
Investment (loss) income:		
Net (depreciation)/appreciation in fair value of investments	\$ (3,477,483)	\$ 1,433,925
Interest and dividends from investments	316,145	570,660
Net Investment (Loss) Income	(3,161,338)	2,004,585
Employer contributions	40,741	36,593
Total Additions, net of investment loss	(3,120,597)	2,041,178
Deductions		
Benefits paid to participants	974,221	744,696
Administrative expenses	138,951	144,907
Total Deductions	1,113,172	889,603
Net (Decrease) Increase	(4,233,769)	1,151,575
Net Assets Available for Benefits, beginning of year	17,371,966	16,220,391
Net Assets Available for Benefits, end of year	\$ 13,138,197	\$ 17,371,966

See accompanying notes to financial statements.

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the New Jersey Mailers Local 1100 S-L/WSJ Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan established pursuant to collective bargaining agreements between the New Jersey Mailers Local 1100, affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen, and Helpers of America (the Union) and the contributing employers. Newark Morning Ledger Co. is a contributing employer to the Plan. Each contributing employer will contribute to the Plan at least such amounts as may be provided in the collective bargaining agreements. Dow Jones & Co. was previously a contributing employer but is no longer required to contribute to the Plan under its collective bargaining agreement. The Plan was adopted effective January 1, 1990 and has since been amended. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Plan Freeze

Effective November 17, 2013 (the freeze date), the Plan was amended to freeze all future service credits for existing participants. After the freeze date, the participants continue to vest in accordance with the applicable Plan provisions. The amount of a participant's accrued benefit or normal or late retirement pension, as applicable, shall be determined as of the freeze date, as though such date was the participant's date of termination of employment. All new employees hired after the freeze date will not be allowed to become participants in the Plan.

Pension Benefits

Benefits are calculated in accordance with a benefit formula described within the Plan document. Plan participants with five or more years of service are entitled to retirement benefits beginning at normal retirement age (65). The Plan permits early retirement subject to certain conditions described in the Plan document. The normal form of retirement benefit is a straight-life annuity for single and 50% joint and survivor annuity for married participants. Certain other optional forms of pension benefits are also provided for under the Plan.

Plan Administration

The responsibility for the general administration of the Plan is placed on a board of trustees that includes Union trustees and contributing employer trustees. Under the Plan and ERISA, the Board of Trustees is also the Plan sponsor.

Expenses

Administrative expenses are paid by the Plan, as provided in the Plan document. Certain other administrative and advisory fee expenses in 2022 and 2021 were paid by Newark Morning Ledger.

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with generally accepted accounting principles in the United States (GAAP).

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 6 for a discussion of fair value measurements.

The Plan presents, in the statements of changes in net assets available for benefits, the net appreciation or depreciation in the fair value of investments, which consists of realized and unrealized gains or losses on investments. Unrealized appreciation or depreciation in the fair value of investments held at year-end is determined using the preceding year-end value or purchase price if acquired subsequent to that date. Realized gains and losses are recorded as the differences between the original purchase price of the investment and the sales price of the investment.

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

Payment of Benefits

Benefit payments to participants are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management of the Plan to make estimates and assumptions that affect the reported amount of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

3. Funding Policy

The Plan sponsor's funding policy is to make regular contributions each year in such amounts that are necessary to maintain the Plan on a sound actuarial basis and to meet or exceed the minimum funding standard, as set forth in employee benefit and tax laws. Contributions have met the minimum funding requirements of ERISA for the years ended December 31, 2022 and 2021.

4. 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 payable under all circumstances—retirement, death, disability, and termination

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Notes to Financial Statements

of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants 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, and retirement) between the valuation date and the expected date of payment.

The present value of accumulated plan benefits, as determined by the Plan's independent actuary, CSB Associates, Inc., is as follows:

<i>January 1,</i>	<i>2022</i>
Vested plan benefits:	
Participants currently receiving payments	\$ 6,544,222
Other participants	10,265,870
Total Vested Plan Benefits	16,810,092
Nonvested accrued benefits	255,574
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 17,065,666

The change in the actuarial present value of accumulated plan benefits, as determined by the independent actuary, are as follows:

<i>Year ended January 1,</i>	<i>2022</i>
Accumulated Plan Benefits, beginning of year	\$ 16,929,727
Increase (decrease) during the year attributable to:	
Benefits accumulated, net of gains or losses	(361,169)
Increase for interest due to the decrease in the discount period	1,241,804
Benefits paid	(744,696)
Net Increase	135,939
Actuarial Present Value of Accumulated Plan Benefits, end of year	\$ 17,065,666

The significant actuarial assumptions used in the valuations as of January 1, 2022 were:

- Interest rate of 7.5% per annum
- Retirement age of 65, adjusted for probabilities of early retirement withdrawal
- Assumed mortality rates based on the Pri-2012 Blue Collar Mortality table with fully generational Projection Scale MP-2021
- Actuarial cost method - Unit credit

The foregoing actuarial assumptions are based on the presumption that the Plan will continue indefinitely. If the Plan was expected to be completely terminated, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Notes to Financial Statements

plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2022. Had the valuations been performed as of December 31, 2021 there would be no material differences.

The Plan is not considered an “at-risk plan” for the 2022 Plan year.

5. Certified Investment Information

The Plan administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, PNC Bank, National Association (PNC), a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments, at fair value as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021.
- Net (depreciation)/appreciation in fair value of investments and interest and dividends from investments as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021.
- Investment information included in the Schedule of Assets (Held at End of Year) as of December 31, 2022, as shown on the ERISA-required supplemental schedule.

At the request of the Plan administrator, the Plan’s independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

6. Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value of an asset or liability is based on the assumptions that market participants would use in pricing the asset or liability. Valuation techniques consistent with the market approach, income approach, and/or cost approach are used to measure fair value. The Plan follows a three-tiered fair value hierarchy when determining the inputs to valuation techniques. The fair value hierarchy prioritizes the inputs to valuation techniques into three broad levels in order to maximize the use of observable inputs and minimize the use of unobservable inputs. The levels of the fair value hierarchy are as follows:

Level 1 - This level consists of inputs to the valuation methodology that are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - This level consists of quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Notes to Financial Statements

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

Level 3 - This level consists of assets or liabilities whose significant value drivers are unobservable.

The following is a description of the valuation methodologies for the Plan assets measured at fair value:

Common Stocks - Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Common stocks are classified as Level 1 investments.

Preferred Stocks - Preferred stocks are valued at the closing price reported on the active market on which the individual securities are traded. Preferred stocks are classified as Level 1 investments.

Registered Investment Company Exchange-Traded Funds - Exchange-traded funds are valued at the closing price reported on the active market on which the funds are traded. Exchange-traded funds are classified as Level 1 investments.

Registered Investment Company Mutual Funds - Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end. Mutual funds are redeemable daily and may be traded at any time on the exchange that they primarily trade. There are no restrictions on redemptions. Mutual funds are classified as Level 1 investments.

There were no changes to the methodologies used at December 31, 2022 and 2021.

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 methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables present the investments of the Plan measured at fair value on a recurring basis:

December 31, 2022

	Level 1	Level 2	Level 3	Total
Common stocks	\$ 2,972,470	\$ -	\$ -	\$ 2,972,470
Preferred stocks	14,852	-	-	14,852
Registered investment company exchange-traded funds	2,651,596	-	-	2,651,596
Registered investment company mutual funds	7,431,136	-	-	7,431,136
Total Investments, at fair value	\$13,070,054	\$ -	\$ -	\$13,070,054

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Notes to Financial Statements

December 31, 2021

	Level 1	Level 2	Level 3	Total
Common stocks	\$ 4,104,186	\$ -	\$ -	\$ 4,104,186
Registered investment company exchange-traded funds	4,610,800	-	-	4,610,800
Registered investment company mutual funds	8,579,534	-	-	8,579,534
Total Investments, at fair value	\$17,294,520	\$ -	\$ -	\$17,294,520

7. Parties-in-Interest Transactions

Fees paid by the Plan for investment management services are included in administrative expenses or are reflected as a reduction in the net (depreciation) appreciation in fair value of those funds that paid fees from the mutual funds in the statements of changes in net assets available for benefits.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur (including in the near term) and that such changes could materially affect amounts reported in the statements of net assets available for benefits.

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

9. Tax Status

The Internal Revenue Service (IRS) has determined, and issued a favorable determination letter, dated April 20, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. In the opinion of the Plan sponsor, the Plan and its underlying trust are designed and have operated in compliance with the applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

10. Plan Termination

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the termination of the Plan in whole or in part, the net assets of the Plan will be allocated as prescribed by ERISA and its related

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Notes to Financial Statements

regulations. The Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, guarantees certain benefits up to certain applicable limitations. The PBGC's guarantee for multiemployer pension plan benefits depends on the type of benefit, the dollar amount of the benefit, and the date on which the benefit provision was adopted.

There are generally three limits that apply to multiemployer pension benefits:

Accrued at Normal Retirement Age - The maximum monthly benefit may not exceed the amount of a straight life annuity payable under the Plan at normal retirement age.

Phase-in Guarantee (60-Month Rule) - PBGC does not guarantee a participant's pension benefit until provisions of the Plan providing for the benefit have been in existence for 60 full months. This rule also applies to benefit increases that have been in effect for less than 60 months.

Maximum Guarantee - PBGC's maximum guarantee for a multiemployer participant with 30 years of service is \$1,072.50 per month (\$12,870 per year). The guarantee is calculated based on the participant's annual accrual rate. The maximum guaranteed accrual rate is \$35.75 per month of service. The guarantee formula is:

- 100% of the first \$11 of the monthly benefit rate, plus
- 75% of the next \$33 of the monthly benefit rate, times
- Participant's years of service

Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the contributing employers and on the level of benefits guaranteed by the PBGC.

11. Subsequent Events

For the purposes of determining the effect of subsequent events on these financial statements, management has evaluated events subsequent to December 31, 2022 and through October 13, 2023, the date on which the financial statements were available to be issued, and has determined no such subsequent events have occurred that would require adjustments to, or disclosures as stated herein.

ERISA-Required Supplemental Schedule

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1157720 Plan No.: 062

December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
	Shares			
Common Stocks				
3M COMPANY	108	\$ 14,114	\$ 12,951	
ACCENTURE PLC CLASS A SEDOL B4BNMY3 ISIN IE00B4BNMY34	107	32,488	28,552	
ADDUS HOMECARE CORP	38	3,293	3,781	
ADIANT PLC SEDOL BD845X2 ISIN IE00BD845X29	159	6,418	5,516	
ADOBE INC	65	30,450	21,874	
ADVANCED ENERGY INDS INC	58	4,821	4,975	
AERCAP HOLDINGS NV ISIN NL0000687663 SEDOL B1HHKD3	445	25,745	25,952	
AEROJET ROCKETDYNE HLDGS INC MERGED 07/28/23 @ \$58.00 P/S	151	7,183	8,445	
AFFILIATED MANAGERS GROUP INC	62	9,242	9,823	
AGILENT TECHNOLOGIES (IPO)	43	5,449	6,435	
AGREE RLTY CORP REIT	84	5,500	5,958	
AIR LEASE CORP	195	9,401	7,492	
AIR PRODUCTS & CHEMICALS INC	9	2,554	2,774	
ALCON INC SEDOL BJXBP41 ISIN CH0432492467	252	17,665	17,275	
ALPHABET INC/CA-CL A	320	36,696	28,234	
AMBARELLA INC SEDOL B7KH3G6 ISIN KYG037AX1015	54	4,281	4,440	
AMERICAN WATER WORKS CO INC	23	3,335	3,506	
AMERICAN WOODMARK CORP	66	5,347	3,225	
AMERIPRISE FINANCIAL INC	78	17,847	24,287	
AMERIPRISE FINANCIAL INC	112	25,732	34,873	
AMGEN INC	90	23,033	23,638	
AMN HEALTHCARE SERVICES	40	2,313	4,113	
AMPHENOL CORP NEW CL A	132	9,565	10,050	
AMPHENOL CORP NEW CL A	88	6,335	6,700	
ANSYS INC	82	28,161	19,810	
ANSYS INC	11	3,457	2,657	
AON PLC/IRELAND-A SEDOL BLP1HW5 ISIN IE00BLP1HW54	11	2,380	3,302	
APPLE INC	201	12,527	26,116	
APPLIED MATERIALS INC	24	1,928	2,337	
APTARGROUP INC	54	5,913	5,939	
ARCH CAPITAL GROUP LTD SEDOL 2740542 ISIN BMG0450A1053	101	3,313	6,341	
ARES MANAGEMENT CORP - A	30	1,897	2,053	
ARROW ELECTRONICS INC	98	10,612	10,248	
ASSURANT INC	90	13,139	11,255	
ATLANTIC UNION BANKSHARES CORP	198	5,085	6,958	
ATMOS ENERGY CORP	182	20,748	20,397	
AUTODESK INC	105	21,561	19,621	
AUTODESK INC	46	11,414	8,596	
AUTOMATIC DATA PROCESSING INC	107	24,834	25,558	
AVANOS MEDICAL INC	190	6,415	5,141	
AVISTA CORP	103	4,553	4,567	

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1157720 Plan No.: 062

December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Value	Cost	Current Value
	Shares			
Common Stocks (cont.)				
BALCHEM CORP CL B	41	\$	4,240	\$ 5,007
BALL CORPORATION	125		9,106	6,393
BARNES GROUP INC	136		5,690	5,556
BAXTER INTERNATIONAL INC	261		18,032	13,303
BECTON DICKINSON & CO	94		24,037	23,904
BEIERSDORF AG-UNSPON ADR SEDOL B3FQ0G9 ISIN US07724U1034	228		4,669	5,212
BENCHMARK ELECT	193		4,304	5,151
BERRY GLOBAL GROUP INC	217		13,522	13,113
BLACK KNIGHT INC-WHEN ISSUED	112		8,412	6,916
BLACKBAUD INC	116		7,623	6,828
BLACKSTONE INC	184		22,586	13,651
BOOT BARN HOLDINGS INC	74		2,479	4,626
BREAD FINANCIAL HLDG INC	83		7,079	3,126
BROADCOM INC	55		26,458	30,752
BROADRIDGE FINANCIAL SOL W/I	83		12,358	11,133
BROOKFIELD ASSET MGMT-A-W/I SEDOL N.A. ISIN CA1130041058	115		3,056	3,297
BROOKFIELD CORP SEDOL BP95GG8 ISIN CA11271J1075	479		13,850	15,069
BROOKFIELD INFRASTRUCTURE-A SEDOL BJP50C4 ISIN CA11275Q1072	218		9,418	8,480
BROOKFIELD RENEWABLE COR CL-A SEDOL BMW8YT2 ISIN CA11284V1058	157		6,544	4,324
BROWN & BROWN INC	177		8,712	10,084
BROWN FORMAN CORP CLASS B	7		492	460
BROWN FORMAN CORP CLASS B	12		853	788
BRP GROUP INC-A	119		2,362	2,992
CAL MAINE FOODS INC NEW	32		1,375	1,742
CALAVO GROWERS INC	70		2,613	2,058
CALIFORNIA WTR SVC GROUP	53		2,843	3,214
CAMBIUM NETWORKS CORP SEDOL BKC9Q28 ISIN KYG177661090	224		7,013	4,854
CAPITAL ONE FINANCIAL CORP	195		24,629	18,127
CARMAX INC	147		14,889	8,951
CASS INFORMATION SYSTEMS INC.	88		3,445	4,032
CBRE GROUP INC	89		4,752	6,849
CELANESE CORP	195		27,231	19,937
CENTENE CORP	291		19,308	23,865
CHESAPEAKE UTILITIES CORP	29		2,498	3,427
CHUBB LTD SEDOL B3BQMF6 ISIN CH0044328745	23		4,400	5,074
CINCINNATI FINANCIAL CORP	169		17,567	17,304
CLOROX CO	92		12,812	12,910
CNX RESOURCES CORP	343		4,783	5,776
COCA COLA CO	350		18,816	22,264
COCA COLA CONSOLIDATED INC	11		3,034	5,636
COGNEX CORP	22		1,746	1,036
COMFORT SYS USA INC	66		3,550	7,595

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1157720 Plan No.: 062

December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Value	Cost	Current Value
	Shares			
Common Stocks (cont.)				
COMMERCE BANCSHARES INC	187	\$ 12,903	\$ 12,729	
COMMSCOPE HOLDING CO INC	378	4,013	2,778	
CONCENTRIX CORP - WI	56	6,894	7,457	
CONSTELLATION BRANDS INC CL A	71	17,155	16,454	
COPART INC	296	15,169	18,023	
CORTEVA INC-W/I	549	26,231	32,270	
COSTAR GROUP INC	245	20,178	18,934	
COTERRA ENERGY INC	813	15,699	19,975	
CREDIT ACCEPTANCE CORPORATION	6	2,612	2,846	
CROWN CASTLE INC	128	22,382	17,362	
CSW INDUSTRIALS INC	35	2,377	4,058	
CTS CORP	106	2,164	4,179	
CULLEN FROST BANKERS INC	129	14,069	17,247	
DANAHER CORP	97	22,048	25,746	
DENTSPLY SIRONA INC	701	26,281	22,320	
DIODES INC	74	4,369	5,634	
DOLLAR GENERAL CORP	27	5,610	6,649	
DOMINO'S PIZZA INC.	25	9,263	8,660	
DORMAN PRODUCTS INC	68	5,203	5,499	
DUPONT DE NEMOURS INC-WI	14	712	961	
EASTERLY GOVERNMENT PROPERTI	281	6,406	4,010	
EBAY INC	652	38,297	27,038	
ECOLAB INC	23	3,377	3,348	
ECOLAB INC	105	22,960	15,284	
ENERSYS	74	5,156	5,464	
ENOVIS CORP	10	574	535	
ENPRO INDUSTRIES INC	62	6,372	6,739	
EQUIFAX INC	59	12,152	11,467	
EQUITY COMMONWEALTH	306	8,660	7,641	
EQUITY LIFESTYLE PROPERTIES REIT	197	12,656	12,726	
ESAB CORP-W/I	7	321	328	
ESSENTIAL UTILITIES INC	18	883	859	
EVEREST GROUP LTD	13	3,881	4,307	
EXLSERVICE HOLDINGS INC	29	1,850	4,913	
FASTENAL CO	125	5,973	5,915	
FIRST REPUBLIC BANK/FRAN	25	3,054	3,047	
FLEX LTD SEDOL 2353058 ISIN SG9999000020	718	12,513	15,408	
FNF GROUP-W/I	18	665	677	
FORWARD AIR CORP	62	3,185	6,503	
FRANKLIN ELECTRIC INC	81	4,661	6,460	
GARTNER INC	16	2,672	5,378	
GEN DIGITAL INC	1,204	31,655	25,802	
GENERAL DYNAMICS CORP	78	14,312	19,353	
GLOBAL PAYMENTS INC-W/I	287	38,345	28,505	
GRACO INC	49	3,218	3,296	
GRAY TELEVISION INC	390	7,949	4,364	
GUIDEWIRE SOFTWARE INC	12	1,420	751	
HANESBRANDS INC - W/I	589	11,441	3,746	

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1157720 Plan No.: 062

December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Value	Cost	Current Value
	Shares			
Common Stocks (cont.)				
HARMONY BIOSCIENCES HOLDINGS	44	\$	2,197	\$ 2,424
HARTFORD FINL SVCS GROUP INC	24		1,622	1,820
HCA HEALTHCARE INC	94		18,006	22,556
HEALTHCARE REALTY TRUST INC	616		15,079	11,870
HEALTHPEAK PROPERTIES INC	136		3,488	3,410
HEICO CORP NEW CL A	127		14,276	15,221
HENKEL AG & COMPANY KGAA SPONS ADR PFD ADR	621		10,223	10,774
HENKEL AG & COMPANY KGAA SPONSORED ADR	468		7,660	7,549
HILTON WORLDWIDE HLDGS - W/I	113		10,267	14,279
HOME DEPOT INC	44		13,343	13,898
HONEYWELL INTL INC	105		22,766	22,502
HOWARD HUGHES CORP THE-W I	37		2,179	2,828
HYATT HOTELS CORP CL A	39		2,265	3,528
ICF INTERNATIONAL INC	54		3,597	5,349
ICU MED INC	50		9,671	7,874
IDACORP INC	57		5,388	6,147
IDEXX LABS INC	13		4,925	5,303
INDEPENDENT BANK CORP MASS	30		2,586	2,533
INTEGER HOLDINGS CORPORATION	95		8,527	6,504
INTEGRA LIFESCIENCES HLDG CORP	96		4,768	5,383
INTUIT SOFTWARE	47		15,505	18,293
JOHNSON & JOHNSON	189		34,808	33,387
K.FORCE INC	95		3,264	5,209
KAISER ALUMINUM CORP	64		4,394	4,861
KENNEDY WILSON HOLDINGS INC	33		551	519
KIMBERLY-CLARK CORP	140		16,962	19,005
KKR & CO INC CLASS A	310		11,748	14,390
KNORR-BREMSE - UNSP ADR ADR SEDOL BGSZ2R9 ISIN US4991801071	485		6,618	6,577
KORN FERRY	94		3,201	4,758
LA Z BOY INC	133		3,696	3,035
LAM RESEARCH CORP	2		732	841
LEAR CORP- W/I	102		12,734	12,650
LENNAR CORP CLASS A	76		6,303	6,878
LENNAR CORP CLASS A	285		28,673	25,793
LGI HOMES INC	34		3,948	3,148
LIBERTY BROADBAND-A	8		1,202	607
LIBERTY BROADBAND-C	8		1,276	610
LIBERTY FORMULA ONE EXCH 08/03/23 SEE 531229755 & 531229722	90		3,509	5,380
LIBERTY FORMULA ONE EXCH 08/03/23 SEE 531229771 & 531229748	7		258	374
LIBERTY GLOBAL PLC SERIES C SEDOL B8W67B1 ISIN GB00B8W67B19	827		21,137	16,069

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1157720 Plan No.: 062

December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Value	Cost	Current Value
	Shares			
Common Stocks (cont.)				
LINCOLN NATIONAL CORP	312	\$ 13,367	\$ 9,585	
LINDSAY CORPORATION	5	733	814	
LITHIA MTRS INC CL A	46	17,015	9,418	
LIVE NATION ENTERTAINMENT INC	114	7,798	7,950	
MARCUS & MILLICHAP INC	147	4,472	5,064	
MARKEL GROUP INC	10	10,771	13,175	
MARSH & MCLENNAN COMPANIES INC	124	21,071	20,520	
MARTIN MARIETTA MATLS INC	15	3,220	5,070	
MARTIN MARIETTA MATLS INC	66	22,428	22,306	
MASTERCARD INC CL A	50	14,381	17,387	
MEDPACE HOLDINGS INC	28	3,632	5,947	
MEDTRONIC PLC SEDOL BTN1Y11 ISIN IE00BTN1Y115	170	20,247	13,212	
MERCANTILE BANK CORP	105	2,327	3,515	
MERCK & CO INC	199	20,014	22,079	
MICHELIN (CGDE) UNSPON ADR	1,142	21,455	15,862	
MICROCHIP TECHNOLOGY INC	335	25,495	23,534	
MICROCHIP TECHNOLOGY INC	97	5,266	6,814	
MICROSOFT CORP	141	21,080	33,815	
MICROSOFT CORP	131	30,700	31,416	
MISSION PRODUCE INC	143	1,375	1,662	
MITSUBISHI UFJ FINL GRP ADR	1,647	9,421	10,985	
MOELIS & CO	143	4,794	5,487	
MONARCH CASINO & RESORT INC	90	6,273	6,920	
MOODY'S CORP	35	11,116	9,752	
MOODY'S CORP	20	5,586	5,572	
MOVADO GROUP INC	151	1,891	4,870	
MSCI INC	6	2,271	2,791	
MUELLER WATER PRODUCTS INC SER A	767	9,300	8,253	
NIKE INC CLASS B	207	25,364	24,221	
NORTHERN OIL AND GAS INC	145	4,055	4,469	
NORTHERN TRUST CORP	166	17,162	14,689	
NRG ENERGY INC.	531	19,381	16,896	
NUVASIVE INC	22	1,030	907	
O REILLY AUTOMOTIVE INC	23	11,064	19,413	
OLLIE'S BARGAIN OUTLET HOLDI	91	6,743	4,262	
OMNICELL INC	93	6,904	4,689	
ONTO INNOVATION INC	80	2,783	5,447	
ORIGIN BANCORP INC	82	3,694	3,009	
OSHKOSH CORPORATION CLASS B	151	17,042	13,317	
PACIRA BIOSCIENCES INC	58	3,429	2,239	
PARKER HANNIFIN CORP	83	26,412	24,153	
PATRICK INDUSTRIES INC	69	5,119	4,181	
PAYPAL HOLDINGS INC-W/I	91	21,494	6,481	
PENNON GROUP PLC-UNSP ADR SEDOL BKSCSV4 ISIN US7083262029	44	1,019	955	
PEPSICO INC	250	44,120	45,165	
PERIMETER SOLUTIONS SA SEDOL BP8KZH8 ISIN LU2391723694	186	2,203	1,700	

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1157720 Plan No.: 062

December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Value	Cost	Current Value
	Shares			
Common Stocks (cont.)				
PERMIAN RESOURCES CORP	586	\$	4,751	\$ 5,508
PFIZER INC	496		24,349	25,415
PHILLIPS 66	175		14,587	18,214
PORTLAND GENERAL ELECTRIC CO	87		4,210	4,263
POWER INTEGRATIONS INC	49		3,163	3,514
PROCTER & GAMBLE CO	137		18,720	20,764
PROCTER & GAMBLE CO	115		18,550	17,429
PROGRESSIVE CORP OHIO	50		4,871	6,486
QUALCOMM	171		22,439	18,800
REINSURANCE GROUP OF AMERICA	42		5,065	5,968
ROPER TECHNOLOGIES INC	28		12,066	12,099
ROSS STORES INC	14		1,574	1,625
RPM INTERNATIONAL INC	228		21,637	22,219
SBA COMMUNICATIONS CORP	41		11,991	11,493
SEACOAST BANKING CORP OF FLA	120		4,055	3,743
SELECTIVE INSURANCE GROUP INC	108		6,400	9,570
SJW GROUP	102		6,844	8,281
SMITH & NEPHEW P/C SPON ADR	648		19,029	17,425
SONY GROUP CORPORATION ADR	263		27,880	20,062
SOUTHSTATE CORPORATION	76		3,944	5,803
SPS COMMERCE INC	28		2,271	3,596
STARBUCKS CORP	217		16,312	21,526
STEWART INFORMATION SERVICES CORP	96		4,106	4,102
STIFEL FINL CORP	48		1,526	2,802
STRYKER CORP	120		27,881	29,339
SUMMIT MATERIALS INC -CL A	81		1,415	2,310
SUNCOR ENERGY INC ISIN CA8672241079 SEDOL B3NB0P5	915		20,493	29,033
SUNSTONE HOTEL INVS INC NEW	395		4,639	3,816
SUPERNUS PHARMACEUTICALS INC	116		3,299	4,138
SYSCO CORP	213		18,141	16,284
TD SYNnex CORP	172		18,462	16,290
TEXAS INSTRUMENTS INC	89		15,026	14,705
THE CIGNA GROUP	69		16,810	22,862
THE TRAVELERS COS INC	74		13,624	13,874
TJX COMPANIES INC NEW	212		13,036	16,875
TOWNE BANK	83		2,547	2,560
TRANSDIGM GROUP INC	34		16,143	21,408
TRANSUNION	60		5,292	3,405
TYLER TECHNOLOGIES INC	21		9,224	6,771
UBER TECHNOLOGIES INC	1,045		36,649	25,843
UMB FINL CORP	10		826	835
UMB FINL CORP	35		1,724	2,923
UNITED BANKSHARES INC W VIRGINIA	87		2,415	3,523
UNITED PARCEL SERVICE CL B	61		11,300	10,604
UNITED RENTALS INC	79		25,036	28,078
UNITED UTILITIES GROUP PLC SPON ADR	38		915	897
UNITEDHEALTH GROUP INC	66		31,644	34,992

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1157720 Plan No.: 062

December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Shares	Cost	Current Value
Common Stocks (cont.)				
UNIVAR SOLUTIONS INC MERGED 08/01/23 @ \$36.15 P/S		271	\$ 5,960	\$ 8,618
UNIVERSAL HEALTH SERVICES INC CLASS B		83	11,256	11,694
US BANCORP DEL COM NEW		395	19,306	17,226
VAIL RESORTS INC		26	5,459	6,197
VALLEY NATIONAL BANCORP		147	1,900	1,663
VERISIGN INC		41	8,354	8,423
VERISK ANALYTICS INC		24	4,407	4,234
VERISK ANALYTICS INC		45	9,223	7,939
VULCAN MATERIALS CO		72	9,149	12,608
WASTE MANAGEMENT INC		82	13,701	12,864
WERNER ENTERPRISES INC		41	1,665	1,651
WESTERN DIGITAL CORP		540	33,161	17,037
WHIRLPOOL CORP		88	19,285	12,448
WIX.COM LTD SEDOL BFZCHN7 ISIN IL0011301780		48	12,726	3,688
XCEL ENERGY INC		309	21,715	21,664
XYLEM INC		210	21,925	23,220
ZIMMER BIOMET HOLDINGS INC		7	763	894
Total Common Stocks			3,016,575	2,972,470
Preferred Stocks				
METLIFE INC PFD 05.625% 12/31/2049		157	3,926	3,614
METLIFE INC PFD SER F 04.750% 12/31/2049		200	4,436	3,910
US BANCORP PFD SER B CALL 4/15/2011 @25.00		340	6,745	6,256
US BANCORP PFD SER M 04.000% 12/31/2049		66	1,214	1,072
Total Preferred Stocks			16,321	14,852
Registered Investment Company Exchange-Traded Funds				
FIDELITY REAL ESTATE ETF ETF		14,812	374,617	367,486
INVESCO QQQ TRUST ETF		1,286	324,037	342,436
ISHARES CORE S&P 500 ETF		3,020	1,070,163	1,160,314
ISHARES INTERMEDIATE GOVERNMENT/CREDIT BOND ETF		7,626	821,188	781,360
Total Registered Investment Company Exchange-Traded Funds			2,590,005	2,651,596

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1157720 Plan No.: 062

December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Value	Cost	Current Value
	Shares			
Registered Investment Company				
Mutual Funds				
	FEDERATED HERMES GOVT OBLIG PREM			
SHS #117		233,781	\$ 233,781	\$ 233,781
	LSV SMALL CAP FUND-INST	16,126	270,000	257,205
	PZENA EMERG MKTS VALUE-INST	16,306	161,562	174,479
	BAIRD INTERMEDIATE BD FD INSTL FD #70	131,368	1,468,198	1,324,194
	BARON SMALL CAP FUND INSTITUTIONAL	12,048	333,351	319,021
	BLACKROCK LIQ FDS FEDFUND-IN	451,425	451,425	451,425
	BLACKROCK STRATEGIC INCOME			
	OPPORTUNITIES PORTFOLIO CL INSTL	63,390	624,684	583,192
	SEAFARER OVERSEAS GROWTH & INCOME			
	INSTL CLASS FD # 11602	17,478	222,764	198,203
	HARBOR CAPITAL APPRECIA-RET	7,831	487,263	492,512
	OAKMARK INTL SM CAP-R6	13,425	245,243	222,445
	WCM FOCUSED INTL GROWTH-INS	20,576	380,077	404,526
	LAZARD US CONCENTRATED-INST	26,739	483,049	397,870
	MFS EMERGING MKTS DEBT FD-R6	34,110	485,468	391,925
	PGIM HIGH YIELD FUND CLASS R6	71,026	391,199	322,457
	T ROWE PR MID CAP GROW-I	3,736	266,927	332,134
	T ROWE PRICE INSTITUTIONAL FLOATING			
	RATE FUND	50,077	494,723	459,710
	TOUCHSTONE SANDS EM GR-R6	12,957	214,489	163,652
	VANGUARD INTERNATIONAL VALUE FUND			
	#46	13,983	517,430	499,764
	WASATCH INTL OPPORTUNIT-INST	70,607	341,895	202,641
Total Registered Investment Company Mutual Funds			8,073,528	7,431,136
Total			\$ 13,696,429	\$ 13,070,054

NEW JERSEY MAILERS LOCAL 1100-S-L/WSJ PLAN

EIN - 22-1157720 PN - 062

Schedule MB, Line 8b – Schedule of Active Participant Data as of January 1, 2022

Attained Age	Years of Service to 1/1/22 (Completed Years)										Total
	<u>Under 1</u>	<u>1- 4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40+</u>	
Under 25											
25 - 29											
30 - 34				1							1
35 - 39					2						2
40 - 44					1	1					2
45 - 49					8	1	2				11
50 - 54					4	1	1	1			7
55 - 59				1	5	12	5	1	5	3	32
60 - 64				2	3	3	3	1	4	6	22
65 - 69					2	4			1	1	8
70 +									1		1
Total	0	0	0	4	25	22	11	3	11	10	86

Average Attained Age: 57.30

NEW JERSEY MAILERS LOCAL 1100 S-L/WSJ PENSION PLAN

EIN/PN: 22-1157720/062

Schedule MB, line 6 – Statement of Actuarial Assumptions or Methods as of January 1, 2022

Starting January 1, 2014 funding requirements are determined by the Unit Credit Actuarial Cost Method. Before 2014, funding requirements were determined by the Frozen Entry Age Actuarial Cost Method.

The actuarial accrued liability is the actuarial present value of all benefits expected to be paid. After deducting valuation assets from the actuarial accrued liability, the remainder is the unfunded actuarial accrued liability. The unfunded actuarial accrued liability, if any, is amortized over a period of years specified in IRS regulations.

The actuarial present value of Accumulated Plan Benefits is determined by the Unit Credit Actuarial Cost Method. The actuarial assumptions on which the current actuarial determinations have been based are illustrated below for representative ages.

Funding Requirements

Interest	7½% compounded annually
Valuation Assets	Market Value
Mortality	RP-2000 Combined Mortality Table used except for disabled lives where a higher rate of mortality is used.

Terminations (other than by retirement):

Present Age	Terminations per 1,000 Lives	Disabilities per 1,000 Lives
20	64	.7
25	43	.9
30	34	1.1
35	27	1.3
40	20	1.6
45	16	3.2
50	12	5.7
55	11	9.8
60	0	16.2

Retirement Age: Age 65 or the age at the next January 1st, if higher

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
1210-0069

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

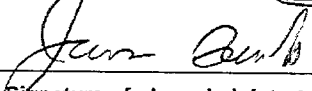
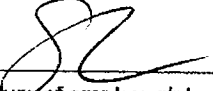
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report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

Part II Basic Plan Information—enter all requested information

1a Name of plan NEW JERSEY MAILERS LOCAL 1100 S-L/WSJ PENSION PLAN	1b Three-digit plan number (PN) ▶	062
	1c Effective date of plan	01/01/1990
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) NEWARK MORNING LEDGER CO. ONE GATEWAY CENTER NEWARK NJ 07102	2b Employer Identification Number (EIN)	22-1157720
	2c Plan Sponsor's telephone number	973-392-4141
	2d Business code (see instructions)	511110

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

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

SIGN HERE		10-10-2023	JAMES REUTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10-11-2023	STEVE LEOTSAKOS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor LOCAL 1100 S-L/WSJ PENSION PLAN JOINT BOARD OF TRUSTEES JIM REUTER 373E ROUTE 46 WEST, SUITE 240 FAIRFIELD NJ 07004	3b Administrator's EIN 22-3129844 3c Administrator's telephone number 973-227-1676
---	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	32
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)	8
a(2) Total number of active participants at the end of the plan year	6a(2)	7
b Retired or separated participants receiving benefits	6b	8
c Other retired or separated participants entitled to future benefits	6c	13
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	30
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	31
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 3H 1I

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

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

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
---	---

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 NEW JERSEY MAILERS LOCAL 1100 S-L/WSJ PENSION PLAN	B Three-digit plan number (PN) ▶	062
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NEWARK MORNING LEDGER CO.	D Employer Identification Number (EIN) 22-1157720	

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

1a Enter the valuation date: Month 01 Day 01 Year 2022

b Assets		
(1) Current value of assets	1b(1)	17,371,966
(2) Actuarial value of assets for funding standard account.....	1b(2)	17,371,966
c (1) Accrued liability for plan using immediate gain methods	1c(1)	16,244,470
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	16,244,270
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	30,824,343
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	974,710
(3) Expected plan disbursements for the plan year	1d(3)	974,710

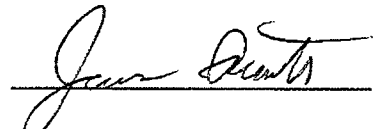
Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each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

SIGN HERE	 Signature of actuary	<u>07/10/2023</u> Date
GARY H. CEPPOS	Type or print name of actuary	2303421
CSB ASSOCIATES, INC.	Firm name	Most recent enrollment number
659 EAGLE ROCK AVENUE WEST ORANGE NJ 07052	Address of the firm	973-325-8441
		Telephone number (including area code)


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

NEW JERSEY MAILERS LOCAL 1100-S-L/WSJ PENSION PLAN
EIN - 22-1157720
PN - 062

The Plan Administrator and the Plan Sponsor of the New Jersey Mailers Local 1100-S-L/WSJ Pension Plan hereby authorize Gary Ceppos, our Plan Actuary, to electronically sign and submit the Form 5500, Schedules and Attachments for the 2022 filing year on our behalf.



Mr. James Reuter Date
Plan Administrator



Mr. Steve Leotsakos Date
Plan Sponsor

NEW JERSEY MAILERS LOCAL 1100 S-L/WSJ PENSION PLAN

EIN/PN: 22-1157720/062

Schedule MB, line 6 – Summary of Plan Provisions as of January 1, 2022

1. **Effective Date** -- January 1, 1990.
2. **Eligibility** -- First day on which an Employer becomes obligated to make a contribution on behalf of an Employee.
3. **Credited Service** -- An Employee shall receive a year of Credited Past Service for each full year of continuous employment within the jurisdiction of the Union prior to 1990 that is equal to the number (not exceeding 10) of his years of Credited Future Service. An Employee shall receive Credited Future Service from and after the date a Contributing Employer first becomes obligated to make contributions for each calendar year after 1989, provided the Employer makes contributions on his behalf for at least 100 days.
4. **Retirement** -- Normal Retirement is the later of Age 65 or 5 years of eligibility service. Early Retirement is permitted after 10 years credited service and attainment of age 55. Disability Retirement benefit equal to Employee's accrued benefit is payable after 10 years of credited service, provided Employee has qualified for disability retirement benefits under Social Security.
5. **Pension Benefit** -- A monthly amount of benefit commencing at normal retirement age equal to the sum of the Employee's Past Service and Future Service benefit credit, as follows:
 - A Past Service pension equal to the number of years of Credited Past Service multiplied by 2% of the Average Annual Contributions made on the Employee's behalf; *plus*
 - A Future Service pension equal to 3% of the contributions made on behalf of the Employee for each year of Credited Future Service.For purposes of calculating an Employee's Past Service Pension, the term "Average Annual Contributions" means the total contributions made on his behalf divided by the total number of years for which such contributions were made.
6. **Vested Rights** -- An Employee shall have a vested right to a normal retirement pension equal to his accrued benefit after five years of credited service (either past or future service). If the Employee has at least 10 years of credited service at termination, he can commence his pension on or after attaining age 55. If the Employee has 5 but fewer than 10 years of credited service, his pension will commence at his normal retirement date.

7. **Death Benefits**

a. *Before retirement*

i. If an unmarried Participant dies after eligibility for normal, early or disability retirement but before making application for retirement benefits his monthly pension benefit (computed as of the day before his death) shall be multiplied by 60, and the amount so determined shall be paid to his designated beneficiary.

ii. If a married Participant dies before age 55 but after completing 10 years of credited service, his surviving spouse shall receive a pension for life equal to one-half of what the deceased Participant would have received had he retired at age 55, or if his death occurs after age 55 and prior to age 65, had he retired on the date of his death. If a married Participant dies after completing 5 but fewer than 10 years of credited service, the surviving spouse shall receive a pension for life equal to one-half of the deceased Participant's accrued pension benefit, commencing with the month following the month the deceased Participant would have attained age 65 had he lived.

b. *After retirement* -- In the case of an unmarried Participant (or a married Participant who rejects the Joint and Survivor Annuity Benefit), the balance of 60 guaranteed monthly payments shall be payable to the spouse or other beneficiary if the Participant dies before receiving 60 pension payments. In the case of a married Participant who does not reject the Joint and Survivor Annuity, his surviving spouse shall receive for life one-half of the monthly benefit payable to the Participant.

8. **Employee Contributions** -- None

9. **Employer Contributions** – Effective November 17, 2013, the employer contribution shall be equal or exceed the legally required minimum contribution. There is no longer a contribution for each shift worked.

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1157720 Plan No.: 062

December 31, 2022

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Shares		
Common Stocks				
3M COMPANY		108	\$ 14,114	\$ 12,951
ACCENTURE PLC CLASS A SEDOL B4BNMY3 ISIN IE00B4BNMY34		107	32,488	28,552
ADDUS HOMECARE CORP		38	3,293	3,781
ADIANT PLC SEDOL BD845X2 ISIN IE00BD845X29		159	6,418	5,516
ADOBE INC		65	30,450	21,874
ADVANCED ENERGY INDS INC		58	4,821	4,975
AERCAP HOLDINGS NV ISIN NL0000687663 SEDOL B1HHKD3		445	25,745	25,952
AEROJET ROCKETDYNE HLDGS INC MERGED 07/28/23 @ \$58.00 P/S		151	7,183	8,445
AFFILIATED MANAGERS GROUP INC		62	9,242	9,823
AGILENT TECHNOLOGIES (IPO)		43	5,449	6,435
AGREE RLTY CORP REIT		84	5,500	5,958
AIR LEASE CORP		195	9,401	7,492
AIR PRODUCTS & CHEMICALS INC		9	2,554	2,774
ALCON INC SEDOL BJXBP41 ISIN CH0432492467		252	17,665	17,275
ALPHABET INC/CA-CL A		320	36,696	28,234
AMBARELLA INC SEDOL B7KH3G6 ISIN KYG037AX1015		54	4,281	4,440
AMERICAN WATER WORKS CO INC		23	3,335	3,506
AMERICAN WOODMARK CORP		66	5,347	3,225
AMERIPRISE FINANCIAL INC		78	17,847	24,287
AMERIPRISE FINANCIAL INC		112	25,732	34,873
AMGEN INC		90	23,033	23,638
AMN HEALTHCARE SERVICES		40	2,313	4,113
AMPHENOL CORP NEW CL A		132	9,565	10,050
AMPHENOL CORP NEW CL A		88	6,335	6,700
ANSYS INC		82	28,161	19,810
ANSYS INC		11	3,457	2,657
AON PLC/IRELAND-A SEDOL BLP1HW5 ISIN IE00BLP1HW54		11	2,380	3,302
APPLE INC		201	12,527	26,116
APPLIED MATERIALS INC		24	1,928	2,337
APTARGROUP INC		54	5,913	5,939
ARCH CAPITAL GROUP LTD SEDOL 2740542 ISIN BMG0450A1053		101	3,313	6,341
ARES MANAGEMENT CORP - A		30	1,897	2,053
ARROW ELECTRONICS INC		98	10,612	10,248
ASSURANT INC		90	13,139	11,255
ATLANTIC UNION BANKSHARES CORP		198	5,085	6,958
ATMOS ENERGY CORP		182	20,748	20,397
AUTODESK INC		105	21,561	19,621
AUTODESK INC		46	11,414	8,596
AUTOMATIC DATA PROCESSING INC		107	24,834	25,558
AVANOS MEDICAL INC		190	6,415	5,141
AVISTA CORP		103	4,553	4,567

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1157720 Plan No.: 062

December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Value	Cost	Current Value
	Shares			
Common Stocks (cont.)				
BALCHEM CORP CL B	41	\$	4,240	\$ 5,007
BALL CORPORATION	125		9,106	6,393
BARNES GROUP INC	136		5,690	5,556
BAXTER INTERNATIONAL INC	261		18,032	13,303
BECTON DICKINSON & CO	94		24,037	23,904
BEIERSDORF AG-UNSPON ADR SEDOL B3FQ0G9 ISIN US07724U1034	228		4,669	5,212
BENCHMARK ELECT	193		4,304	5,151
BERRY GLOBAL GROUP INC	217		13,522	13,113
BLACK KNIGHT INC-WHEN ISSUED	112		8,412	6,916
BLACKBAUD INC	116		7,623	6,828
BLACKSTONE INC	184		22,586	13,651
BOOT BARN HOLDINGS INC	74		2,479	4,626
BREAD FINANCIAL HLDG INC	83		7,079	3,126
BROADCOM INC	55		26,458	30,752
BROADRIDGE FINANCIAL SOL W/I	83		12,358	11,133
BROOKFIELD ASSET MGMT-A-W/I SEDOL N.A. ISIN CA1130041058	115		3,056	3,297
BROOKFIELD CORP SEDOL BP95GG8 ISIN CA11271J1075	479		13,850	15,069
BROOKFIELD INFRASTRUCTURE-A SEDOL BJP50C4 ISIN CA11275Q1072	218		9,418	8,480
BROOKFIELD RENEWABLE COR CL-A SEDOL BMW8YT2 ISIN CA11284V1058	157		6,544	4,324
BROWN & BROWN INC	177		8,712	10,084
BROWN FORMAN CORP CLASS B	7		492	460
BROWN FORMAN CORP CLASS B	12		853	788
BRP GROUP INC-A	119		2,362	2,992
CAL MAINE FOODS INC NEW	32		1,375	1,742
CALAVO GROWERS INC	70		2,613	2,058
CALIFORNIA WTR SVC GROUP	53		2,843	3,214
CAMBIUM NETWORKS CORP SEDOL BKC9Q28 ISIN KYG177661090	224		7,013	4,854
CAPITAL ONE FINANCIAL CORP	195		24,629	18,127
CARMAX INC	147		14,889	8,951
CASS INFORMATION SYSTEMS INC.	88		3,445	4,032
CBRE GROUP INC	89		4,752	6,849
CELANESE CORP	195		27,231	19,937
CENTENE CORP	291		19,308	23,865
CHESAPEAKE UTILITIES CORP	29		2,498	3,427
CHUBB LTD SEDOL B3BQMF6 ISIN CH0044328745	23		4,400	5,074
CINCINNATI FINANCIAL CORP	169		17,567	17,304
CLOROX CO	92		12,812	12,910
CNX RESOURCES CORP	343		4,783	5,776
COCA COLA CO	350		18,816	22,264
COCA COLA CONSOLIDATED INC	11		3,034	5,636
COGNEX CORP	22		1,746	1,036
COMFORT SYS USA INC	66		3,550	7,595

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1157720 Plan No.: 062

December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Value	Cost	Current Value
	Shares			
Common Stocks (cont.)				
	COMMERCE BANCSHARES INC	187	\$ 12,903	\$ 12,729
	COMMSCOPE HOLDING CO INC	378	4,013	2,778
	CONCENTRIX CORP - WI	56	6,894	7,457
	CONSTELLATION BRANDS INC CL A	71	17,155	16,454
	COPART INC	296	15,169	18,023
	CORTEVA INC-W/I	549	26,231	32,270
	COSTAR GROUP INC	245	20,178	18,934
	COTERRA ENERGY INC	813	15,699	19,975
	CREDIT ACCEPTANCE CORPORATION	6	2,612	2,846
	CROWN CASTLE INC	128	22,382	17,362
	CSW INDUSTRIALS INC	35	2,377	4,058
	CTS CORP	106	2,164	4,179
	CULLEN FROST BANKERS INC	129	14,069	17,247
	DANAHER CORP	97	22,048	25,746
	DENTSPLY SIRONA INC	701	26,281	22,320
	DIODES INC	74	4,369	5,634
	DOLLAR GENERAL CORP	27	5,610	6,649
	DOMINO'S PIZZA INC.	25	9,263	8,660
	DORMAN PRODUCTS INC	68	5,203	5,499
	DUPONT DE NEMOURS INC-WI	14	712	961
	EASTERLY GOVERNMENT PROPERTI	281	6,406	4,010
	EBAY INC	652	38,297	27,038
	ECOLAB INC	23	3,377	3,348
	ECOLAB INC	105	22,960	15,284
	ENERSYS	74	5,156	5,464
	ENOVIS CORP	10	574	535
	ENPRO INDUSTRIES INC	62	6,372	6,739
	EQUIFAX INC	59	12,152	11,467
	EQUITY COMMONWEALTH	306	8,660	7,641
	EQUITY LIFESTYLE PROPERTIES REIT	197	12,656	12,726
	ESAB CORP-W/I	7	321	328
	ESSENTIAL UTILITIES INC	18	883	859
	EVEREST GROUP LTD	13	3,881	4,307
	EXLSERVICE HOLDINGS INC	29	1,850	4,913
	FASTENAL CO	125	5,973	5,915
	FIRST REPUBLIC BANK/FRAN	25	3,054	3,047
	FLEX LTD SEDOL 2353058 ISIN SG9999000020	718	12,513	15,408
	FNF GROUP-W/I	18	665	677
	FORWARD AIR CORP	62	3,185	6,503
	FRANKLIN ELECTRIC INC	81	4,661	6,460
	GARTNER INC	16	2,672	5,378
	GEN DIGITAL INC	1,204	31,655	25,802
	GENERAL DYNAMICS CORP	78	14,312	19,353
	GLOBAL PAYMENTS INC-W/I	287	38,345	28,505
	GRACO INC	49	3,218	3,296
	GRAY TELEVISION INC	390	7,949	4,364
	GUIDEWIRE SOFTWARE INC	12	1,420	751
	HANESBRANDS INC - W/I	589	11,441	3,746

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1157720 Plan No.: 062

December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
	Shares			
Common Stocks (cont.)				
HARMONY BIOSCIENCES HOLDINGS	44	\$ 2,197	\$ 2,424	
HARTFORD FINL SVCS GROUP INC	24	1,622	1,820	
HCA HEALTHCARE INC	94	18,006	22,556	
HEALTHCARE REALTY TRUST INC	616	15,079	11,870	
HEALTHPEAK PROPERTIES INC	136	3,488	3,410	
HEICO CORP NEW CL A	127	14,276	15,221	
HENKEL AG & COMPANY KGAA SPONS ADR PFD ADR	621	10,223	10,774	
HENKEL AG & COMPANY KGAA SPONSORED ADR	468	7,660	7,549	
HILTON WORLDWIDE HLDGS - W/I	113	10,267	14,279	
HOME DEPOT INC	44	13,343	13,898	
HONEYWELL INTL INC	105	22,766	22,502	
HOWARD HUGHES CORP THE-W I	37	2,179	2,828	
HYATT HOTELS CORP CL A	39	2,265	3,528	
ICF INTERNATIONAL INC	54	3,597	5,349	
ICU MED INC	50	9,671	7,874	
IDACORP INC	57	5,388	6,147	
IDEXX LABS INC	13	4,925	5,303	
INDEPENDENT BANK CORP MASS	30	2,586	2,533	
INTEGGER HOLDINGS CORPORATION	95	8,527	6,504	
INTEGRA LIFESCIENCES HLDG CORP	96	4,768	5,383	
INTUIT SOFTWARE	47	15,505	18,293	
JOHNSON & JOHNSON	189	34,808	33,387	
K.FORCE INC	95	3,264	5,209	
KAISER ALUMINUM CORP	64	4,394	4,861	
KENNEDY WILSON HOLDINGS INC	33	551	519	
KIMBERLY-CLARK CORP	140	16,962	19,005	
KKR & CO INC CLASS A	310	11,748	14,390	
KNORR-BREMSE - UNSP ADR SEDOL BGSZ2R9 ISIN US4991801071	485	6,618	6,577	
KORN FERRY	94	3,201	4,758	
LA Z BOY INC	133	3,696	3,035	
LAM RESEARCH CORP	2	732	841	
LEAR CORP- W/I	102	12,734	12,650	
LENNAR CORP CLASS A	76	6,303	6,878	
LENNAR CORP CLASS A	285	28,673	25,793	
LGI HOMES INC	34	3,948	3,148	
LIBERTY BROADBAND-A	8	1,202	607	
LIBERTY BROADBAND-C	8	1,276	610	
LIBERTY FORMULA ONE EXCH 08/03/23 SEE 531229755 & 531229722	90	3,509	5,380	
LIBERTY FORMULA ONE EXCH 08/03/23 SEE 531229771 & 531229748	7	258	374	
LIBERTY GLOBAL PLC SERIES C SEDOL B8W67B1 ISIN GB00B8W67B19	827	21,137	16,069	

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1157720 Plan No.: 062

December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
	Shares			
Common Stocks (cont.)				
LINCOLN NATIONAL CORP	312	\$ 13,367	\$ 9,585	
LINDSAY CORPORATION	5	733	814	
LITHIA MTRS INC CL A	46	17,015	9,418	
LIVE NATION ENTERTAINMENT INC	114	7,798	7,950	
MARCUS & MILLICHAP INC	147	4,472	5,064	
MARKEL GROUP INC	10	10,771	13,175	
MARSH & MCLENNAN COMPANIES INC	124	21,071	20,520	
MARTIN MARIETTA MATLS INC	15	3,220	5,070	
MARTIN MARIETTA MATLS INC	66	22,428	22,306	
MASTERCARD INC CL A	50	14,381	17,387	
MEDPACE HOLDINGS INC	28	3,632	5,947	
MEDTRONIC PLC SEDOL BTN1Y11 ISIN IE00BTN1Y115	170	20,247	13,212	
MERCANTILE BANK CORP	105	2,327	3,515	
MERCK & CO INC	199	20,014	22,079	
MICHELIN (CGDE) UNSPON ADR	1,142	21,455	15,862	
MICROCHIP TECHNOLOGY INC	335	25,495	23,534	
MICROCHIP TECHNOLOGY INC	97	5,266	6,814	
MICROSOFT CORP	141	21,080	33,815	
MICROSOFT CORP	131	30,700	31,416	
MISSION PRODUCE INC	143	1,375	1,662	
MITSUBISHI UFJ FINL GRP ADR	1,647	9,421	10,985	
MOELIS & CO	143	4,794	5,487	
MONARCH CASINO & RESORT INC	90	6,273	6,920	
MOODY'S CORP	35	11,116	9,752	
MOODY'S CORP	20	5,586	5,572	
MOVADO GROUP INC	151	1,891	4,870	
MSCI INC	6	2,271	2,791	
MUELLER WATER PRODUCTS INC SER A	767	9,300	8,253	
NIKE INC CLASS B	207	25,364	24,221	
NORTHERN OIL AND GAS INC	145	4,055	4,469	
NORTHERN TRUST CORP	166	17,162	14,689	
NRG ENERGY INC.	531	19,381	16,896	
NUVASIVE INC	22	1,030	907	
O REILLY AUTOMOTIVE INC	23	11,064	19,413	
OLLIE'S BARGAIN OUTLET HOLDI	91	6,743	4,262	
OMNICELL INC	93	6,904	4,689	
ONTO INNOVATION INC	80	2,783	5,447	
ORIGIN BANCORP INC	82	3,694	3,009	
OSHKOSH CORPORATION CLASS B	151	17,042	13,317	
PACIRA BIOSCIENCES INC	58	3,429	2,239	
PARKER HANNIFIN CORP	83	26,412	24,153	
PATRICK INDUSTRIES INC	69	5,119	4,181	
PAYPAL HOLDINGS INC-W/I	91	21,494	6,481	
PENNON GROUP PLC-UNSP ADR SEDOL BKSCSV4 ISIN US7083262029	44	1,019	955	
PEPSICO INC	250	44,120	45,165	
PERIMETER SOLUTIONS SA SEDOL BP8KZH8 ISIN LU2391723694	186	2,203	1,700	

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1157720 Plan No.: 062

December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
	Shares			
Common Stocks (cont.)				
PERMIAN RESOURCES CORP	586	\$ 4,751	\$ 5,508	
PFIZER INC	496	24,349	25,415	
PHILLIPS 66	175	14,587	18,214	
PORTLAND GENERAL ELECTRIC CO	87	4,210	4,263	
POWER INTEGRATIONS INC	49	3,163	3,514	
PROCTER & GAMBLE CO	137	18,720	20,764	
PROCTER & GAMBLE CO	115	18,550	17,429	
PROGRESSIVE CORP OHIO	50	4,871	6,486	
QUALCOMM	171	22,439	18,800	
REINSURANCE GROUP OF AMERICA	42	5,065	5,968	
ROPER TECHNOLOGIES INC	28	12,066	12,099	
ROSS STORES INC	14	1,574	1,625	
RPM INTERNATIONAL INC	228	21,637	22,219	
SBA COMMUNICATIONS CORP	41	11,991	11,493	
SEACOAST BANKING CORP OF FLA	120	4,055	3,743	
SELECTIVE INSURANCE GROUP INC	108	6,400	9,570	
SJW GROUP	102	6,844	8,281	
SMITH & NEPHEW P/C SPON ADR	648	19,029	17,425	
SONY GROUP CORPORATION ADR	263	27,880	20,062	
SOUTHSTATE CORPORATION	76	3,944	5,803	
SPS COMMERCE INC	28	2,271	3,596	
STARBUCKS CORP	217	16,312	21,526	
STEWART INFORMATION SERVICES CORP	96	4,106	4,102	
STIFEL FINL CORP	48	1,526	2,802	
STRYKER CORP	120	27,881	29,339	
SUMMIT MATERIALS INC -CL A	81	1,415	2,310	
SUNCOR ENERGY INC ISIN CA8672241079				
SEDOL B3NB0P5	915	20,493	29,033	
SUNSTONE HOTEL INVS INC NEW	395	4,639	3,816	
SUPERNUS PHARMACEUTICALS INC	116	3,299	4,138	
SYSCO CORP	213	18,141	16,284	
TD SYNEX CORP	172	18,462	16,290	
TEXAS INSTRUMENTS INC	89	15,026	14,705	
THE CIGNA GROUP	69	16,810	22,862	
THE TRAVELERS COS INC	74	13,624	13,874	
TJX COMPANIES INC NEW	212	13,036	16,875	
TOWNE BANK	83	2,547	2,560	
TRANSDIGM GROUP INC	34	16,143	21,408	
TRANSUNION	60	5,292	3,405	
TYLER TECHNOLOGIES INC	21	9,224	6,771	
UBER TECHNOLOGIES INC	1,045	36,649	25,843	
UMB FINL CORP	10	826	835	
UMB FINL CORP	35	1,724	2,923	
UNITED BANKSHARES INC W VIRGINIA	87	2,415	3,523	
UNITED PARCEL SERVICE CL B	61	11,300	10,604	
UNITED RENTALS INC	79	25,036	28,078	
UNITED UTILITIES GROUP PLC SPON ADR	38	915	897	
UNITEDHEALTH GROUP INC	66	31,644	34,992	

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1157720 Plan No.: 062

December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Value	Cost	Current Value
Common Stocks (cont.)				
	<u>Shares</u>			
UNIVAR SOLUTIONS INC MERGED 08/01/23 @ \$36.15 P/S	271	\$ 5,960	\$ 8,618	
UNIVERSAL HEALTH SERVICES INC CLASS B	83	11,256	11,694	
US BANCORP DEL COM NEW	395	19,306	17,226	
VAIL RESORTS INC	26	5,459	6,197	
VALLEY NATIONAL BANCORP	147	1,900	1,663	
VERISIGN INC	41	8,354	8,423	
VERISK ANALYTICS INC	24	4,407	4,234	
VERISK ANALYTICS INC	45	9,223	7,939	
VULCAN MATERIALS CO	72	9,149	12,608	
WASTE MANAGEMENT INC	82	13,701	12,864	
WERNER ENTERPRISES INC	41	1,665	1,651	
WESTERN DIGITAL CORP	540	33,161	17,037	
WHIRLPOOL CORP	88	19,285	12,448	
WIX.COM LTD SEDOL BFZCHN7 ISIN IL0011301780	48	12,726	3,688	
XCEL ENERGY INC	309	21,715	21,664	
XYLEM INC	210	21,925	23,220	
ZIMMER BIOMET HOLDINGS INC	7	763	894	
Total Common Stocks			3,016,575	2,972,470
Preferred Stocks				
METLIFE INC PFD 05.625% 12/31/2049	157	3,926	3,614	
METLIFE INC PFD SER F 04.750% 12/31/2049	200	4,436	3,910	
US BANCORP PFD SER B CALL 4/15/2011 @25.00	340	6,745	6,256	
US BANCORP PFD SER M 04.000% 12/31/2049	66	1,214	1,072	
Total Preferred Stocks			16,321	14,852
Registered Investment Company				
Exchange-Traded Funds				
FIDELITY REAL ESTATE ETF ETF	14,812	374,617	367,486	
INVESCO QQQ TRUST ETF	1,286	324,037	342,436	
ISHARES CORE S&P 500 ETF	3,020	1,070,163	1,160,314	
ISHARES INTERMEDIATE GOVERNMENT/CREDIT BOND ETF	7,626	821,188	781,360	
Total Registered Investment Company Exchange-Traded Funds			2,590,005	2,651,596

New Jersey Mailers Local 1100 S-L/WSJ Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1157720 Plan No.: 062

December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
	Shares			
Registered Investment Company				
Mutual Funds				
FEDERATED HERMES GOVT OBLIG PREM SHS #117	233,781	\$ 233,781	\$ 233,781	
LSV SMALL CAP FUND-INST	16,126	270,000	257,205	
PZENA EMERG MKTS VALUE-INST	16,306	161,562	174,479	
BAIRD INTERMEDIATE BD FD INSTL FD #70	131,368	1,468,198	1,324,194	
BARON SMALL CAP FUND INSTITUTIONAL	12,048	333,351	319,021	
BLACKROCK LIQ FDS FEDFUND-IN	451,425	451,425	451,425	
BLACKROCK STRATEGIC INCOME OPPORTUNITIES PORTFOLIO CL INSTL	63,390	624,684	583,192	
SEAFARER OVERSEAS GROWTH & INCOME INSTL CLASS FD # 11602	17,478	222,764	198,203	
HARBOR CAPITAL APPRECIA-RET	7,831	487,263	492,512	
OAKMARK INTL SM CAP-R6	13,425	245,243	222,445	
WCM FOCUSED INTL GROWTH-INS	20,576	380,077	404,526	
LAZARD US CONCENTRATED-INST	26,739	483,049	397,870	
MFS EMERGING MKTS DEBT FD-R6	34,110	485,468	391,925	
PGIM HIGH YIELD FUND CLASS R6	71,026	391,199	322,457	
T ROWE PR MID CAP GROW-I	3,736	266,927	332,134	
T ROWE PRICE INSTITUTIONAL FLOATING RATE FUND	50,077	494,723	459,710	
TOUCHSTONE SANDS EM GR-R6	12,957	214,489	163,652	
VANGUARD INTERNATIONAL VALUE FUND #46	13,983	517,430	499,764	
WASATCH INTL OPPORTUNIT-INST	70,607	341,895	202,641	
Total Registered Investment Company Mutual Funds		8,073,528	7,431,136	
Total		\$ 13,696,429	\$ 13,070,054	

NEW JERSEY MAILERS LOCAL 1100-S-L/WSJ PLAN
EIN - 22-1157720
PN - 062

SCHEDULE MB ATTACHMENT

Lines 9c and 9h - Funding Standard Account Bases as of January 1, 2022

<u>Date</u> <u>Established</u>	<u>Description</u>	<u>Original</u> <u>Amount</u>	<u>Amortization</u>		<u>Unamortized</u> <u>Balance, 1/1/22</u>
			<u>Years</u> <u>Remaining</u>	<u>Amount</u>	
<u>Line 9c</u>					
1/1/2015	Experience Loss	32,976	8	3,475	21,883
1/1/2016	Experience Loss	953,382	9	100,471	688,957
1/1/2017	Experience Loss	783,652	10	82,584	609,378
1/1/2019	Experience Loss	1,873,107	12	197,395	1,641,418
1/1/2022	Experience Loss	36,598	15	3,857	36,594
<u>Line 9h</u>					
1/1/2018	Experience Gain	(997,142)	11	(105,082)	(826,377)
1/1/2020	Experience Gain	(1,510,412)	13	(159,172)	(1,390,417)
1/1/2021	Experience Gain	(812,547)	14	(85,629)	(781,436)