

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

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 2024 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... [X] an amended return/report [] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension... 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: WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/1958
2a Plan sponsor's name (employer, if for a single-employer plan): ROOSEVELT PAPER COMPANY
2b Employer Identification Number (EIN): 23-1514696
2c Plan Sponsor's telephone number: 856-303-4100
2d Business code (see instructions): 424100

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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	202
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	202
	6a(2)	210
	6b	0
	6c	0
	6d	210
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4H 4L

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **10/01/2021** and ending **09/30/2022**

<p>A Name of plan WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ROOSEVELT PAPER COMPANY</p>	<p>D Employer Identification Number (EIN) 23-1514696</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	0148964-SL	132	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		1014299
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **10/01/2021** and ending **09/30/2022**

<p>A Name of plan WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ROOSEVELT PAPER COMPANY</p>	<p>D Employer Identification Number (EIN) 23-1514696</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G 00615935	197	10/01/2021	09/30/2022

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

<p>(a) Total amount of commissions paid 19338</p>	<p>(b) Total amount of fees paid 3939</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CBIZ BENEFITS AND INS SVCS **401 PLYMOUTH ROAD**
STE 200
PLYMOUTH MEETING, PA 19462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19338	3939	OTHER COMPENSATION	3

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		128920
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (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>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **10/01/2021** and ending **09/30/2022**

A Name of plan WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOSEVELT PAPER COMPANY	D Employer Identification Number (EIN) 23-1514696	

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)

AETNA LIFE INSURANCE COMPANY

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	316063	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)

AON CONSULTING INC.

29840 NETWORK PLACE
CHICAGO, IL 60673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	87150	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRUSTMARK HEALTH BENEFITS, INC.

35-1846036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 14 49	NONE	18096	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"/>

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
AON CONSULTING INC.	22 53	87150
(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.	
AETNA LIFE INSURANCE COMPANY 06-6033492	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **10/01/2021** and ending **09/30/2022**

A Name of plan WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ROOSEVELT PAPER COMPANY		D Employer Identification Number (EIN) 23-1514696	

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	31678
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3391	62
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	120261	124332

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	123652	156072
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	123652	156072

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)	2171648	
(B) Participants.....	2a(1)(B)	541180	
(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)		2712828
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	30	
(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)		30
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(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)		

		(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2712858

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1375842	
(2) To insurance carriers for the provision of benefits	2e(2)	1147738	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2523580
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	156858	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		156858
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2680438

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		32420
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: MARGOLIS PARTNERS LLC

(2) EIN: 46-2878575

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

WELFARE PLAN OF
THE ROOSEVELT PAPER COMPANY

SEPTEMBER 30, 2022

WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY

TABLE OF CONTENTS

SEPTEMBER 30, 2022

INDEPENDENT AUDITOR'S REPORT	PAGE NO. 2
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS September 30, 2022 and 2021	7
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Year ended September 30, 2022	8
STATEMENTS OF BENEFIT OBLIGATIONS September 30, 2022 and 2021	9
STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS Year ended September 30, 2022	10
NOTES TO THE FINANCIAL STATEMENTS September 30, 2022 and 2021	11
SUPPLEMENTAL SCHEDULES	18

INDEPENDENT AUDITOR'S REPORT

TO THE PLAN COMMITTEE OF THE
WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY

**Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the Year Ended September 30, 2022
Financial Statements**

We have performed an audit of the accompanying financial statements of the Welfare Plan of the Roosevelt Paper Company, 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 statement of net assets available for benefits and of benefit obligations as of September 30, 2022, and the related statement of changes in net assets available for benefits and of changes in benefit obligations for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the September 30, 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investments of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended September 30, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the Year Ended September 30, 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the year ended **September 30, 2022** Financial Statements section—

- the amounts and disclosures in the year ended **September 30, 2022** financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the year ended **September 30, 2022** financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

TO THE PLAN COMMITTEE OF THE
WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY

(Continued)

Basis of Opinion on the Year Ended September 30, 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the year ended September 30, 2022 Financial Statements section of our report. We are required to be independent of the Welfare Plan of the Roosevelt Paper Company 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 Year Ended September 30, 2022 Financial Statements

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

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

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

TO THE PLAN COMMITTEE OF THE
WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY

(Continued)

Auditor's Responsibilities for the Audit of the Year Ended September 30, 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the year ended September 30, 2022 Financial Statements 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Welfare Plan of the Roosevelt Paper Company'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 Welfare Plan of the Roosevelt Paper Company's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the year ended September 30, 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

TO THE PLAN COMMITTEE OF THE
WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY
(Continued)

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

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

The Year Ended September 30, 2022 Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of September 30, 2022 and of reportable transactions for the year ended September 30, 2022, are presented for the purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management, and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

TO THE PLAN COMMITTEE OF THE
WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY
(Continued)

Auditor's Report on the Year Ended September 30, 2021 Financial Statements

We were engaged to audit the year ended September 30, 2021 financial statements of the Welfare Plan of the Roosevelt Paper Company. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated July 12, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the year ended September 30, 2021 financial statements and supplemental schedules, and (b) the form and content of the information included in the year ended September 30, 2021 financial statements and supplemental schedules other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Margolis Partners

July 14, 2023

WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
INVESTMENTS AT FAIR VALUE	\$ 62	\$ 3,391
ACCRUED INVESTMENT INCOME	4	
SURPLUS RECEIVABLE, MEDICAL PROVIDER	31,674	
BENEFIT RESERVE FUND HELD BY MEDICAL PROVIDER	<u>124,332</u>	<u>120,261</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$156,072</u>	<u>\$123,652</u>

See accompanying notes to the financial statements.

WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED SEPTEMBER 30, 2022

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Contributions - employer	\$2,171,648
Contributions - participants	541,180
Interest income	<u>30</u>
 TOTAL ADDITIONS TO NET ASSETS	 <u>2,712,858</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Premiums paid	1,147,738
Claims paid, net of stop-loss reimbursements of \$575,825	1,375,842
Administrative expenses	<u>156,858</u>
 TOTAL DEDUCTIONS FROM NET ASSETS	 <u>2,680,438</u>

NET INCREASE 32,420

NET ASSETS AVAILABLE FOR BENEFITS, OCTOBER 1, 2021 123,652

NET ASSETS AVAILABLE FOR BENEFITS, SEPTEMBER 30, 2022 \$ 156,072

WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY

STATEMENTS OF BENEFIT OBLIGATIONS

SEPTEMBER 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims incurred but not reported	<u>\$ 8,612</u>	<u>\$ 6,656</u>
TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 8,612</u></u>	<u><u>\$ 6,656</u></u>

See accompanying notes to the financial statements.

WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY
STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS
YEAR ENDED SEPTEMBER 30, 2022

BENEFIT OBLIGATIONS CURRENTLY PAYABLE

Benefit Obligations Payable, October 1, 2021	\$ 6,656
Claims and premiums incurred	2,525,537
Claims and premiums paid	<u>(2,523,581)</u>
BENEFIT OBLIGATIONS PAYABLE, SEPTEMBER 30, 2022	<u>\$ 8,612</u>

See accompanying notes to the financial statements.

WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY

NOTES TO THE FINANCIAL STATEMENTS

SEPTEMBER 30, 2022 AND 2021

1. DESCRIPTION OF THE PLAN

The following brief description of the Welfare Plan of the Roosevelt Paper Company ("Plan") is provided for general information purposes only. Participants should refer to the Plan documents for a complete description of the Plan's provisions.

General

The Plan provides health and other benefits to eligible employees of Roosevelt Paper Company ("Company") and covered dependents. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code ("IRC"). The Plan's Committee oversees the governance of the Plan.

Benefits

The Plan provides health benefits (medical, dental, and vision benefits), life insurance, short and long-term disability, and accidental death and dismemberment benefits to certain eligible employees of the Company. The Company also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act.

Insured Benefits

The Plan fully insures the life insurance, accidental death and dismemberment, and short and long-term disability benefits. Premiums for these benefits were paid to the insurance companies from the general assets of the Company.

Self-insured Benefits

Dental and vision benefits are provided for by the assets held in the Plan's Voluntary Employees' Beneficiary Association ("VEBA") trust. The claims for self-insured benefits are processed by the Plan's third-party claims processor under an administrative services-only arrangement. At the direction of the Company, the dental and vision claims processor pays claims directly to or on behalf of participants and is then reimbursed by the VEBA trust. Despite the Plan's utilization of third-party claims processors, the ultimate responsibility for covered benefit payments to providers and participants is retained by the Plan.

WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

1. DESCRIPTION OF THE PLAN (Continued)

Stop-Loss Coverage

The Medical benefits were provided under a stop-loss insurance arrangement that provides for a possible refund. The arrangement combines the stop-loss insurance (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims) with contracted experience-rated expected claim payments, which together, leave the Plan with no obligation for covered benefits. The service provider and stop-loss insurance carrier, who are the same company ("Medical Provider"), bear all the Medical benefit obligations. If the actual benefits claims paid, net of the stop-loss insurance benefit payments, are below the cumulative amount of the contracted experience-rated expected claim payments, the Company is entitled to 50% of the surplus at the end of the contract's service period (calendar year.) The Stop-Loss premiums, along with the contracted expected benefit claim payment and the benefit reserve payments, were paid to the Medical Provider from the general assets of the Company.

Benefit Reserve Fund

Upon the possible termination of the Stop-Loss arrangement, the Plan has also contracted with the Medical Provider for monthly amounts to be paid into a termination reserve fund to cover the unpaid benefits incurred before the service period termination and payable during the run-off period after the service period is terminated. The reserve fund is considered a deposit of a prepaid expense and the insurance carrier would bear all post-termination benefit obligations payable.

Participation

The Plan provides benefits to full-time employees of the Company who work a minimum of 30 hours per week. Eligibility to participate in this Plan is as follows:

- All salaried and hourly employees except for union employees Upon the date of hire
- Chicago warehouse union employees After 90 working days

Contributions

In addition to deductibles and copayments, participants contribute specified amounts based on applicable monthly costs for their respective benefit elections. Participants pay the full cost of supplemental and dependent life insurance and long-term disability insurance programs based on the policy's group rate premiums. The company pays the full cost of basic life insurance, basic accidental death and dismemberment insurance.

WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

1. DESCRIPTION OF THE PLAN (Continued)

Contributions (Continued)

The Company pays monthly Medical contributions to the Plan based on the contracted fee schedule with the Medical Provider for each participant's benefit coverage. The fee covers the service cost, the funding of the terminal reserve fund, the contracted amounts for stop-loss coverage insurance premiums, and the experience-rated expected claim charge for benefit obligations. Any deficiency in the funds available for benefits over benefit obligations is covered by the Medical Provider but can be recouped from future monthly contributions within the annual service period.

Dental and vision claims and the respective service expenses are funded by contributions to the Plan from the Company on an "as needed" basis. These funds are submitted to the VEBA trust and are invested by the trustee for the Plan's benefit.

In the unlikely event of underfunding of benefit liabilities, the Company is obligated to contribute funds to cover any outstanding obligations of the Plan.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities, benefit obligations, and changes herein and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

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. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on an accrual basis.

WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

2. SUMMARY OF ACCOUNTING POLICIES (Continued)

Payment of Benefits

Premiums paid by the Company for benefits covered under the Plan are recorded as premiums paid in the accompanying Statement of Changes in Net Assets Available for Benefits.

Dental and vision claim payments are recorded when paid by the third-party claims processor. Plan obligations as of September 30, 2022, for claims incurred by participants but not reported at that date are estimated by the Plan's administrator based on claim payment history and management inquiry concerning significant claims outstanding. This estimate is reported on the accompanying Statement of Benefit Obligations.

The contracted fees utilized by the Medical Provider to pay Medical claims are recorded as a benefit expense when paid to the Medical Provider in the accompanying Statement of Changes in Net Assets Available for Benefits. At the end of the 2021 Medical Provider's year, \$2,523 of surplus claims fund was received from the Medical Provider. At September 30, 2022, the surplus claims fund was \$31,674. These surplus claim amounts offset the claims paid in the accompanying Statement of Changes in Net Assets Available for Benefits.

Administrative Expenses

The Plan's service fees to the dental and vision third-party processors are paid by the VEBA trust. The service fees for the Medical Provider are paid from the general assets of the Company. These service fees are recorded as administrative expenses in the accompanying Statement of Changes in Net Assets Available for Benefits. Other administrative expenses (excluding the service fees just mentioned) that are paid directly by the Company are excluded from these financial statements.

Stop-Loss Insurance

Premiums for stop-loss insurance are included in premiums paid in the accompanying Statement of Changes in Net Assets Available for Benefits. Stop-loss individual and aggregated coverage reimbursements totaling \$575,825 for the year ended September 30, 2022, have been netted against the cost for claims paid directly by the service provider on the accompanying Statement of Changes in Net Assets Available for Benefits.

WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

2. SUMMARY OF ACCOUNTING POLICIES (Continued)

Claims Incurred But Not Reported

The Plan's obligations for dental and vision claims incurred, but not reported are estimated by the respective service provider and are based on the claim payment history. Management believes the estimate provided by the service provider approximates the actuarial benefit obligation. No estimate is made of Medical claims incurred, but not reported, as the Medical Provider is responsible for these benefits.

Date of Management's Review

Subsequent events were evaluated through July 14, 2023, which is the date the financial statements were available to be issued.

3. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to modify the benefits provided to active employees, to discontinue its contributions at any time, and to terminate the Plan subject to provisions set forth in ERISA. In the event of termination of the Plan, the remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

4. INFORMATION CERTIFIED BY THE VEBA TRUSTEE:

The Plan administrator has obtained certifications from the VEBA trustee that the following information is complete and accurate and is a summary of the unaudited information regarding the Plan as of September 30, 2022 and 2021 and for the year ended September 30, 2022, included in the Plan's financial statements. The financial statements were prepared by or derived from information prepared by the trustee of the VEBA and furnished to the Plan Administrator.

	<u>2022</u>	<u>2021</u>
Statements of net assets available for benefits -		
Investments at fair value	\$ 62	\$ 3,391
Accrued investment income	4	
Statement of changes in net assets available for benefits -		
Interest income	30	1

WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

5. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels as follows:

Level 1: inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority.

Level 2: inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Inputs consist of observable inputs other than quoted prices for identical assets.

Level 3: inputs are unobservable and significant to the fair value measurement.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 1 inputs. The fair value of the interest bearing demand deposit bank account is its cash value. The fair value of the Plan investments are as follows:

	<u>Fair Value</u>	<u>Quoted Net Asset Values (Level 1)</u>
September 30, 2022		
Interest Bearing Demand Deposit Bank Account	<u>\$ 62</u>	<u>\$ 62</u>
September 30, 2021		
Interest Bearing Demand Deposit Bank Account	<u>\$ 3,391</u>	<u>\$ 3,391</u>

Interest Bearing Demand Deposit Bank Account: The account consists of interest bearing demand deposit bank accounts with Wells Fargo Bank. The account is insured through the FDIC up to the maximum value allowed and the balance is collateralized with securities acceptable under federal regulations. The carrying value approximates fair value.

WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

6. INVESTMENTS

In accordance with the Department of Labor's Regulation 2520.103-8 for Reporting and Disclosure under ERISA, the Independent Auditor's Report on pages 2 and 3 does not extend to any information, regarding assets and investment income, prepared and certified to by the VEBA trustee as of September 30, 2022 and 2021 and for the year ended September 30, 2022.

The Plan's investments are held by Principal Bank (formerly Wells Fargo Bank, N.A.) in the VEBA trust.

7. TAX STATUS

The VEBA trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the IRC and, accordingly, the VEBA trust's net investment income is exempt from income taxes. The VEBA trust has obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan sponsor and the tax counsel believe that the VEBA trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code, and therefore, believes that the VEBA trust is tax exempt.

United States generally accepted accounting principles require 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 Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. RISK AND UNCERTAINTIES

The Plan invests in a short-term investment fund. The fund is exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with this fund, it is at least reasonably possible that changes in the value will occur in the near term and that such changes could materially affect the amounts reported on the Statements of Net Assets Available for Benefits.

9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The VEBA trustee, Principal Bank (formerly Wells Fargo Bank, N.A.), has invested the assets of the trust in the Principal Deposit Sweep Program account. These transactions qualify as exempt party-in-interest transactions. See Note 5 and the supplemental schedules for the amounts invested with the trustee.

WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 YEAR ENDED SEPTEMBER 30, 2022

The employer's identification number (EIN) is 23-1514696. Plan number 501.

The following schedule presents the Form 5500 - "Schedule H, Line 4j - Schedule of Reportable Transactions" for the year ended September 30, 2022. This represents a transaction or series of transactions in the same security that in total exceeds 5% of the current value of the Plan's assets.

(a) Identity of party involved	(b) Description of asset/ Date of single transaction	(c) Purchase price	(d) Selling price	(d) Lease rental	(f) Transaction expense	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain	
Wells Fargo Bank, N.A.	WFB Collateralized								
	Inst Bank Deposit								
	10/01/21	\$ 0			\$ -0-	\$ 0	\$ 0	\$ -0-	
	10/06/21	15,929			-0-	15,929	15,929	-0-	
	11/01/21	0			-0-	0	0	-0-	
	12/01/21	16,781			-0-	16,781	16,781	-0-	
	01/03/22	0			-0-	0	0	-0-	
	02/01/22	0			-0-	0	0	-0-	
	02/02/22	16,587			-0-	16,587	16,587	-0-	
	Series Total 7 Transactions		\$49,297				\$ 49,297	\$ 49,297	\$ -0-
	10/13/21			\$ 739		-0-	\$ 739	\$ 739	\$ -0-
	10/20/21			3,668		-0-	3,668	3,668	-0-
	10/27/21			3,037		-0-	3,037	3,037	-0-
	11/03/21			3,698		-0-	3,698	3,698	-0-
	11/10/21			2,139		-0-	2,139	2,139	-0-
	11/17/21			1,634		-0-	1,634	1,634	-0-
	11/24/21			4,030		-0-	4,030	4,030	-0-
	12/08/21			2,654		-0-	2,654	2,654	-0-
	12/15/21			3,070		-0-	3,070	3,070	-0-
	12/22/21			2,946		-0-	2,946	2,946	-0-
	12/29/21			1,036		-0-	1,036	1,036	-0-
	01/05/22			3,406		-0-	3,406	3,406	-0-
	01/12/22			254		-0-	254	254	-0-
	01/19/22			2,185		-0-	2,185	2,185	-0-

WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED SEPTEMBER 30, 2022

Form 5500 - "Schedule H, Line 4j (Continued)

(a) Identity of party involved	(b) Description of asset/ Date of single transaction	(c) Purchase price	(d) Selling price	(d) Lease rental	(f) Transaction expense	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain	
Wells Fargo Bank, N.A.	WFB Collateralized Inst Bank Deposit								
	01/26/22		\$ 1,053		\$ -0-	\$ 1,053	\$ 1,053	\$ -0-	
	02/09/22		852		-0-	852	852	-0-	
	02/16/22		16,285		-0-	16,285	16,285	-0-	
	Series Total 17 Transactions			\$ 52,686		\$ -0-	\$ 52,686	\$ 52,686	\$ -0-
Principal Bank, N.A.	Principal Deposit Sweep Program Account								
	02/16/22	\$ 16,285			\$ -0-	\$ 16,285	\$ 16,285	\$ -0-	
	03/01/22	0			-0-	0	0	-0-	
	04/01/22	0			-0-	0	0	-0-	
	04/06/22	15,034			-0-	15,034	15,034	-0-	
	05/02/22	1			-0-	1	1	-0-	
	06/01/22	1			-0-	1	1	-0-	
	06/01/22	17,477			-0-	17,477	17,477	-0-	
	07/01/22	5			-0-	5	5	-0-	
	07/27/22	15,642			-0-	15,642	15,642	-0-	
	08/01/22	3			-0-	3	3	-0-	
	09/01/22	15			-0-	15	15	-0-	
	Series Total 11 Transactions	\$ 64,463					\$ 64,463	\$ 64,463	\$ -0-
		02/17/22		\$ 1,765		\$ -0-	\$ 1,765	\$ 1,765	\$ -0-
	03/01/22		2,644		-0-	2,644	2,644	-0-	
	03/02/22		2,167		-0-	2,167	2,167	-0-	
	03/09/22		2,779		-0-	2,779	2,779	-0-	
	03/16/22		2,789		-0-	2,789	2,789	-0-	
	03/23/22		1,206		-0-	1,206	1,206	-0-	
	03/30/22		2,389		-0-	2,389	2,389	-0-	

WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED SEPTEMBER 30, 2022

Form 5500 - "Schedule H, Line 4j (Continued)

(a) Identity of party involved	(b) Description of asset/ date of single transaction	(c) Purchase price	(d) Selling price	(d) Lease rental	(f) Transaction expense	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain
Principal Bank, N.A.	Principal Deposit Sweep Program Account							
	04/13/22		\$ 1,237		\$ -0-	\$ 1,237	\$ 1,237	\$ -0-
	04/20/22		1,151		-0-	1,151	1,151	-0-
	04/27/22		2,871		-0-	2,871	2,871	-0-
	05/04/22		4,081		-0-	4,081	4,081	-0-
	05/11/22		2,034		-0-	2,034	2,034	-0-
	05/18/22		1,574		-0-	1,574	1,574	-0-
	05/25/22		1,262		-0-	1,262	1,262	-0-
	06/08/22		3,175		-0-	3,175	3,175	-0-
	06/15/22		3,290		-0-	3,290	3,290	-0-
	06/22/22		790		-0-	790	790	-0-
	06/29/22		2,561		-0-	2,561	2,561	-0-
	07/06/22		3,436		-0-	3,436	3,436	-0-
	07/13/22		3,087		-0-	3,087	3,087	-0-
	07/20/22		625		-0-	625	625	-0-
	08/03/22		796		-0-	796	796	-0-
	08/10/22		2,671		-0-	2,671	2,671	-0-
	08/17/22		1,352		-0-	1,352	1,352	-0-
	08/24/22		1,585		-0-	1,585	1,585	-0-
	09/01/22		4,383		-0-	4,383	4,383	-0-
	09/07/22		1,949		-0-	1,949	1,949	-0-
	09/14/22		1,350		-0-	1,350	1,350	-0-
	09/21/22		1,363		-0-	1,363	1,363	-0-
	09/28/22		2,039		-0-	2,039	2,039	-0-
	Series Total 30 Transactions		\$ 64,401		\$ -0-	\$ 64,401	\$ 64,401	\$ -0-

WELFARE PLAN OF THE ROOSEVELT PAPER COMPANY

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2022

The employer's identification number (EIN) is 23-1514696. Plan number 501.

The following schedule presents the Form 5500 - "Schedule H, line 4i - Schedule of Assets (Held at End of Year)", at September 30, 2022.

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment Investment	Number of shares	(d) Cost	(e) Current Value
* Principal Bank, N.A.	Principal Deposit Sweep Program Account	62	<u>\$ 62</u>	<u>\$ 62</u>

* Indicates party-in-interest