

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 01/01/2024 and ending 12/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan GRAPHIC COMMUNICATIONS INT'L UNION LOCAL 119B-43B NEW YORK PRINTERS LEAGUE ANNUITY FUND
1b Three-digit plan number (PN) 001
1c Effective date of plan 03/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan) BOARD OF TRUSTEES GRAPHICS COMM. INT'L UNION LOC. 119B-43B NEW YORK PRINTERS LEAGUE ANNUITY FUND
2b Employer Identification Number (EIN) 13-3118556
2c Plan Sponsor's telephone number 212-989-0510
2d Business code (see instructions) 323100

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.

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	206
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	151
	<b>6a(2)</b>	159
	<b>6b</b>	3
	<b>6c</b>	51
	<b>6d</b>	213
	<b>6e</b>	
	<b>6f</b>	213
	<b>6g(1)</b>	206
<b>6g(2)</b>	213	
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	7

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2B

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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)

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

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan GRAPHIC COMMUNICATIONS INT'L UNION LOCAL 119B-43B NEW YORK PRINTERS LEAGUE ANNUITY FUND	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES GRAPHICS COMM. INTL UNION	<b>D</b> Employer Identification Number (EIN) 13-3118556	

**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

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

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

GOULD KOBRICK & SCHLAPP PC

13-3082707

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	UNION'S AUDITOR	18000	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)

STACEY BRAUN

13-2889432

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	20318	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AMALGAMATED BANK OF NEW YORK

275 7TH AVENUE  
NEW YORK, NY 10001

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	4500	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	51	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**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)

GCIU LOCAL 119B UNION

13-5274605

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	RELATED UNION	7438	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"/>

(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.

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

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

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>GRAPHIC COMMUNICATIONS INT'L UNION LOCAL 119B-43B NEW YORK PRINTERS LEAGUE ANNUITY FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES GRAPHICS COMM. INT'L UNION</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3118556</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	518035	271593
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	121943	111978
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	65179	61201
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	7751	384459
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	4869787	3809022
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	1464024	2198654
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	2183358	2291808
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1528261	1411884
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	3880	6214
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	10762218	10546813
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	26741	29306
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	6373	8559
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	33114	37865
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	10729104	10508948

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	674876	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		674876
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	2902	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	160680	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	53851	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	90296	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		307729
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	73540	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		73540
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	7498882	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	7326374	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		172508
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-325419	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		10265
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		913499

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1045935	
(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)		1045935
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)	1007	
(4) IQPA audit fees .....	2i(4)	18000	
(5) Investment advisory and investment management fees .....	2i(5)	24881	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	4500	
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)	7560	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	31772	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		87720
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		1133655

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-220156
<b>l</b> 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: **GOULD, KOBRICK & SCHLAPP, P.C.**

(2) EIN: **13-3082707**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.		X	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>GRAPHIC COMMUNICATIONS INT'L UNION LOCAL 119B-43B NEW YORK PRINTERS LEAGUE ANNUITY FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES GRAPHICS COMM. INT'L UNION</u>	<b>D</b> Employer Identification Number (EIN) <u>13-3118556</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

1	
---	--

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

**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	13
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	<u>674876</u>
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	<u>674876</u>
<b>c</b> 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).....	<b>6c</b>	<u>0</u>

**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

<b>Part III</b>	<b>Amendments</b>
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**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

**GRAPHIC COMMUNICATIONS INTERNATIONAL UNION LOCAL 119B-43B,  
NEW YORK – PRINTERS LEAGUE ANNUITY FUND**

**FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**GRAPHIC COMMUNICATIONS INTERNATIONAL UNION LOCAL 119B-43B, NEW YORK  
PRINTERS LEAGUE ANNUITY FUND**

**FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

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**I N D E X**

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D. ROBERT GOULD, C.P.A. (1933-2015)  
STUART L. KOBRICK, C.P.A. (RETIRED)  
STEVEN T. SCHLAPP, C.P.A.  
MICHAEL A. VAN SERTIMA, C.P.A., C.F.E., M.S.  
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## **INDEPENDENT AUDITORS' REPORT**

Board of Trustees of  
Graphic Communications International Union  
Local 119B-43B, New York – Printers League Annuity Fund

### **Opinion**

We have audited the financial statements of Graphic Communications International Union Local 119B-43B, New York – Printers League Annuity Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Graphic Communications International Union Local 119B-43B, New York – Printers League Annuity Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Graphic Communications International Union Local 119B-43B, New York – Printers League Annuity Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Graphic Communications International Union Local 119B-43B, New York – Printers League Annuity Fund'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.

## INDEPENDENT AUDITORS' REPORT (continued)

### **Auditors' Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Graphic Communications International Union Local 119B-43B, New York – Printers League Annuity Fund'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 Graphic Communications International Union Local 119B-43B, New York – Printers League Annuity Fund's ability to continue as a going concern for a reasonable period of time.

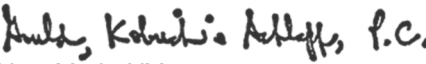
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Other Matter—Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year attached to Schedule H of Form 5500 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 has been subjected to the 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.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including its 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

  
New York, NY  
September 2, 2025

**GRAPHIC COMMUNICATIONS INTERNATIONAL UNION LOCAL 119B-43B, NEW YORK  
PRINTERS LEAGUE ANNUITY FUND**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>ASSETS</b>		
Investments, at fair value	<b>\$ 10,095,979</b>	\$ 10,053,324
Receivables:		
Employer contributions	111,727	121,980
Accrued investment income	57,526	61,556
Total Receivables	<b>169,253</b>	<b>183,536</b>
Other assets:		
Cash, operating account	271,441	517,892
Other	4,274	0
Prepaid expenses	3,926	3,586
Fixed assets, net of accumulated depreciation of \$7,760 (2024), and \$5,820 (2023)	1,940	3,880
Total Other Assets	<b>281,581</b>	<b>525,358</b>
Total Assets	<b>10,546,813</b>	<b>10,762,218</b>
<b>LIABILITIES</b>		
Accrued administrative expenses	29,306	26,741
Due to related organizations	8,559	6,373
Total Liabilities	<b>37,865</b>	<b>33,114</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 10,508,948</b>	<b>\$ 10,729,104</b>

The accompanying notes are an integral part of the financial statements.

**GRAPHIC COMMUNICATIONS INTERNATIONAL UNION LOCAL 119B-43B, NEW YORK  
PRINTERS LEAGUE ANNUITY FUND**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>		
Investment income:		
Interest, dividends and other	\$ 381,269	\$ 342,584
Net appreciation (depreciation) in fair value of investments	(142,645)	177,824
	238,624	520,408
Less - Investment fees	29,381	28,003
Net Investment Income	209,243	492,405
Employer contributions	674,876	654,735
Other income	0	942
Total Additions	884,119	1,148,082
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>		
Benefits paid	1,045,935	426,461
Administrative expenses	58,340	53,691
Total Deductions	1,104,275	480,152
Net increase (decrease) in net assets available for benefits	(220,156)	667,930
Net assets available for benefits:		
Beginning	10,729,104	10,061,174
Ending	\$ 10,508,948	\$ 10,729,104

The accompanying notes are an integral part of the financial statements.

**GRAPHIC COMMUNICATIONS INTERNATIONAL UNION LOCAL 119B-43B, NEW YORK  
PRINTERS LEAGUE ANNUITY FUND**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

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**NOTE 1 – DESCRIPTION OF PLAN**

The following description of the Graphic Communications International Union Local 119B-43B, New York – Printers League Annuity Fund (the “Plan”) provides only general information. Participants should refer to the Plan document and its Summary Plan Description for a more complete description of the Plan’s provisions.

**General:** The Plan is a collectively bargained multi-employer, non-contributory defined contribution target benefit retirement plan established in 1982 that is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan operates as a trust to provide retirement benefits to participants who are covered employees of participating employers under contracts with the Graphic Communications International Union Local 119B-43B New York (the “Union”).

**Plan Administration:** The administration of the Plan is the responsibility of a Board of Trustees comprised of Union and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights. The investments of the Plan are managed by investment advisers.

**Benefits:** Account distributions are made upon retirement, death, and withdrawal from the industry.

**Funding:** Employers make contributions for covered participants based on a fixed percentage of gross weekly wages. The contribution rates are determined by the collective bargaining agreement in effect at the time.

The Plan also accepts contributions for eligible employees of the Union, the Graphic Communications International Union Local 119B-43B Welfare Fund (the “Welfare Fund”) and the Graphic Communications International Union Local 119B-43B Pension Fund (the “Pension Fund”) under separate participation agreements.

Contributions for 2024 and 2023 met the minimum funding requirements of ERISA.

**Participant Accounts:** Each participant’s account is credited with employer contributions plus an allocation for Plan earnings (losses) less an allocation of administrative expenses and benefits paid. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s account.

**Vesting: Once** an individual account has been established, all contributions are immediately vested in each participant’s account.

**Other: Although** they have not expressed any intention to do so, the Plan’s Board of Trustees has the right under the Plan to modify benefits provided to participants. The Plan may be terminated only by the Board of Trustees, subject to the provisions set forth in ERISA.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting:** The financial statements were prepared on the accrual basis of accounting.

**Use of Estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Employer Contributions:** The amounts of employer contributions receivable and employer contribution income do not include any estimates of amounts due from employers where remittance reports were not received by the Plan office nor any amounts due but unpaid as a result of payroll audits.

**GRAPHIC COMMUNICATIONS INTERNATIONAL UNION LOCAL 119B-43B, NEW YORK  
PRINTERS LEAGUE ANNUITY FUND**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

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**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Payment of Benefits:** Benefit payments to participants are recorded upon distribution.

**Investment Valuation and Income Recognition:** Investments are reported 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 8 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Unrealized gains or losses are the differences between the fair value of the investments held at year-end and those held at the beginning of the year. Realized gains or losses on the sale of investments are based on the historical costs of the individual investments sold for financial reporting purposes, whereas the revalued cost (fair value at the beginning of the year) is used for determining the realized gain or loss for Form 5500 purposes.

**Current Expected Credit Losses:** The Union has adopted Accounting Standards Update (ASU) No. 2016-13, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments. The core principles of ASU 2016-13 (the "ASU") significantly change the way organizations recognize credit losses by replacing the incurred loss model with an expected loss model. The financial assets held by the Plan that are subject to the ASU are accounts receivables.

The Plan assesses credit losses on accounts receivable on a regular basis to determine the allowance for doubtful accounts. Given the nature of the Plan's financial assets and historical loss experience, the adoption of the ASU did not have a significant impact on the financial statements.

**NOTE 3 – PROCEDURE ON TERMINATION**

In the event that the Plan shall terminate the assets of the Plan shall be allocated among the participants and beneficiaries in the manner set forth in the Plan's Trust Agreement, after making provisions for payments of any and all obligations including expenses proceeding from, and incidental to, the termination, subject to the provisions of ERISA.

**NOTE 4 – TAX STATUS**

The Plan is a qualified trust under Section 401(a) of the Internal Revenue Code (IRC) and is exempt from federal income taxes under provisions of Internal Revenue Code Section 501(a). The Internal Revenue Service has determined and informed the Plan, by letter dated October 25, 2015, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Plan management believes that the Plan as designed is currently being operated in compliance with the applicable provisions of the IRC and, therefore, believes that the related trust is tax exempt. Consequently, no provision for income taxes has been included in the Plan's financial statements.

**NOTE 5 – CONCENTRATION OF CREDIT RISK**

Financial instruments that subject the Plan to concentration of credit risk include cash and short-term investments. While the Plan attempts to limit any financial exposure, its cash deposit balances may, at times, exceed federally insured limits. Short-term investments are not covered by the Federal Deposit Insurance Corporation.

**NOTE 6 – RISKS AND UNCERTAINTIES**

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

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**GRAPHIC COMMUNICATIONS INTERNATIONAL UNION LOCAL 119B-43B, NEW YORK  
PRINTERS LEAGUE ANNUITY FUND**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

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**NOTE 7 – CONCENTRATION (MAJOR EMPLOYERS)**

Contributions from two employers constituted 75% and 76% of total employer contributions for the years ended December 31, 2024 and 2023, respectively. Contributions receivable from these employers represented 81% and 78% of total employers' contributions receivable at December 31, 2024 and 2023, respectively.

**NOTE 8 – FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability;
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

*Interest bearing cash:* Valued at cost which approximates fair market value.

*U.S. government securities:* Valued using pricing models maximizing the use of observable inputs for similar securities.

*Corporate debt instruments:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

**GRAPHIC COMMUNICATIONS INTERNATIONAL UNION LOCAL 119B-43B, NEW YORK  
PRINTERS LEAGUE ANNUITY FUND**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 8 – FAIR VALUE MEASUREMENTS (continued)**

*Registered investment companies:* Certain registered investment companies are valued at the closing price reported in the active market on which they are traded. Others are valued at estimated fair value as determined by the investment manager based on the market value and estimated fair value of the underlying investments in the portfolio. In establishing the fair value of these investments, the investment manager takes into consideration information about the net asset value of shares held by the Plan at year end.

*Partnerships/joint ventures:* Valued at net asset value (NAV) of units held (or its equivalent, such as member units or an ownership interest in partners' capital). The NAV or its equivalent is used as a practical expedient to estimate fair value. The NAV or its equivalent is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV or its equivalent.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024, and 2023:

December 31, 2024				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 384,611	\$ 0	\$ 0	\$ 384,611
U.S. government securities	0	3,809,022	0	3,809,022
Corporate debt instruments	0	2,198,654	0	2,198,654
Registered investment companies	1,411,884	0	0	1,411,884
	<u>\$ 1,796,495</u>	<u>\$ 6,007,676</u>	<u>\$ 0</u>	<u>7,804,171</u>
Investments measured at NAV				<u>2,291,808</u>
Total Investments at Fair Value				<u>\$ 10,095,979</u>
December 31, 2023				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 7,894	\$ 0	\$ 0	\$ 7,894
U.S. government securities	0	4,869,787	0	4,869,787
Corporate debt instruments	0	1,464,024	0	1,464,024
Registered investment companies	1,528,261	0	0	1,528,261
	<u>\$ 1,536,155</u>	<u>\$ 6,333,811</u>	<u>\$ 0</u>	<u>7,869,966</u>
Investments measured at NAV				<u>2,183,358</u>
Total Investments at Fair Value				<u>\$ 10,053,324</u>

**GRAPHIC COMMUNICATIONS INTERNATIONAL UNION LOCAL 119B-43B, NEW YORK  
PRINTERS LEAGUE ANNUITY FUND**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 8 – FAIR VALUE MEASUREMENTS (continued)**

The following table summarizes investments measured at fair value based on NAV per share (or its equivalent) as of December 31, 2024 and 2023.

Description	Fair Market Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Partnership/joint ventures:					
Merganser Short-Term Bond Fund LLC	\$ 2,291,808	\$ 2,183,358	None	Monthly	5 days

**Merganser Short-Term Bond Fund LLC:**

Merganser Short-Term Bond Fund LLC (the “Merganser Fund”) is a limited liability company, formed pursuant to a Limited Liability Company Agreement as amended and restated (the “Agreement”) on July 1, 2016. The Merganser Fund is managed by Merganser Capital Management LLC (the “Manager”), successor to Merganser Capital Management Limited Partnership. The Bank of New York Mellon Corporation serves as the Merganser Fund’s administrator and custodian. The Merganser Fund’s objective is to seek a high, risk-adjusted return on capital invested by its members. The Fund invests primarily in debt securities issued or guaranteed by the U.S. government, its agencies or instrumentalities, debt securities of U.S. corporate issuers, U.S. dollar-denominated securities of foreign governmental and corporate issuers, mortgage-backed or mortgage-related securities, and asset-backed securities.

**NOTE 9 – TRANSACTIONS WITH PARTIES IN INTEREST**

The Plan reimburses the Union, Welfare Fund, and Pension Fund for a portion of salary, overhead and administrative expenses (rent, utilities, telephone, etc.) based on estimated time percentages. In addition, one of the Union trustees was appointed Plan administrator.

The Plan’s related party transactions are summarized as follows:

	Totals	Union	Welfare Fund	Pension Fund
Beginning balances	\$ (6,373)	\$ (2,625)	\$ (1,964)	\$ (1,784)
Current period activity:				
Payments	10,285	8,591	869	825
Administrative expense allocations	(12,470)	(7,438)	(2,463)	(2,569)
Total Current Activity	(2,186)	1,153	(1,595)	(1,744)
Ending balances	\$ (8,559)	\$ (1,472)	\$ (3,559)	\$ (3,528)

The Union, Welfare Fund, and Pension Fund are also participating employers in, and make contributions to, the Plan. Contributions received from the Union for the years ended December 31, 2024 and 2023 were \$14,321 and \$13,883, respectively. Contributions received from the Funds for the years ended December 31, 2024 and 2023 were \$10,581 and \$9,371, respectively.

**GRAPHIC COMMUNICATIONS INTERNATIONAL UNION LOCAL 119B-43B, NEW YORK  
PRINTERS LEAGUE ANNUITY FUND**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

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**NOTE 10 – ADMINISTRATIVE EXPENSES**

	<u>2024</u>	<u>2023</u>
Professional fees:		
Auditing	\$ 18,000	\$ 18,000
Legal	7,560	2,880
Payroll audits	1,007	0
Insurance	12,354	11,606
Administrative expense allocations	12,470	16,152
Office	2,167	1,259
Bank charges	2,061	1,775
Depreciation	1,940	1,940
Trustee meetings	781	79
	<u>\$ 58,340</u>	<u>\$ 53,691</u>

**NOTE 11 – UNALLOCATED NET ASSETS AVAILABLE FOR BENEFITS**

The following is a reconciliation of the participants' account balances to net assets available for benefits at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Participant account balances	\$ 10,508,870	\$ 10,729,027
Other	78	77
Net assets available for benefits	<u>\$ 10,508,948</u>	<u>\$ 10,729,104</u>

**NOTE 12 – EVALUATION OF SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through September 2, 2025, the date the financial statements were available to be issued.



275 7th Avenue  
NEW YORK, NEW YORK 10001

# YEAR END PACKAGE

ASSET HOLDINGS STATEMENT  
PRINTERS LEAGUE LCL 119B-43B AN FD-CASH  
TRADE DATE  
As of 12/31/24

Account Number: 1000232.3  
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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CASH EQUIVALENTS									
MMR INVESTMENT FUNDS									
JP MORGAN PRIME MONEY MARKET FUND Cusip: AB2A26030	USD	151.74	1.00	151.80	151.79	0.01	0.62	4.45	4.45
Total MMR INVESTMENT FUNDS	USD			151.80	151.79	0.01	0.62	4.45	4.45
Total CASH EQUIVALENTS	USD			151.80	151.79	0.01	0.62	4.45	4.45
INVESTMENT FUNDS									
MUTUAL FUND-DAILY ACCRUAL									
BLACKROCK STRAT INC OPPORTUNITIES PORT Cusip: 09260B374	USD	148,932.848	9.48	1,411,883.40	1,485,489.66	-73,606.26	5,843.96	5.10	4.84
Total MUTUAL FUND-DAILY ACCRUAL	USD			1,411,883.40	1,485,489.66	-73,606.26	5,843.96	5.10	4.84
Total INVESTMENT FUNDS	USD			1,411,883.40	1,485,489.66	-73,606.26	5,843.96	5.10	4.84
Total Asset Holdings	USD			1,412,035.20	1,485,641.45	-73,606.25	5,844.58	5.10	4.84



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# YEAR END PACKAGE

ASSET HOLDINGS STATEMENT  
PRINTERS LEAGUE LCL 119B-43B AN FD-SAGE  
TRADE DATE  
As of 12/31/24

Account Number: Page 81  
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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CASH EQUIVALENTS									
CURRENCY									
Cash	USD	0.00	0.00	2,422.11	2,422.11	0.00	0.00	0.00	0.00
Receivable Cash USD	USD	0.00	0.00	181,108.45	181,108.45	0.00	0.00	0.00	0.00
Total CURRENCY	USD			183,530.56	183,530.56	0.00	0.00	0.00	0.00
SHORT TERM INVESTMENT FUNDS									
DREYFUS TREASURY & AGENCY CASH MGMT Cusip: AB0678321	USD	0.00	0.00	0.00	0.00	0.00	13.63	0.00	0.00
JPMORGAN 100% US TREASURY MONEY MARKET Cusip: 4812A2835	USD	200,928.01	1.00	200,928.01	200,928.01	0.00	599.82	4.30	4.30
Total SHORT TERM INVESTMENT FUNDS	USD			200,928.01	200,928.01	0.00	613.45	4.30	4.30
Total CASH EQUIVALENTS	USD			384,458.57	384,458.57	0.00	613.45	2.25	2.25
GOVERNMENT & AGENCIES									
U.S. TREASURY NOTES									
U.S. TREASURY BDS 1.25% 05/15/50 Cusip: 912810SN9	USD	378,000.00	47.41	179,206.02	194,730.57	-15,524.55	613.47	2.64	2.43
U.S. TREASURY BOND 2.00% 11/15/2041 Cusip: 912810TC2	USD	137,000.00	67.14	91,984.54	97,463.20	-5,478.66	355.75	2.98	2.81
U.S. TREASURY BOND 2.875% 05/15/2043 Cusip: 912810RB6	USD	115,000.00	75.74	87,103.30	116,641.00	-29,537.70	429.26	3.80	2.83
U.S. TREASURY BONDS 2.25% 02/15/2052 Cusip: 912810TD0	USD	346,000.00	60.62	209,759.04	227,361.23	-17,602.19	2,940.53	3.71	3.42



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# YEAR END PACKAGE

ASSET HOLDINGS STATEMENT  
PRINTERS LEAGUE LCL 119B-43B AN FD-SAGE  
TRADE DATE  
As of 12/31/24

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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
U.S. TREASURY NOTES (Cont.)									
U.S. TREASURY NOTE 3.25% 06/30/2029 Cusip: 91282CEV9	USD	75,000.00	95.42	71,567.25	73,632.03	-2,064.78	6.73	3.41	3.31
U.S. TREASURY NOTE 3.5% 02/15/2033 Cusip: 91282CGM7	USD	94,000.00	93.03	87,447.26	93,159.76	-5,712.50	1,242.69	3.76	3.53
U.S. TREASURY NOTES 3.75% 05/31/2030 Cusip: 91282CHF1	USD	133,000.00	96.79	128,729.37	131,165.74	-2,436.37	440.88	3.87	3.80
U.S. TREASURY NOTES 3.875% 08/15/2034 Cusip: 91282CLF6	USD	8,000.00	94.55	7,564.32	7,810.66	-246.34	117.09	4.10	3.97
US TREASURY BOND 4.25% 02/15/2054 Cusip: 912810TX6	USD	69,000.00	91.23	62,945.25	67,709.22	-4,763.97	1,107.66	4.66	4.33
US TREASURY NOTE 4.375% 07/15/2027 Cusip: 91282CKZ3	USD	268,000.00	100.26	268,688.76	269,728.24	-1,039.48	5,416.44	4.36	4.35
US TREASURY NOTE 4.5% 05/31/2029 Cusip: 91282CKT7	USD	190,000.00	100.48	190,908.20	193,370.17	-2,461.97	751.65	4.48	4.42
US TREASURY NOTE 4.625% 06/15/2027 Cusip: 91282CKV2	USD	249,000.00	100.84	251,086.62	252,230.05	-1,143.43	537.85	4.59	4.57
Total U.S. TREASURY NOTES	USD			1,636,989.93	1,725,001.87	-88,011.94	13,960.00	3.93	3.73
GOVT NATIONAL MORTGAGE ASSOC I POOLS									
GNMA PL #566470 5.000% 3/15/33 Cusip: 36213WJP2 Original Face: -100,000.0000	USD	-1,533.738	99.88	-1,531.82	-1,545.96	14.14	-6.39	5.01	4.96
GNMA PL #593875 5.000% 2/15/33 Cusip: 36201LXC3 Original Face: -100,135.0000	USD	-2,035.0766	99.88	-2,032.53	-2,083.75	51.22	-8.48	5.01	4.88
GNMA PL #603475 5.000% 2/15/33 Cusip: 36200KMY0 Original Face: -100,000.0000	USD	-371.147	100.36	-372.48	-375.04	2.56	-1.55	4.98	4.95



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# YEAR END PACKAGE

ASSET HOLDINGS STATEMENT  
PRINTERS LEAGUE LCL 119B-43B AN FD-SAGE  
TRADE DATE  
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GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTGAGE ASSOC I POOLS (Cont.)									
GNMA PL #605461 5.000% 6/15/34 USD Cusip: 36200NTS0 Original Face: -50,310.0000		-831.3964	99.73	-829.19	-818.01	-11.18	-3.46	5.01	5.08
GNMA PL #615583 5.000% 9/15/33 USD Cusip: 36290R2Q5 Original Face: -101,743.0000		-1,281.3636	99.42	-1,273.96	-1,297.64	23.68	-5.34	5.03	4.94
GNMA PL #666087 5% 03/15/38 USD Cusip: 36295B6Y4 Original Face: -25,000.0000		-605.5618	99.36	-601.68	-618.13	16.45	-2.52	5.03	4.90
GNMA PL #685628 5.00% 04/15/38 USD Cusip: 36296AVV3 Original Face: -75,000.0000		-1,900.9118	99.23	-1,886.36	-1,901.03	14.67	-7.92	5.04	5.00
GNMA PL #704058 5.00% 11/15/38 USD Cusip: 36296XE75 Original Face: -50,000.0000		-1,272.7295	98.42	-1,252.64	-1,265.33	12.69	-5.30	5.08	5.03
GNMA PL #717749 4.5% 05/15/39 USD Cusip: 3620A3L69 Original Face: -146,848.0000		-2,488.9958	96.56	-2,403.44	-2,638.38	234.94	-9.33	4.66	4.25
GNMA PL #723355 5% 09/15/39 USD Cusip: 3620A9TL5 Original Face: -100,000.0000		-1,156.772	99.63	-1,152.43	-1,217.62	65.19	-4.82	5.02	4.75
GNMA PL #726114 5% 12/15/39 USD Cusip: 3620ACVF8 Original Face: -267,877.0000		-6,732.0517	99.31	-6,685.77	-7,201.68	515.91	-28.05	5.03	4.67
GNMA PL #735348 4.5% 02/15/2040 Cusip: 3620AN5H9 Original Face: -120,857.0000		-2,648.0868	96.94	-2,566.99	-2,809.99	243.00	-9.93	4.64	4.24
GNMA PL #741209 4.5% 06/15/40 USD Cusip: 3620AVN24 Original Face: -76,379.0000		-3,482.5165	95.95	-3,341.58	-3,740.30	398.72	-13.06	4.69	4.19
GNMA PL #763500 4.5% 05/15/2041 Cusip: 36176D7M9 Original Face: -50,000.0000		-2,564.1325	96.38	-2,471.18	-2,704.49	233.31	-9.62	4.67	4.27



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GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTGAGE ASSOC I POOLS (Cont.)									
GNMA PL #763539 4.5% 05/15/41 Cusip: 36176EBG5 Original Face: -50,000.0000	USD	-1,694.6075	95.72	-1,622.06	-1,795.12	173.06	-6.35	4.70	4.25
GNMA POOL #MA8199M 3.5% 08/20/2052 Cusip: 36179XDC7 Original Face: -150,000.0000	USD	-125,445.117	89.44	-112,194.98	-125,976.47	13,781.49	-365.88	3.91	3.49
Total GOVT NATIONAL MORTGAGE ASSOC I POOLS	USD			-142,219.09	-157,988.94	15,769.85	-488.00	4.12	3.71
GOVT NATIONAL MORTGAGE ASSO II POOLS									
GNMA POOL #MA8149M 3.5% 07/20/2052 Cusip: 36179XBS4 Original Face: -50,122.0000	USD	-42,346.4403	89.44	-37,873.60	-42,411.75	4,538.15	-123.51	3.91	3.49
Total GOVT NATIONAL MORTGAGE ASSO II POOLS	USD			-37,873.60	-42,411.75	4,538.15	-123.51	3.91	3.49
FEDL NATIONAL MORTGAGE ASSOCIATION POOLS									
FNMA POOL #MA4492 2.00% 12/01/2051 Cusip: 31418D7E6 Original Face: 212,000.0000	USD	177,612.7986	78.16	138,815.50	143,172.57	-4,357.07	296.02	2.56	2.48
FNMA POOL #MA4512 2.5% 01/01/2052 Cusip: 31418EANO Original Face: 231,000.0000	USD	188,589.6428	81.78	154,230.97	159,887.66	-5,656.69	392.90	3.06	2.95
FNMA POOL #MA4656 4.5% 07/01/2052 Cusip: 31418EE63 Original Face: 115,000.0000	USD	96,863.0326	94.23	91,278.27	93,260.94	-1,982.67	363.24	4.78	4.67
Total FEDL NATIONAL MORTGAGE ASSOCIATION POOLS	USD			384,324.74	396,321.17	-11,996.43	1,052.16	3.29	3.19



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GOVERNMENT & AGENCIES (Cont.)									
FED HOME LOAN MORTGAGE ASSOC POOLS									
FHLMC POOL #SD-2253 3.5% 12/01/2052 Cusip: 3132DPQE1 Original Face: 197,000.0000	USD	175,364.5223	88.58	155,334.61	159,526.91	-4,192.30	511.48	3.95	3.85
FHLMC POOL #SD-3097 3.5% 06/01/2052 Cusip: 3132DQNN2 Original Face: 184,000.0000	USD	161,865.2324	88.61	143,427.77	147,246.78	-3,819.01	472.11	3.95	3.85
FHLMC POOL #SD-4139 3.5% 03/01/2053 Cusip: 3132E0S45 Original Face: 73,000.0000	USD	67,866.6247	88.56	60,104.38	61,748.02	-1,643.64	197.94	3.95	3.85
FHLMC POOL #SD-8188 2.00% 01/01/2052 Cusip: 3132DWCZ4 Original Face: 210,000.0000	USD	177,025.4703	78.08	138,218.17	143,600.21	-5,382.04	295.04	2.56	2.47
FHLMC POOL #SD-8264 3.5% 11/01/2052 Cusip: 3132DWF00 Original Face: 50,268.0000	USD	44,727.6963	88.53	39,597.99	40,688.23	-1,090.24	130.46	3.95	3.85
FHLMC POOL #SD-8265 4.00% 11/01/2052 Cusip: 3132DWF8 Original Face: 164,000.0000	USD	146,776.679	91.59	134,438.26	137,649.00	-3,210.74	489.26	4.37	4.27
FHLMC POOL #SD-8288 5.00% 01/01/2053 Cusip: 3132DWF57 Original Face: 150,000.0000	USD	131,479.6365	96.56	126,960.02	130,065.51	-3,105.49	547.83	5.18	5.05
FHLMC POOL #SD-8316 5.5% 04/01/2053 Cusip: 3132DWGZ0 Original Face: 170,000.0000	USD	145,377.7797	98.81	143,651.42	145,621.97	-1,970.55	666.31	5.57	5.49
FHLMC POOL #SD-8349 5.5% 08/01/2053 Cusip: 3132DWH22 Original Face: 165,000.0000	USD	146,445.0438	98.83	144,728.89	146,622.38	-1,893.49	671.21	5.57	5.49



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GOVERNMENT & AGENCIES (Cont.)									
FED HOME LOAN MORTGAGE ASSOC POOLS (Cont.)									
FHLMC POOL #SD-8454 6.00% 08/01/2054 Cusip: 3132DWMB6 Original Face: 115,000.0000	USD	108,438.5186	100.50	108,980.71	111,224.89	-2,244.18	542.19	5.97	5.85
FHLMC POOL# SD-8213 3.00% 05/01/2052 Cusip: 3132DWDS9 Original Face: 202,000.0000	USD	173,971.2314	85.05	147,957.10	152,190.85	-4,233.75	434.93	3.53	3.43
Total FED HOME LOAN MORTGAGE ASSOC POOLS	USD			1,343,399.32	1,376,184.75	-32,785.43	4,958.76	4.43	4.32
UMBS SECURITIES									
FNMA UMBS #MA4838 3.5% 12/01/2052 Cusip: 31418ELU2 Original Face: 80,000.0000	USD	72,596.0696	88.59	64,315.58	65,098.04	-782.46	211.74	3.95	3.90
FNMA UMBS POOL #MA4732 4.00% 09/01/2052 Cusip: 31418EHJ2 Original Face: 170,000.0000	USD	147,550.7724	91.59	135,147.29	138,467.18	-3,319.89	491.84	4.37	4.26
FNMA UMBS POOL #MA5188 4.5% 11/01/2053 Cusip: 31418EXS4 Original Face: 100,000.0000	USD	94,730.215	94.14	89,179.62	91,177.84	-1,998.22	355.24	4.78	4.68
FNMA UMBS POOL #MA5189 5.00% 11/01/2053 Cusip: 31418EXT2 Original Face: 221,000.0000	USD	208,494.9051	96.61	201,425.62	205,090.58	-3,664.96	868.73	5.18	5.08
FNMA UMBS POOL #MA5419 5.00% 07/01/2054 Cusip: 31418FAV9 Original Face: 142,000.0000	USD	139,136.7361	96.55	134,332.17	136,707.28	-2,375.11	579.74	5.18	5.09
Total UMBS SECURITIES	USD			624,400.28	636,540.92	-12,140.64	2,507.29	4.82	4.73
Total GOVERNMENT & AGENCIES	USD			3,809,021.58	3,933,648.02	-124,626.44	21,866.70	4.18	4.05



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CORPORATE OBLIGATIONS									
CORPORATE BONDS									
AGREE LTD PARTNERSHIP 5.625% 06/15/2034 Cusip: 008513AE3	USD	13,000.00	100.29	13,037.83	13,401.05	-363.22	32.50	5.61	5.46
AIR LEASE CORP SR 5.2% 07/15/2031 Cusip: 00914AAX0	USD	29,000.00	98.81	28,653.74	29,305.95	-652.21	779.13	5.26	5.15
AIR LEASE CORP SR GLBL 4.625% 10/01/2028 Cusip: 00912XBF0	USD	29,000.00	98.29	28,505.26	28,917.93	-412.67	335.31	4.71	4.64
AON NORTH AMERICA INC 5.15% 03/01/2029 Cusip: 03740MAB6	USD	9,000.00	100.30	9,026.73	9,157.95	-131.22	154.50	5.13	5.06
BOEING CO 5.805% 05/01/2050 Cusip: 097023CW3	USD	15,000.00	93.02	13,952.25	14,559.30	-607.05	145.13	6.24	5.98
BOEING CO CR SEN 2.196% 02/04/2026 Cusip: 097023DG7	USD	31,000.00	96.98	30,063.49	30,008.31	55.18	277.98	2.26	2.27
BROADCOM INC SR 4.35% 02/15/2030 Cusip: 11135FCB5	USD	40,000.00	97.30	38,919.60	39,348.80	-429.20	430.17	4.47	4.42
BUNGE LTD FIN CORP 4.65% 09/17/2034 Cusip: 120568BF6	USD	24,000.00	94.40	22,655.28	23,318.64	-663.36	322.40	4.93	4.79
CENTENE CORP 4.625% 12/15/29 Cusip: 15135BAT8	USD	24,000.00	94.58	22,698.24	23,093.52	-395.28	49.33	4.89	4.81
CENTERPOINT ENERGY 5.15% 03/01/2034 Cusip: 15189XBE7	USD	35,000.00	98.79	34,575.10	35,728.35	-1,153.25	600.83	5.21	5.05
CIT GROUP INC 6.125% 03/09/2028 Cusip: 125581GX0	USD	19,000.00	102.88	19,546.25	19,747.65	-201.40	362.06	5.95	5.89
CITIGROUP INC 3.52% 10/27/2028 Cusip: 172967LS8	USD	18,000.00	96.24	17,323.74	17,406.36	-82.62	112.64	3.66	3.64



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CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
CITIGROUP INC SR NT 1.122% 01/28/2027 Cusip: 17327CAM5	USD	58,000.00	96.03	55,699.72	55,642.30	57.42	276.57	1.17	1.17
CNO FINANCIAL GROUP INC 5.25% 05/30/2029 Cusip: 12621EAL7	USD	25,000.00	99.30	24,824.00	25,136.75	-312.75	113.02	5.29	5.22
CNO FINL GROUP 6.45% 06/15/2034 Cusip: 12621EAM5	USD	12,000.00	103.31	12,397.68	12,700.32	-302.64	34.40	6.24	6.09
CORPORATE OFFICE PPTYS 2.75% 04/15/2031 Cusip: 22003BAM8	USD	29,000.00	85.37	24,755.85	25,073.69	-317.84	168.36	3.22	3.18
CORPORATE OFFICE PPTYS 2.9% 12/01/2033 Cusip: 22003BAP1	USD	34,000.00	80.34	27,314.58	27,916.72	-602.14	82.17	3.61	3.53
DELL INTL LLC/EMC CORP 4.85% 02/01/2035 Cusip: 24703DBQ3	USD	23,000.00	94.96	21,841.49	22,445.70	-604.21	257.18	5.11	4.97
DTE ENERGY CO SR 5.85% 06/01/2034 Cusip: 233331BL0	USD	21,000.00	102.66	21,557.76	22,102.29	-544.53	102.38	5.70	5.56
DUKE ENERGY CORP 4.8% 12/15/2045 Cusip: 26441CAP0	USD	22,000.00	86.30	18,986.44	19,949.38	-962.94	46.93	5.56	5.29
DUKE ENERGY CORP NEW 6.1% 09/15/2053 Cusip: 26441CCA1	USD	30,000.00	101.58	30,474.00	32,306.10	-1,832.10	538.83	6.01	5.66
EDISON INTL SR NT 6.95% 11/15/2029 Cusip: 281020AW7	USD	18,000.00	106.79	19,222.38	19,509.48	-287.10	159.85	6.51	6.41
ENERGY TRANSFER PARTNERS 6.5% 02/01/2042 Cusip: 29273RAR0	USD	20,000.00	103.56	20,711.80	21,616.40	-904.60	541.67	6.28	6.01
EPR PPTYS SR 3.75% 08/15/2029 Cusip: 26884UAF6	USD	21,000.00	92.65	19,455.45	19,618.41	-162.96	297.50	4.05	4.01



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CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
EQUIFAX INC SR NT 5.1% 06/01/2028 Cusip: 294429AW5	USD	18,000.00	100.38	18,067.50	18,190.62	-123.12	76.50	5.08	5.05
FIRST AMERN FINL 5.45% 09/30/2034 Cusip: 31847RAJ1	USD	12,000.00	96.42	11,570.88	11,982.72	-411.84	165.32	5.65	5.46
FORD MTR CO DEL SR 6.1% 08/19/2032 Cusip: 345370DB3	USD	16,000.00	99.52	15,922.56	16,362.24	-439.68	357.87	6.13	5.96
GENERAL MTRS FINL CO 6.1% 01/07/2034 Cusip: 37045XEP7	USD	30,000.00	101.45	30,434.40	31,272.30	-837.90	884.50	6.01	5.85
GOLDMAN SACHS GROUP 6.75% 10/01/2037 Cusip: 38141GFD1	USD	37,000.00	107.06	39,610.72	41,239.83	-1,629.11	624.38	6.31	6.06
HCA INC 5.875% 02/01/2029 Cusip: 404119BW8	USD	14,000.00	102.06	14,288.96	14,446.60	-157.64	342.71	5.76	5.69
HCA INC. SR GLBL 6.00% 04/01/2054 Cusip: 404119CV9	USD	16,000.00	95.26	15,241.76	16,274.56	-1,032.80	240.00	6.30	5.90
HEWLETT PACKARD 4.55% 10/15/2029 Cusip: 42824CBT5	USD	26,000.00	97.48	25,344.54	25,726.48	-381.94	312.18	4.67	4.60
HEWLETT PACKARD 5.00% 10/15/2034 Cusip: 42824CBV0	USD	24,000.00	96.12	23,068.08	23,667.12	-599.04	316.67	5.20	5.07
HOWMET AEROSPACE 4.85% 10/15/2031 Cusip: 443201AC2	USD	20,000.00	98.00	19,599.40	20,040.40	-441.00	204.78	4.95	4.84
INVITATION HOMES OPER 4.875% 02/01/2035 Cusip: 46188BAG7	USD	24,000.00	94.60	22,704.48	23,368.32	-663.84	308.75	5.15	5.01
JPMORGAN CHASE & CO 5.35% 06/01/2034 Cusip: 46647PDR4	USD	21,000.00	99.93	20,985.30	21,554.19	-568.89	93.63	5.35	5.21



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CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
KIMCO REALTY CORP 4.6% 02/01/2033 Cusip: 49446RBA6	USD	23,000.00	95.19	21,894.16	22,500.21	-606.05	440.83	4.83	4.70
KINDER MORGAN 6.95% 01/15/2038 Cusip: 494550AW6	USD	29,000.00	108.35	31,422.37	32,521.76	-1,099.39	929.37	6.41	6.20
KITE RLTY GROUP L P 4.95% 12/15/2031 Cusip: 49803XAF0	USD	28,000.00	97.29	27,242.04	27,772.36	-530.32	61.60	5.09	4.99
KROGER CO SR GLBL 5.5% 09/15/2054 Cusip: 501044DW8	USD	23,000.00	94.19	21,663.01	22,973.55	-1,310.54	435.72	5.84	5.51
KYNDRYL HLDGS INC SR 3.15% 10/15/2031 Cusip: 50155QAL4	USD	19,000.00	86.71	16,475.47	16,733.87	-258.40	126.35	3.63	3.58
LPL HLDGS INC SR 5.7% 05/20/2027 Cusip: 50212YAJ3	USD	16,000.00	101.21	16,192.80	16,273.60	-80.80	103.87	5.63	5.60
ORACLE CORP 3.85% 4/1/2060 Cusip: 68389XBY0	USD	27,000.00	68.60	18,522.27	19,871.73	-1,349.46	259.88	5.61	5.23
PRIMERICA INC SR 2.8% 11/19/2031 Cusip: 74164MAB4	USD	28,000.00	85.58	23,962.40	24,446.24	-483.84	91.47	3.27	3.21
PRUDENTIAL FINANCIAL INC 5.375% 05/15/45 Cusip: 744320AV4	USD	20,000.00	99.32	19,864.80	19,988.00	-123.20	137.36	5.41	5.38
RADIAN GROUP INC 6.2% 05/15/2029 Cusip: 750236AY7	USD	18,000.00	102.62	18,472.14	18,631.62	-159.48	142.60	6.04	5.99
REALTY INCOME CORP 2.7% 02/15/2032 Cusip: 756109CE2	USD	11,000.00	84.88	9,337.24	9,558.56	-221.32	112.20	3.18	3.11
SABINE PASS LIQUEFACTION 4.5% 05/15/2030 Cusip: 785592AX4	USD	31,000.00	96.87	30,029.08	30,431.77	-402.69	178.25	4.65	4.58



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CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
SAN DIEGO 4.25% 08/15/2040 Cusip: 797440BM5	USD	23,000.00	89.63	20,614.67	21,543.87	-929.20	391.00	5.02	4.80
SELECTIVE INSURANCE GRP 5.375% 03/01/49 Cusip: 816300AH0	USD	14,000.00	90.98	12,737.34	13,657.98	-920.64	250.83	5.91	5.51
SOUTHERN CO 4.4% 07/01/2046 Cusip: 842587CX3	USD	23,000.00	82.71	19,023.07	20,076.24	-1,053.17	506.00	5.32	5.04
SOUTHWEST AIRLINES CO 5.125% 06/15/27 Cusip: 844741BK3	USD	28,000.00	100.45	28,124.88	28,254.80	-129.92	63.78	5.10	5.08
SOUTHWESTERN ENERGY 4.75% 02/01/2032 Cusip: 845467AT6	USD	13,000.00	93.08	12,100.53	12,352.86	-252.33	257.29	5.10	5.00
SPRINT CAP CORP 6.875% 11/15/28 Cusip: 852060AD4	USD	19,000.00	106.15	20,168.12	20,177.62	-9.50	166.91	6.48	6.47
TARGA RES PARTNERS 4.00% 01/15/2032 Cusip: 87612BBU5	USD	20,000.00	90.98	18,195.00	18,601.60	-406.60	368.89	4.40	4.30
TEGNA INC SR GLBL 5.00% 09/15/2029 Cusip: 87901JAH8	USD	14,000.00	93.52	13,093.22	13,255.48	-162.26	206.11	5.35	5.28
VALERO ENERGY CORP 6.625% 06/15/2037 Cusip: 91913YAL4	USD	35,000.00	104.89	36,712.90	38,386.60	-1,673.70	103.06	6.32	6.04
VMWARE INC 3.9% 08/21/2027 Cusip: 928563AC9	USD	10,000.00	97.74	9,773.80	9,802.40	-28.60	140.83	3.99	3.98
VMWARE INC 4.7% 5/15/2030 Cusip: 928563AF2	USD	20,000.00	97.84	19,567.40	19,802.80	-235.40	120.11	4.80	4.75
WILLIS NORTH AMER INC 5.9% 03/05/2054 Cusip: 970648AN1	USD	13,000.00	98.48	12,802.79	13,615.94	-813.15	247.14	5.99	5.63
Tota1 CORPORATE BONDS	USD			1,311,028.74	1,343,368.19	-32,339.45	15,989.58	5.00	4.88



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Account Number: Page 92  
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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
FOREIGN CORPORATE BONDS									
BANK NOVA SCOTIA 4.5% 12/16/2025 Cusip: 064159HB5	USD	29,000.00	99.48	28,848.33	28,864.86	-16.53	54.38	4.52	4.52
JBS USA LUX S A / JBS 3.625% 01/15/2032 Cusip: 46590XAU0	USD	23,000.00	88.25	20,296.35	20,244.14	52.21	384.45	4.11	4.12
MYLAN NV 5.25% 06/15/2046 Cusip: 62854AAP9	USD	22,000.00	84.20	18,523.56	19,458.12	-934.56	51.33	6.24	5.94
Total FOREIGN CORPORATE BONDS	USD			67,668.24	68,567.12	-898.88	490.16	4.87	4.80
FLOATING RATE CORPORATE BONDS									
AIR LEASE CORP TIER VAR 12/31/2099 Cusip: 00912XBJ2	USD	12,000.00	96.73	11,607.36	11,798.76	-191.40	24.80	4.81	4.73
BANK AMERICA CORP FR VAR 10/25/2035 Cusip: 06051GMD8	USD	47,000.00	97.77	45,952.84	47,388.69	-1,435.85	0.00	5.64	5.47
BANK AMERICA CORP VAR 08/15/2035 Cusip: 06051GMB2	USD	20,000.00	97.33	19,466.40	20,107.60	-641.20	0.00	5.57	5.40
BANK NEW YORK MELLON CORP VAR PERP Cusip: 064058AL4	USD	13,000.00	94.51	12,286.04	12,442.04	-156.00	14.90	3.97	3.92
BK OF AMERICA CORP FR VAR 07/22/2027 Cusip: 06051GJS9	USD	32,000.00	95.33	30,506.56	30,514.56	-8.00	245.07	1.82	1.82
BK OF AMERICA CORP VAR PERPETUAL Cusip: 060505GB4	USD	22,000.00	96.28	21,182.48	21,318.66	-136.18	171.11	4.54	4.51
CAPITAL ONE FINL CORP VAR 02/01/2034 Cusip: 14040HCY9	USD	30,000.00	100.43	30,129.90	30,883.50	-753.60	727.13	5.79	5.65
CAPITAL ONE FINL CORP VAR 07/26/2030 Cusip: 14040HDG7	USD	31,000.00	100.29	31,090.83	31,456.32	-365.49	0.00	5.45	5.38



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
FLOATING RATE CORPORATE BONDS (Cont.)									
CAPITAL ONE FINL CORP VAR 11/02/2027 Cusip: 14040HCH6	USD	18,000.00	94.49	17,008.74	17,032.68	-23.94	55.40	1.99	1.98
CITIGROUP INC ALT TIER VAR PERPETUAL Cusip: 172967MV0	USD	15,000.00	97.09	14,563.80	14,629.20	-65.40	69.43	3.99	3.97
CITIGROUP INC SR NT VAR 06/09/2027 Cusip: 172967NA5	USD	32,000.00	95.21	30,468.48	30,503.04	-34.56	28.59	1.54	1.53
CITIGROUP INC SR VAR 02/13/2030 Cusip: 172967PF2	USD	13,000.00	99.92	12,990.12	13,169.13	-179.01	257.84	5.18	5.11
CITIGROUP INC SUB VAR 05/25/2034 Cusip: 17327CAR4	USD	20,000.00	101.87	20,374.60	21,042.00	-667.40	123.48	6.06	5.87
DELL INTL LLC VAR 10/01/2026 Cusip: 24703TAE6	USD	11,000.00	100.28	11,030.69	11,033.44	-2.75	134.75	4.89	4.89
DELL INTL LLC/EMC CO VAR 06/25/2026 Cusip: 24703TAD8	USD	10,000.00	101.43	10,143.40	10,158.80	-15.40	26.76	5.93	5.93
HUNTINGTON BANCSHARES VAR 11/18/2039 Cusip: 446150BF0	USD	24,000.00	99.87	23,968.80	24,721.44	-752.64	0.00	6.15	5.96
JPMORGAN CHASE & CO FLTG 07/23/2029 Cusip: 46647PAV8	USD	21,000.00	97.31	20,435.10	20,661.27	-226.17	387.38	4.32	4.27
PNC FINL SVCS GROUP INC VAR 01/26/2027 Cusip: 693475BL8	USD	27,000.00	99.86	26,963.28	27,026.46	-63.18	553.12	4.76	4.75
PNC FINL SVCS GROUP VAR 05/14/2030 Cusip: 693475BX2	USD	32,000.00	101.41	32,451.20	32,887.68	-436.48	0.00	5.42	5.34
PNC FINL SVCS GROUP VAR PERP Cusip: 693475BC8	USD	21,000.00	93.86	19,710.39	19,889.31	-178.92	31.73	3.62	3.59



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
FLOATING RATE CORPORATE BONDS (Cont.)									
REGIONS FINANCIAL CORP VAR 06/06/2030 Cusip: 7591EPAU4	USD	18,000.00	101.38	18,248.94	18,464.76	-215.82	71.53	5.64	5.58
SCHWAB CHARLES CORP PERP VAR PERPETUAL Cusip: 808513BK0	USD	15,000.00	96.72	14,508.00	14,558.85	-50.85	50.00	4.14	4.12
SCHWAB CHARLES CORP VAR 05/19/2034 Cusip: 808513CE3	USD	28,000.00	102.94	28,822.08	29,560.16	-738.08	191.20	5.69	5.54
SOUTHERN CO JR SB GLBL VAR 09/15/2051 Cusip: 842587DJ3	USD	14,000.00	95.76	13,406.68	13,482.56	-75.88	154.58	3.92	3.89
TRUIST FINL CORP FR VAR 01/26/2029 Cusip: 89788MAL6	USD	19,000.00	99.48	18,900.63	19,038.38	-137.75	398.64	4.90	4.86
US BANCORP FR VAR 11/03/2036 Cusip: 91159HJB7	USD	23,000.00	81.00	18,628.85	19,137.84	-508.99	92.31	3.08	2.99
US BANCORP PERP -N NT 3.7% PERPETUAL Cusip: 902973BC9	USD	11,000.00	94.58	10,403.25	10,508.08	-104.83	85.92	3.91	3.87
WELLS FARGO & CO PERP VAR PERPETUAL Cusip: 95002YAC7	USD	11,000.00	103.22	11,353.65	11,470.58	-116.93	33.49	6.64	6.57
WELLS FARGO & CO VAR 07/25/2028 Cusip: 95000U3A9	USD	31,000.00	99.65	30,889.95	31,040.92	-150.97	645.87	4.83	4.80
WELLS FARGO & COMPANY VAR 06/02/2028 Cusip: 95000U2S1	USD	38,000.00	94.18	35,789.54	35,922.16	-132.62	73.25	2.54	2.53
Total FLOATING RATE CORPORATE BONDS	USD			643,282.58	651,848.87	-8,566.29	4,648.28	4.52	4.46



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Account Number: 1000232.1

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE ABS									
CAPITAL ONE MUL EX 3.92% 09/17/2029 Cusip: 14041NGE5 Original Face: 50,000.0000	USD	50,000.00	98.29	49,143.29	49,433.59	-290.30	87.11	3.99	3.96
VERIZON MA TR 24-6 4.17% 08/20/2030 Cusip: 92348KDE0 Original Face: 110,000.0000	USD	110,000.00	99.04	108,942.19	109,419.92	-477.73	140.16	4.21	4.19
Total CORPORATE ABS	USD			158,085.48	158,853.51	-768.03	227.27	4.14	4.12
FLOATING RATE FOREIGN CORPORATE BONDS									
TORONTO DOMINION BK VAR 09/10/2034 Cusip: 89116CQJ9	USD	19,000.00	97.84	18,588.84	18,849.14	-260.30	0.00	5.26	5.19
Total FLOATING RATE FOREIGN CORPORATE BONDS	USD			18,588.84	18,849.14	-260.30	0.00	5.26	5.19
Total CORPORATE OBLIGATIONS	USD			2,198,653.88	2,241,486.83	-42,832.95	21,355.29	4.80	4.71
Total Asset Holdings	USD			6,392,134.03	6,559,593.42	-167,459.39	43,835.44	4.28	4.17

10/03/25

01:17PM

## STATEMENT 6

## SCHEDULE H, PAGE 4, LINE 4I

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GRAPHIC COMMUNICATIONS INT'L UNION LOCAL 119B-43B 13-3118556 001

<u>PARTY IN</u> <u>INTEREST</u>	<u>IDENTIFICATION</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>CURRENT</u> <u>AMOUNT</u>
	MERGANSER	PARTNERSHIP	\$ 2,317,809.	\$ 2,291,808.
	ABNY	SEE ATTACHED	6,559,593.	6,392,135.
	ABNY BLACKROCK	SEE ATTACHED	1,485,641.	1,412,036.

<b>Form 5500</b> Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		<b>2024</b>
		<b>This Form is Open to Public Inspection</b>

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

A This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)  
 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 \_\_\_\_\_ ▶  the DFVC program

D Check box if filing under:  Form 5558  automatic extension  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

1 a Name of plan  
 GRAPHIC COMMUNICATIONS INT'L UNION LOCAL 119B-43B  
 NEW YORK PRINTERS LEAGUE ANNUITY FUND

1 b Three-digit plan number (PN).... ▶ 001

1 c Effective date of plan  
 03/01/1982

2 a 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)

2 b Employer Identification Number (EIN)  
 13-3118556

2 c Plan Sponsor's telephone number  
 212-989-0510

2 d Business code (see instructions)  
 525100

BOARD OF TRUSTEES GRAPHICS COMM. INT'L UNION  
 LOC. 119B-43B NEW YORK PRINTERS LEAGUE ANNUITY FUND  
 2043 WELLWOOD AVENUE SUITE 3  
 EAST FARMINGDALE, NY 11735

**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.

<b>SIGN HERE</b>	<i>Mary DeGratto</i>	9/4/2025	MARY DEGRATTO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<i>Martin Dillon</i>	9/4/25	MARTIN DILLON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3 a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3 b</b> Administrator's EIN  <b>3 c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
---	--

<b>4</b> 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: <b>a</b> Sponsor's name   <b>c</b> Plan Name	<b>4 b</b> EIN  <b>4 d</b> PN
--	-------------------------------------

<b>5</b> Total number of participants at the beginning of the plan year.....	<b>5</b>	206
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year.....	<b>6a(1)</b>	151
<b>a(2)</b> Total number of active participants at the end of the plan year.....	<b>6a(2)</b>	159
<b>b</b> Retired or separated participants receiving benefits.....	<b>6 b</b>	3
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6 c</b>	51
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6 d</b>	213
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6 e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6 f</b>	213
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	<b>6g(1)</b>	206
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g(2)</b>	213
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6 h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	7

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

2B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>9 a</b> Plan funding arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>9 b</b> Plan benefit arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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