

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: NEW JERSEY MAILERS LOCAL 1100 S-LWSJ PENSION PLAN
1b Three-digit plan number (PN): 062
1c Effective date of plan: 01/01/1990
2a Plan sponsor's name (employer, if for a single-employer plan): LOCAL 1100 S-LWSJ PENSION PLAN JOINT BOARD OF TRUSTEES
2b Employer Identification Number (EIN): 22-3129844
2c Plan Sponsor's telephone number: 973-392-4141
2d Business code (see instructions): 511110

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows for James Reuter (Plan Administrator) and Jeff Hnilo (Employer/Plan Sponsor).

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

Form 5500 (2024) v. 240311

|   |  |     |
|---|--|-----|
| <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:<br><b>a</b> Sponsor's name<br><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>                                   | 310 |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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) .....<br><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) .....<br><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>                               | 69  |
|   | <b>6a(2)</b>                               | 58  |
|   | <b>6b</b>                                  | 95  |
|   | <b>6c</b>                                  | 132 |
|   | <b>6d</b>                                  | 285 |
|   | <b>6e</b>                                  | 20  |
|   | <b>6f</b>                                  | 305 |
|   | <b>6g(1)</b>                               |     |
| <b>6g(2)</b>  |  |     |
| <b>6h</b>   |  | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   | 1   |

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

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

|   |   |
|---|---|
| <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 checked="" 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 <u>0</u> |
| (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 MB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

|  |  |
|--|--|
| <b>A</b> Name of plan<br><u>NEW JERSEY MAILERS LOCAL 1100 S-L/WSJ PENSION PLAN</u>   | <b>B</b> Three-digit plan number (PN) ▶ <u>062</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>LOCAL 1100 S-L/WSJ PENSION PLAN JOINT BOARD OF TRUSTEES</u> | <b>D</b> Employer Identification Number (EIN)<br><u>22-3129844</u> |

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

**1a** Enter the valuation date: Month 01 Day 01 Year 2024

**b** Assets

|   |                 |                 |
|---|-----------------|-----------------|
| (1) Current value of assets .....   | <b>1b(1)</b>    | <u>14550228</u> |
| (2) Actuarial value of assets for funding standard account .....  | <b>1b(2)</b>    | <u>14550228</u> |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                    | <b>1c(1)</b>    | <u>16528895</u> |
| (2) Information for plans using spread gain methods:  |                 |                 |
| (a) Unfunded liability for methods with bases .....   | <b>1c(2)(a)</b> |                 |
| (b) Accrued liability under entry age normal method .....   | <b>1c(2)(b)</b> |                 |
| (c) Normal cost under entry age normal method .....   | <b>1c(2)(c)</b> |                 |
| (3) Accrued liability under unit credit cost method .....   | <b>1c(3)</b>    | <u>16528895</u> |
| <b>d</b> Information on current liabilities of the plan:  |                 |                 |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | <b>1d(1)</b>    |                 |
| (2) "RPA '94" information:  |                 |                 |
| (a) Current liability .....   | <b>1d(2)(a)</b> | <u>26233478</u> |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                | <b>1d(2)(b)</b> |                 |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                 | <b>1d(2)(c)</b> | <u>1078840</u>  |
| (3) Expected plan disbursements for the plan year .....   | <b>1d(3)</b>    | <u>1078840</u>  |

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

|   |  |
|---|--|
| <b>SIGN HERE</b><br><br><u>GARY H. CEPPOS</u><br>Type or print name of actuary<br><br><u>CSB ASSOCIATES, INC.</u><br>Firm name<br><br><u>659 EAGLE ROCK AVENUE</u><br><u>WEST ORANGE, NJ 07052</u><br>Address of the firm | <u>09/10/2025</u><br>Date<br><br><u>23-03421</u><br>Most recent enrollment number<br><br><u>973-325-8441</u><br>Telephone number (including area code) |
|---|--|

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

**2** Operational information as of beginning of this plan year:

|   |                                   |                              |
|---|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....   | <b>2a</b>                         | 14550228                     |
| <b>b</b> "RPA '94" current liability/participant count breakdown:   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....   | 103                               | 12068985                     |
| <b>(2)</b> For terminated vested participants .....   | 138                               | 7555767                      |
| <b>(3)</b> For active participants:   |                                   |                              |
| <b>(a)</b> Non-vested benefits .....  |                                   | 255266                       |
| <b>(b)</b> Vested benefits .....  |                                   | 6353460                      |
| <b>(c)</b> Total active .....   | 69                                | 6608726                      |
| <b>(4)</b> Total .....  | 310                               | 26233478                     |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 55.46 %                      |

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

| (a) Date (MM/DD/YYYY)   | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM/DD/YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |   |
|---|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|---|
| 09/09/2025  | 288896                         | 0                            |                       |                                |                              |   |
|   |                                |                              |                       |                                |                              |   |
|   |                                |                              |                       |                                |                              |   |
|   |                                |                              |                       |                                |                              |   |
|   |                                |                              |                       |                                |                              |   |
|   |                                |                              | <b>Totals ▶</b>       | <b>3(b)</b>                    | 288896                       |   |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                |                              |                       |                                | <b>3(c)</b>                  | 0 |
|   |                                |                              |                       |                                | <b>3(d)</b>                  | 0 |

**4** Information on plan status:

|   |           |  |
|---|-----------|--|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....   | <b>4a</b> | 88.0 %   |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....   | <b>4b</b> | N  |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....   |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....   |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....  | <b>4e</b> |  |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:<br>• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;<br>• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ..... <input type="checkbox"/><br>• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999." | <b>4f</b> |  |

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

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

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

**6 Checklist of certain actuarial assumptions:**

|  |                              |  |                                     |                                |  |                              |
|--|------------------------------|--|-------------------------------------|--------------------------------|--|------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability.....  |                              |  | <b>6a</b>                           | 3.29 %                         |  |                              |
|  |                              |  | Pre-retirement                      | Post-retirement                |  |                              |
| <b>b</b> Rates specified in insurance or annuity contracts.....  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A        | <input type="checkbox"/> Yes   | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:  |                              |  |                                     |                                |  |                              |
| (1) Males .....  | <b>6c(1)</b>                 | 10                                     | 10                                  |                                |  |                              |
| (2) Females .....  | <b>6c(2)</b>                 | 10                                     | 10                                  |                                |  |                              |
| <b>d</b> Valuation liability interest rate .....   | <b>6d</b>                    | 7.50 %                                 | 7.50 %                              |                                |  |                              |
| <b>e</b> Salary scale .....  | <b>6e</b>                    | 0.00 %                                 | <input type="checkbox"/> N/A        |                                |  |                              |
| <b>f</b> Withdrawal liability interest rate:   |                              |  |                                     |                                |  |                              |
| (1) Type of interest rate .....  | <b>6f(1)</b>                 | <input type="checkbox"/> Single rate   | <input type="checkbox"/> ERISA 4044 | <input type="checkbox"/> Other | <input type="checkbox"/> N/A           |                              |
| (2) If "Single rate" is checked in (1), enter applicable single rate .....   | <b>6f(2)</b>                 |  |                                     |                                | %                                      |                              |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....          | <b>6g</b>                    |  |                                     |                                | 15.4 %                                 |                              |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....            | <b>6h</b>                    |  |                                     |                                | 15.4 %                                 |                              |
| <b>i</b> Expense load included in normal cost reported in line 9b .....  | <b>6i</b>                    |  |                                     |                                | <input type="checkbox"/> N/A           |                              |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....                     | <b>6i(1)</b>                 |  |                                     |                                | %                                      |                              |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b..... | <b>6i(2)</b>                 |  |                                     |                                |  |                              |
| (3) If neither (1) nor (2) describes the expense load, check the box .....   | <b>6i(3)</b>                 |  |                                     |                                | <input type="checkbox"/>               |                              |

**7 New amortization bases established in the current plan year:**

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -1134535            | -119561                        |
|                  |                     |                                |
|                  |                     |                                |

**8 Miscellaneous information:**

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

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

|   |           |   |
|---|-----------|---|
| <b>a</b> Prior year funding deficiency, if any .....                    | <b>9a</b> | 0 |
| <b>b</b> Employer's normal cost for plan year as of valuation date..... | <b>9b</b> | 0 |

|   |                 |                     |        |
|---|-----------------|---------------------|--------|
| <b>c</b> Amortization charges as of valuation date:   |                 | Outstanding balance |        |
| (1) All bases except funding waivers and certain bases for which the amortization period has been extended .....          | <b>9c(1)</b>    | 5797570             | 738185 |
| (2) Funding waivers .....   | <b>9c(2)</b>    |                     |        |
| (3) Certain bases for which the amortization period has been extended.....  | <b>9c(3)</b>    |                     |        |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....  | <b>9d</b>       |                     | 55364  |
| <b>e</b> Total charges. Add lines 9a through 9d.....  | <b>9e</b>       |                     | 793549 |
| <b>Credits to funding standard account:</b>   |                 |                     |        |
| <b>f</b> Prior year credit balance, if any.....   | <b>9f</b>       |                     |        |
| <b>g</b> Employer contributions. Total from column (b) of line 3.....   | <b>9g</b>       |                     | 288896 |
|   |                 | Outstanding balance |        |
| <b>h</b> Amortization credits as of valuation date.....   | <b>9h</b>       | 3818903             | 469445 |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....   | <b>9i</b>       |                     | 35208  |
| <b>j</b> Full funding limitation (FFL) and credits:   |                 |                     |        |
| (1) ERISA FFL (accrued liability FFL).....  | <b>9j(1)</b>    | 2127067             |        |
| (2) "RPA '94" override (90% current liability FFL) .....  | <b>9j(2)</b>    | 8876269             |        |
| (3) FFL credit .....  | <b>9j(3)</b>    |                     | 0      |
| <b>k</b> (1) Waived funding deficiency .....  | <b>9k(1)</b>    |                     | 0      |
| (2) Other credits .....   | <b>9k(2)</b>    |                     | 0      |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....  | <b>9l</b>       |                     | 793549 |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....                                   | <b>9m</b>       |                     |        |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....                               | <b>9n</b>       |                     |        |
| <b>o</b> Current year's accumulated reconciliation account:   |                 |                     |        |
| (1) Due to waived funding deficiency accumulated prior to the current plan year.....                                      | <b>9o(1)</b>    |                     | 0      |
| (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:           |                 |                     |        |
| (a) Reconciliation outstanding balance as of valuation date .....   | <b>9o(2)(a)</b> |                     | 0      |
| (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....   | <b>9o(2)(b)</b> |                     | 0      |
| (3) Total as of valuation date.....   | <b>9o(3)</b>    |                     | 0      |
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....                     | <b>10</b>       |                     |        |
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... |                 |                     |        |

Yes  No

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>NEW JERSEY MAILERS LOCAL 1100 S-LWSJ PENSION PLAN</b>  | <b>B</b> Three-digit plan number (PN) ▶                            | <b>062</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>LOCAL 1100 S-LWSJ PENSION PLAN JOINT BOARD OF TRUSTEES</b> | <b>D</b> Employer Identification Number (EIN)<br><b>22-3129844</b> |            |

**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

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

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

**(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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**(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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**(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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**(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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**(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)

PNC BANK, NATIONAL ASSOCIATION

249 FIFTH AVENUE  
PITTSBURGH, PA 15222

25-1211909

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 21 62 27<br>68 49      | TRUSTEE   | 81901  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

CSB ASSOCIATES

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11                     | ACTUARY   | 53000  | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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<br>(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<br>(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<br>(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 |
|---|--------------------------------------|--|
|   |                                      |  |

| <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 |
|---|--------------------------------------|--|
|   |                                      |  |

**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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| 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<br><b>NEW JERSEY MAILERS LOCAL 1100 S-LWSJ PENSION PLAN</b>  | <b>B</b> Three-digit plan number (PN) ▶ <b>062</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>LOCAL 1100 S-LWSJ PENSION PLAN JOINT BOARD OF TRUSTEES</b> | <b>D</b> Employer Identification Number (EIN)<br><b>22-3129844</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>    | 417423                | 288896          |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>    | 19733                 | 5261            |
| <b>c</b> General investments:   |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b> |                       |                 |
| <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> | 0                     | 0               |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b> | 759387                | 488468          |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>    |                       |                 |
| <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>   |                       |                 |
| <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>   | 13353685              | 14478906        |
| <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>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (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>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 14550228              | 15261531        |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 14550228              | 15261531        |

**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>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 288896     |           |
| <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>    |            | 288896    |
| <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> | 14744      |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <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> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 14744     |
| <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> | 495834     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 495834    |
| <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> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <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> |            |           |
| <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> |            |           |
| <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 .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 1184760   |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 1984234   |

**Expenses**

|  |               |         |         |
|--|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 1126388 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  |         |         |
| (3) Other.....   | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |         | 1126388 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense.....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:  |               |         |         |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  |         |         |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  | 73008   |         |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  | 8893    |         |
| (7) Actuarial fees .....   | <b>2i(7)</b>  | 53000   |         |
| (8) Legal fees .....   | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> |         |         |
| (11) Other expenses.....   | <b>2i(11)</b> | 11642   |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |         | 146543  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |         | 1272931 |

**Net Income and Reconciliation**

|   |              |  |        |
|---|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 711303 |
| <b>l</b> Transfers of assets:   |              |  |        |
| (1) To this plan.....   | <b>2l(1)</b> |  |        |
| (2) From this plan .....  | <b>2l(2)</b> |  |        |

**Part III Accountant's Opinion**

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

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

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

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

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

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

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

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

**d** The opinion of an independent qualified public accountant is **not attached** 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   |    | 500000 |
| <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.)   |     |    |        |
| <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.  |     |    |        |

**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 537306.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>NEW JERSEY MAILERS LOCAL 1100 S-L/WSJ PENSION PLAN</u>  | <b>B</b> Three-digit plan number (PN) ▶                            | <u>062</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>LOCAL 1100 S-L/WSJ PENSION PLAN JOINT BOARD OF TRUSTEES</u> | <b>D</b> Employer Identification Number (EIN)<br><u>22-3129844</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

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

|   |  |   |
|---|--|---|
| 1 |  | 0 |
|---|--|---|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 25-1211909

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

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

|   |  |   |
|---|--|---|
| 3 |  | 2 |
|---|--|---|

|                |   |
|----------------|---|
| <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.) |
|----------------|---|

**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> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <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> |  |

**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> |
|-----------------|-------------------|

**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 NEWARK MORNING LEDGER CO.

**b** EIN 22-1157720 **c** Dollar amount contributed by employer 288896

**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 02 Day 02 Year 2025

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

(1) Contribution rate (in dollars and cents) 0.00

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): MIN. REQUIRED CONTRIBUTI

**a** Name of contributing employer

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

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

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

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

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

**a** Name of contributing employer

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

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

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

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

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

**a** Name of contributing employer

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

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

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

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

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

**a** Name of contributing employer

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

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

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

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

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

**a** Name of contributing employer

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

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

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

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

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

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

|   |            |  |
|---|------------|--|
| <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 \_\_\_\_\_.

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

**Financial Statements and  
ERISA-Required Supplemental Schedule  
Years Ended December 31, 2024 and 2023**

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



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

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Financial Statements and ERISA-Required Supplemental Schedule  
Years Ended December 31, 2024 and 2023

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

## Contents

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|  |       |
|--|-------|
| <b>Independent Auditor’s Report</b>  | 3-6   |
| <b>Financial Statements</b>  |       |
| Statements of Net Assets Available for Benefits<br>as of December 31, 2024 and 2023                          | 7     |
| Statements of Changes in Net Assets Available for Benefits<br>for the Years Ended December 31, 2024 and 2023 | 8     |
| Notes to Financial Statements  | 9-15  |
| <b>ERISA-Required Supplemental Schedule</b>  |       |
| Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)<br>as of December 31, 2024        | 17-19 |

Note: Other schedules required by Section 2520.103.10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), as amended, have been omitted because they are not applicable.



## Independent Auditor's Report

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

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audits***

We have performed audits of the financial statements of New Jersey Mailers Local 1100 S-L/WSJ Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits 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.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### ***Opinion***

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

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



### ***Basis for Opinion***

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

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

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

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

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

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



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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

***Other Matter – Supplemental Schedule Required by ERISA***

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

In our opinion:

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

*BDO USA, P.C.*

October 13, 2025

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

## Statements of Net Assets Available for Benefits

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| <i>December 31,</i>                      | 2024                 | 2023                 |
|--|----------------------|----------------------|
| <b>Assets</b>                            |                      |                      |
| Investments, at fair value               | \$ 14,967,374        | \$ 14,113,072        |
| Contribution receivable from employer    | 288,896              | 417,423              |
| Accrued investment income                | 5,261                | 19,733               |
| <b>Total Assets</b>                      | <b>15,261,531</b>    | <b>14,550,228</b>    |
| <b>Net Assets Available for Benefits</b> | <b>\$ 15,261,531</b> | <b>\$ 14,550,228</b> |

*See accompanying notes to financial statements.*

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

### Statements of Changes in Net Assets Available for Benefits

| <i>Year ended December 31,</i>                              | <b>2024</b>          | <b>2023</b>          |
|---|----------------------|----------------------|
| <b>Additions</b>  |                      |                      |
| Investment income:  |                      |                      |
| Net appreciation in fair value of investments               | \$ 1,184,760         | \$ 1,738,908         |
| Interest and dividends from investments                     | 510,578              | 378,200              |
| <b>Net Investment Income</b>                                | <b>1,695,338</b>     | <b>2,117,108</b>     |
| Employer contributions                                      | 288,896              | 417,423              |
| <b>Total Additions, net of investment income</b>            | <b>1,984,234</b>     | <b>2,534,531</b>     |
| <b>Deductions</b>   |                      |                      |
| Benefits paid to participants                               | 1,126,388            | 987,534              |
| Administrative expenses                                     | 146,543              | 134,966              |
| <b>Total Deductions</b>                                     | <b>1,272,931</b>     | <b>1,122,500</b>     |
| <b>Net Increase</b>   | <b>711,303</b>       | <b>1,412,031</b>     |
| <b>Net Assets Available for Benefits, beginning of year</b> | <b>14,550,228</b>    | <b>13,138,197</b>    |
| <b>Net Assets Available for Benefits, end of year</b>       | <b>\$ 15,261,531</b> | <b>\$ 14,550,228</b> |

*See accompanying notes to financial statements.*

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

## Notes to Financial Statements

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### 1. Description of the Plan

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

#### *General*

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

#### *Plan Freeze*

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

#### *Pension Benefits*

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

#### *Plan Administration*

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

#### *Expenses*

Administrative expenses are paid by the Plan, as provided in the Plan document. Certain other administrative and advisory fee expenses in 2024 and 2023 were paid by Newark Morning Ledger.

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

## Notes to Financial Statements

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### 2. Summary of Significant Accounting Policies

#### *Basis of Presentation*

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

#### *Investment Valuation and Income Recognition*

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

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

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

#### *Payment of Benefits*

Benefit payments to participants are recorded when paid.

#### *Use of Estimates*

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

### 3. Funding Policy

The Plan sponsor's funding policy is to make regular contributions each year in such amounts that are necessary to maintain the Plan on a sound actuarial basis and to meet or exceed the minimum funding standard, as set forth in employee benefit and tax laws. Contributions have met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

### 4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances—retirement, death, disability, and termination

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

## Notes to Financial Statements

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

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, and retirement) between the valuation date and the expected date of payment.

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

*January 1, 2024*

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|   |                      |
|---|----------------------|
| Vested plan benefits:   |                      |
| Participants currently receiving payments                         | \$ 7,710,163         |
| Other participants  | 9,523,484            |
| <b>Total Vested Plan Benefits</b>                                 | <b>17,233,647</b>    |
| Nonvested accrued benefits  | 175,676              |
| <b>Total Actuarial Present Value of Accumulated Plan Benefits</b> | <b>\$ 17,409,323</b> |

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

*Year ended January 1, 2024*

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|  |                      |
|--|----------------------|
| <b>Accumulated Plan Benefits, beginning of year</b>                      | <b>\$ 17,295,607</b> |
| Increase (decrease) during the year attributable to:                     |                      |
| Benefits accumulated, net of gains or losses                             | (140,325)            |
| Increase for interest due to the decrease in the discount period         | 1,260,138            |
| Benefits paid  | (987,534)            |
| Other changes in assumptions   | (18,563)             |
| <b>Net Increase</b>  | <b>113,716</b>       |
| <b>Actuarial Present Value of Accumulated Plan Benefits, end of year</b> | <b>\$ 17,409,323</b> |

The significant actuarial assumptions used in the valuations as of January 1, 2024 were:

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

The foregoing actuarial assumptions are based on the presumption that the Plan will continue indefinitely. If the Plan was expected to be completely terminated, different actuarial assumptions

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

## Notes to Financial Statements

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and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

The Plan is not considered an “at-risk plan” for the 2024 Plan year.

### 5. Certified Investment Information

Certain information disclosed in the accompanying financial statements, related to investments as of December 31, 2024 and 2023, and net appreciation in fair value of investments, and interest and dividend income for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by PNC Bank, National Association (PNC), a qualified institution.

### 6. Fair Value Measurements

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

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

*Level 2* - This level consists of quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

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

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

## Notes to Financial Statements

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

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

There were no changes to the methodologies used at December 31, 2024 and 2023.

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

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

### *December 31, 2024*

|  | Level 1              | Level 2     | Level 3     | Total                |
|--|----------------------|-------------|-------------|----------------------|
| Common stocks  | \$ 488,468           | \$ -        | \$ -        | \$ 488,468           |
| Registered investment company<br>exchange-traded funds | 8,974,207            | -           | -           | 8,974,207            |
| Registered investment company<br>mutual funds          | 5,504,699            | -           | -           | 5,504,699            |
| <b>Total Investments, at fair value</b>                | <b>\$ 14,967,374</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 14,967,374</b> |

### *December 31, 2023*

|  | Level 1              | Level 2     | Level 3     | Total                |
|--|----------------------|-------------|-------------|----------------------|
| Common stocks  | \$ 748,225           | \$ -        | \$ -        | \$ 748,225           |
| Preferred stocks                                       | 11,162               | -           | -           | 11,162               |
| Registered investment company<br>exchange-traded funds | 8,005,440            | -           | -           | 8,005,440            |
| Registered investment company<br>mutual funds          | 5,348,245            | -           | -           | 5,348,245            |
| <b>Total Investments, at fair value</b>                | <b>\$ 14,113,072</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 14,113,072</b> |

## 7. Parties-in-Interest Transactions

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

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

## Notes to Financial Statements

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### 8. Risks and Uncertainties

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

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

### 9. Tax Status

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

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

### 10. Plan Termination

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the termination of the Plan in whole or in part, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations. The Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, guarantees certain benefits up to certain applicable limitations. The PBGC's guarantee for multiemployer pension plan benefits depends on the type of benefit, the dollar amount of the benefit, and the date on which the benefit provision was adopted.

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

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

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

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

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

## Notes to Financial Statements

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participant's annual accrual rate. The maximum guaranteed accrual rate is \$35.75 per month of service. The guarantee formula is:

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

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

### 11. Subsequent Events

On January 8, 2025, Newark Morning Ledger LLC (the Company) and the Union signed a termination agreement effective February 2, 2025, ceasing the Company's obligations to the Union under a collective bargaining agreement, including contributions to the Plan.

For the purposes of determining the effect of subsequent events on these financial statements, management has evaluated events subsequent to December 31, 2024 and through October 13, 2025, the date on which the financial statements were available to be issued, and has determined, other than what is disclosed above, no such subsequent events have occurred that would require adjustments to, or disclosures as stated herein.

## ERISA-Required Supplemental Schedule

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

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)  
 EIN: 22-3129844 Plan No.: 062

December 31, 2024

| (a)  | (b)  | (c)      | (d)           | (e) |
|--|--|----------|---------------|-----|
| Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost     | Current Value |     |
|  | Shares   |          |               |     |
| <b>Common Stocks</b>                                   |  |          |               |     |
| WIX.COM LTD (WIX)                                      | 7  | \$ 1,899 | \$ 1,502      |     |
| AMN HEALTHCARE SERVICES (AMN)                          | 47   | 2,956    | 1,124         |     |
| ACUSHNET HOLDINGS CORP (GOLF)                          | 40   | 2,107    | 2,843         |     |
| ADDUS HOMECARE CORP (ADUS)                             | 31   | 2,707    | 3,886         |     |
| ADVANCED ENERGY INDS INC (AEIS)                        | 28   | 2,357    | 3,238         |     |
| AGREE RLTY CORP (ADC)                                  | 25   | 1,525    | 1,761         |     |
| ALAMO GROUP INC (ALG)                                  | 18   | 3,738    | 3,346         |     |
| AMETEK INC NEW (AME)                                   | 12   | 2,016    | 2,163         |     |
| ANSYS INC (ANSS)                                       | 5  | 1,591    | 1,687         |     |
| ARES MANAGEMENT CORP - A (ARES)                        | 26   | 2,620    | 4,603         |     |
| ATLANTIC UNION BANKSHARES CORP (AUB)                   | 103  | 2,812    | 3,902         |     |
| AUTODESK INC (ADSK)                                    | 12   | 2,912    | 3,547         |     |
| AVANOS MEDICAL INC (AVNS)                              | 137  | 3,955    | 2,181         |     |
| THE BALDWIN INSURANCE GROUP (BWIN)                     | 71   | 1,499    | 2,752         |     |
| AMBARELLA INC (AMB)                                    | 41   | 2,770    | 2,982         |     |
| ARCH CAPITAL GROUP LTD                                 | 65   | 2,977    | 6,003         |     |
| BALCHEM CORP CL B (BCPC)                               | 20   | 2,103    | 3,260         |     |
| BENCHMARK ELECT (BHE)                                  | 87   | 1,990    | 3,950         |     |
| WR BERKLEY CORP (WRB)                                  | 29   | 1,586    | 1,697         |     |
| BLACKBAUD INC (BLKB)                                   | 42   | 2,824    | 3,105         |     |
| BOOT BARN HOLDINGS INC (BOOT)                          | 33   | 1,106    | 5,010         |     |
| BROOKFIELD CORP (BN)                                   | 272  | 8,063    | 15,626        |     |
| BROOKFIELD INFRASTRUCTURE CORP (BIPC)                  | 206  | 7,514    | 8,242         |     |
| BROOKFIELD RENEWABLE CORP CL A                         | 87   | 3,704    | 2,406         |     |
| BROOKFIELD ASSET MGMT-A-W/I (BAM)                      | 59   | 1,539    | 3,197         |     |
| BROWN & BROWN INC (BRO)                                | 104  | 5,313    | 10,610        |     |
| CBRE GROUP INC (CBRE)                                  | 59   | 3,423    | 7,746         |     |
| CCC INTELLIGENT SOLUTIONS HO (CCCS)                    | 253  | 3,039    | 2,968         |     |
| CSW INDUSTRIALS INC (CSWI)                             | 10   | 766      | 3,528         |     |
| CTS CORP (CTS)   | 46   | 1,050    | 2,426         |     |
| CARETRUST REIT INC-W/I (CTRE)                          | 81   | 2,077    | 2,191         |     |
| CARMAX INC (KMX)                                       | 70   | 6,998    | 5,723         |     |
| CASS INFORMATION SYSTEMS INC. (CASS)                   | 48   | 1,888    | 1,964         |     |
| CHESAPEAKE UTILITIES CORP (CPK)                        | 20   | 1,862    | 2,427         |     |
| COHU INC (COHU)  | 91   | 2,768    | 2,430         |     |
| ENOVIS CORP (ENOV)                                     | 83   | 4,269    | 3,642         |     |
| COPART INC (CPRT)                                      | 255  | 6,539    | 14,634        |     |
| COSTAR GROUP INC (CSGP)                                | 123  | 10,135   | 8,806         |     |
| DIODES INC (DIOD)                                      | 43   | 2,721    | 2,652         |     |
| DOMINO'S PIZZA, INC. (DPZ)                             | 13   | 4,802    | 5,457         |     |
| DORMAN PRODUCTS INC (DORM)                             | 30   | 2,295    | 3,887         |     |
| ENERSYS (ENS)  | 35   | 2,703    | 3,235         |     |
| ENPRO INC (NPO)  | 27   | 2,744    | 4,656         |     |
| ENTEGRIS, INC (ENTG)                                   | 10   | 1,105    | 991           |     |
| ESCO TECHNOLOGIES INC (ESE)                            | 27   | 2,881    | 3,597         |     |
| EXLSERVICE HOLDINGS INC (EXLS)                         | 93   | 1,957    | 4,127         |     |
| FAIR ISAAC CORPORATION (FICO)                          | 5  | 7,484    | 9,955         |     |
| FASTENAL CO (FAST)                                     | 48   | 2,270    | 3,452         |     |
| FLOOR & DECOR HOLDINGS INC                             | 9  | 930      | 897           |     |

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

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)  
 EIN: 22-3129844 Plan No.: 062

December 31, 2024

| (a)  | (b)  | (c)      | (d)           | (e) |
|--|--|----------|---------------|-----|
| Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost     | Current Value |     |
|  | Shares   |          |               |     |
| <b>Common Stocks (cont.)</b>                           |  |          |               |     |
| FRANKLIN ELECTRIC INC (FELE)                           | 26   | \$ 1,496 | \$ 2,534      |     |
| GALLAGHER ARTHUR J & CO                                | 12   | 3,364    | 3,406         |     |
| GARTNER INC (IT)                                       | 15   | 3,590    | 7,267         |     |
| GRACO INC (GGG)  | 15   | 1,251    | 1,264         |     |
| HEICO CORP NEW (HEIA)                                  | 75   | 8,278    | 13,956        |     |
| HILTON WORLDWIDE HLDGS - W/I                           | 59   | 5,584    | 14,582        |     |
| HYATT HOTELS CORP (H)                                  | 18   | 980      | 2,826         |     |
| ICF INTERNATIONAL INC (ICFI)                           | 31   | 2,437    | 3,696         |     |
| IDACORP INC (IDA)                                      | 29   | 2,729    | 3,169         |     |
| IDEXX LABS INC (IDXX)                                  | 5  | 1,881    | 2,067         |     |
| INTEGER HOLDINGS CORPORATION (ITGR)                    | 42   | 3,771    | 5,566         |     |
| KKR & CO INC (KKR)                                     | 106  | 3,928    | 15,678        |     |
| KAISER ALUMINUM CORP (KALU)                            | 41   | 2,807    | 2,881         |     |
| K.FORCE INC (KFRC)                                     | 64   | 2,725    | 3,629         |     |
| KORN FERRY (KFY)                                       | 53   | 2,005    | 3,575         |     |
| LGI HOMES INC (LGIH)                                   | 27   | 2,941    | 2,414         |     |
| VITAL ENERGY INC (VTLE)                                | 70   | 2,797    | 2,164         |     |
| LENNAR CORP (LEN)                                      | 38   | 2,976    | 5,182         |     |
| LIBERTY MEDIA CORP-LIB-NEW-C (FWONK)                   | 48   | 1,832    | 4,448         |     |
| LIBERTY MEDIA CORP-LIB-NEW-A (FWONA)                   | 19   | 1,177    | 1,597         |     |
| LIVE NATION ENTERTAINMENT INC (LYV)                    | 59   | 3,688    | 7,641         |     |
| LIVERAMP HOLDINGS INC (RAMP)                           | 76   | 2,389    | 2,308         |     |
| MSCI INC (MSCI)  | 11   | 5,180    | 6,600         |     |
| MARCUS & MILLICHAP INC (MMI)                           | 99   | 3,142    | 3,788         |     |
| MARKEL GROUP INC (MKL)                                 | 5  | 5,339    | 8,631         |     |
| MARTIN MARIETTA MATLS INC (MLM)                        | 14   | 5,048    | 7,231         |     |
| MERCANTILE BANK CORP (MBWM)                            | 43   | 1,126    | 1,913         |     |
| MICROCHIP TECHNOLOGY INC (MCHP)                        | 59   | 3,217    | 3,384         |     |
| MOELIS & CO (MC)                                       | 64   | 2,146    | 4,728         |     |
| MONARCH CASINO & RESORT INC                            | 41   | 2,843    | 3,235         |     |
| MOODY'S CORP (MCO)                                     | 5  | 1,582    | 2,367         |     |
| NV5 HOLDINGS INC (NVEE)                                | 146  | 3,697    | 2,751         |     |
| NETSTREIT CORP (NTST)                                  | 136  | 2,110    | 1,924         |     |
| NORTHERN OIL AND GAS INC                               | 91   | 2,872    | 3,382         |     |
| O REILLY AUTOMOTIVE INC (ORLY)                         | 11   | 5,626    | 13,044        |     |
| OLLIE'S BARGAIN OUTLET HOLDI (OLLI)                    | 40   | 2,964    | 4,389         |     |
| ORIGIN BANCORP INC (OBK)                               | 69   | 2,775    | 2,297         |     |
| PATRICK INDUSTRIES INC (PATK)                          | 46   | 2,275    | 3,822         |     |
| PERIMETER SOLUTIONS INC (PRM)                          | 94   | 1,132    | 1,201         |     |
| POWER INTEGRATIONS INC (POWI)                          | 47   | 3,251    | 2,900         |     |
| PROCORE TECHNOLOGIES INC (PCOR)                        | 24   | 2,023    | 1,798         |     |
| PROGRESSIVE CORP OHIO (PGR)                            | 14   | 1,343    | 3,355         |     |
| ROPER TECHNOLOGIES INC (ROP)                           | 14   | 6,026    | 7,278         |     |
| ROSS STORES INC (ROST)                                 | 13   | 1,487    | 1,967         |     |
| RYAN SPECIALTY HOLDINGS INC (RYAN)                     | 14   | 921      | 898           |     |
| SBA COMMUNICATIONS CORP (SBAC)                         | 5  | 1,473    | 1,019         |     |
| SM ENERGY COMPANY (SM)                                 | 85   | 2,778    | 3,295         |     |
| SEACOAST BANKING CORP OF FLA                           | 99   | 3,028    | 2,725         |     |
| SELECTIVE INSURANCE GROUP INC (SIGI)                   | 46   | 2,864    | 4,302         |     |
| SIMULATIONS PLUS INC (SLP)                             | 61   | 2,211    | 1,701         |     |
| SOUTHSTATE CORPORATION (SSB)                           | 29   | 1,595    | 2,885         |     |

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

**Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN: 22-3129844** **Plan No.: 062**

December 31, 2024

| (a)  | (b)  | (c)                  | (d)                  | (e) |
|--|--|----------------------|----------------------|-----|
| Identity of Issuer, Borrower, Lessor, or Similar Party           | Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost                 | Current Value        |     |
|  | Shares   |                      |                      |     |
| <b>Common Stocks (cont.)</b>                                     |  |                      |                      |     |
| STEWART INFORMATION (STC)  | 50   | \$ 2,157             | \$ 3,375             |     |
| SUNSTONE HOTEL INVS INC NEW                                      | 200  | 2,310                | 2,368                |     |
| SUPERNUS PHARMACEUTICALS INC (SUPN)                              | 52   | 1,479                | 1,880                |     |
| TRANSDIGM GROUP INC (TDG)  | 12   | 7,131                | 15,207               |     |
| TYLER TECHNOLOGIES INC (TYL)                                     | 10   | 3,987                | 5,766                |     |
| UMB FINL CORP (UMBF)   | 29   | 1,791                | 3,273                |     |
| VAIL RESORTS INC (MTN)   | 13   | 2,637                | 2,437                |     |
| VEEVA SYSTEMS INC-CLASS A (VEEV)                                 | 26   | 4,926                | 5,467                |     |
| VERALTO CORP-W/I (VLTO)  | 8  | 824                  | 815                  |     |
| VERISIGN INC (VRSN)  | 5  | 1,024                | 1,035                |     |
| VERISK ANALYTICS INC (VRSK)                                      | 8  | 1,501                | 2,203                |     |
| VIAVI SOLUTIONS INC (VIAV)                                       | 192  | 1,984                | 1,939                |     |
| VULCAN MATERIALS CO (VMC)  | 43   | 6,220                | 11,061               |     |
| WASTE CONNECTIONS INC (WCN)                                      | 16   | 2,891                | 2,745                |     |
| WATERS CORP (WAT)  | 6  | 1,767                | 2,223                |     |
| <b>Total Common Stocks</b>                                       |  | <b>342,218</b>       | <b>488,468</b>       |     |
| <b>Registered Investment Company Exchange-Traded Funds</b>       |  |                      |                      |     |
| ISHARES CORE S&P 500 (IVV)                                       | 10,252   | 3,999,597            | 6,035,147            |     |
| ISHARES CORE US AGGREGATE BOND (AGG)                             | 4,350  | 431,828              | 421,515              |     |
| ISHARES INTERMEDIATE (GVI)                                       |  |                      |                      |     |
| GOVERNMENT/CREDIT BOND   | 8,282  | 889,113              | 863,233              |     |
| ISHARES MSCI INTL QUALITY (IQLT)                                 | 12,041   | 432,453              | 446,962              |     |
| ISHARES RUSSELL MID-CAP GROWTH (IWP)                             | 2,026  | 268,560              | 256,796              |     |
| ISHARES U S TREASURY BOND (GOVT)                                 | 21,551   | 495,826              | 495,242              |     |
| WISDOMTREE U.S. QUALITY DIVI (DGRW)                              | 5,626  | 362,400              | 455,312              |     |
| <b>Total Registered Investment Company Exchange-Traded Funds</b> |  | <b>6,879,777</b>     | <b>8,974,207</b>     |     |
| <b>Registered Investment Company Mutual Funds</b>                |  |                      |                      |     |
| FEDERATED HERMES GOVT OBLIG PREM SHS #117                        | 4,972  | 4,972                | 4,972                |     |
| FEDERATED HERMES GOVT OBLIG PREM SHS #117                        | 5,581  | 5,581                | 5,581                |     |
| FEDERATED HERMES GOVT OBLIG PREM SHS #117                        | 334,408  | 334,408              | 334,408              |     |
| BARON SMALL CAP FUND INSTITUTIONAL                               | 5,944  | 169,183              | 196,556              |     |
| DODGE & COX INCOME FUND (DODIX)                                  | 40,863   | 509,823              | 505,883              |     |
| AMG RR SM CAP VAL  | 12,421   | 192,911              | 200,846              |     |
| PGIM HIGH YIELD FUND (PHYQX)                                     | 62,953   | 333,385              | 300,284              |     |
| ARTISAN INTL SM/MID-INST   | 10,206   | 188,780              | 177,582              |     |
| VANGUARD INTERNATIONAL VALUE FUND #46                            | 13,564   | 505,947              | 509,601              |     |
| BAIRD INTERMEDIATE BD FD INSTL FD #70                            | 150,250  | 1,659,373            | 1,543,071            |     |
| HARBOR MID CAP VALUE   | 10,216   | 260,193              | 262,862              |     |
| WCM FOCUSED INTL GROWTH-INS                                      | 22,772   | 439,348              | 495,529              |     |
| TOUCHSTONE SANDS EM GR-R6  | 12,246   | 202,707              | 176,092              |     |
| MFS EMERGING MKTS DEBT FD-R6 (MEDHX)                             | 19,180   | 268,294              | 229,206              |     |
| OAKMARK INTL SM CAP-R6   | 9,858  | 180,764              | 175,182              |     |
| PZENA EMERG MKTS VALUE-INST                                      | 15,323   | 156,146              | 182,037              |     |
| SEAFARER OVERSEAS GROWTH & INCOME INSTL CLASS FD # 11602         | 17,643   | 224,514              | 205,007              |     |
| <b>Total Registered Investment Company Mutual Funds</b>          |  | <b>5,636,329</b>     | <b>5,504,699</b>     |     |
| <b>Total</b>   |  | <b>\$ 12,858,324</b> | <b>\$ 14,967,374</b> |     |

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

**EIN – 22-3129844 PN - 062**

**Schedule MB, Line 8b – Schedule of Active Participant Data as of January 1, 2024**

| Attained Age | Years of Service to 1/1/24 (Completed Years) |             |            |              |              |              |              |              |              |            | Total     |
|--------------|--|-------------|------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|-----------|
|              | <u>Under 1</u>                               | <u>1- 4</u> | <u>5-9</u> | <u>10-14</u> | <u>15-19</u> | <u>20-24</u> | <u>25-29</u> | <u>30-34</u> | <u>35-39</u> | <u>40+</u> |           |
| Under 25     |  |             |            |              |              |              |              |              |              |            |           |
| 25 - 29      |  |             |            |              |              |              |              |              |              |            |           |
| 30 - 34      |  |             |            | 1            |              |              |              |              |              |            | 1         |
| 35 - 39      |  |             |            | 1            | 2            |              |              |              |              |            | 3         |
| 40 - 44      |  |             |            |              |              |              | 1            |              |              |            | 1         |
| 45 - 49      |  |             |            |              | 4            | 1            | 1            |              |              |            | 6         |
| 50 - 54      |  |             |            |              | 5            | 3            | 2            |              |              |            | 10        |
| 55 - 59      |  |             |            | 1            | 2            | 4            | 4            |              | 3            | 2          | 16        |
| 60 - 64      |  |             |            | 1            | 2            | 2            | 11           | 1            | 1            | 5          | 23        |
| 65 - 69      |  |             |            | 1            | 3            | 2            | 3            |              |              |            | 9         |
| 70 +         |  |             |            |              |              |              |              |              |              |            | 1         |
| <b>Total</b> | <b>0</b>                                     | <b>0</b>    | <b>0</b>   | <b>5</b>     | <b>18</b>    | <b>12</b>    | <b>22</b>    | <b>1</b>     | <b>4</b>     | <b>7</b>   | <b>69</b> |

Average Attained Age: 57.56

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

EIN/PN: 22-3129844/062

## Schedule MB, line 6 – Statement of Actuarial Assumptions or Methods as of January 1, 2024

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

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

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

|                             |
|-----------------------------|
| <b>Funding Requirements</b> |
|-----------------------------|

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

Terminations (other than by retirement):

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

Retirement Age: Age 65 or the age at the next January 1<sup>st</sup>, if higher

|   |  |   |
|---|--|---|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

|  |  |
|--|--|
| <b>Part I Annual Report Identification Information</b>   |  |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024   |  |
| <b>A</b> This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____<br><b>B</b> This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)<br><b>C</b> If the plan is a collectively-bargained plan, check here: ..... <input checked="" type="checkbox"/><br><b>D</b> Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)<br><b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here: ..... <input type="checkbox"/> |  |

|   |   |  |     |                                  |            |  |            |   |              |  |        |
|---|---|--|-----|----------------------------------|------------|--|------------|---|--------------|--|--------|
| <b>Part II Basic Plan Information—enter all requested information</b>   |   |  |     |                                  |            |  |            |   |              |  |        |
| <b>1a</b> Name of plan<br>NEW JERSEY MAILERS LOCAL 1100 S-L/WSJ PENSION PLAN<br><br><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>LOCAL 1100 S-L/WSJ PENSION PLAN JOINT BOARD OF TRUSTEES<br>C/O ADVANCE RETIREE SERVICE CENTER<br><br>169 MONROE AVE. NW.<br>SUITE 200<br>GRAND RAPIDS MI 49503 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">062</td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td style="text-align: center;">01/01/1990</td> </tr> <tr> <td><b>2b</b> Employer Identification Number (EIN)</td> <td style="text-align: center;">22-3129844</td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number</td> <td style="text-align: center;">973-392-4141</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td style="text-align: center;">511110</td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | 062 | <b>1c</b> Effective date of plan | 01/01/1990 | <b>2b</b> Employer Identification Number (EIN) | 22-3129844 | <b>2c</b> Plan Sponsor's telephone number | 973-392-4141 | <b>2d</b> Business code (see instructions) | 511110 |
| <b>1b</b> Three-digit plan number (PN) ▶  | 062   |  |     |                                  |            |  |            |   |              |  |        |
| <b>1c</b> Effective date of plan  | 01/01/1990  |  |     |                                  |            |  |            |   |              |  |        |
| <b>2b</b> Employer Identification Number (EIN)  | 22-3129844  |  |     |                                  |            |  |            |   |              |  |        |
| <b>2c</b> Plan Sponsor's telephone number   | 973-392-4141  |  |     |                                  |            |  |            |   |              |  |        |
| <b>2d</b> Business code (see instructions)  | 511110  |  |     |                                  |            |  |            |   |              |  |        |

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

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

|              |                                    |           |  |
|--------------|------------------------------------|-----------|--|
| SIGN<br>HERE |                                    | 10-9-25   | JAMES REUTER   |
|              | Signature of plan administrator    | Date      | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                    | 10/9/2025 | JEFF HNILO   |
|              | Signature of employer/plan sponsor | Date      | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                    |           |  |
|              | Signature of DFE                   | Date      | Enter name of individual signing as 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<br><br><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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN  |          |     |  |  |  |  |              |   |       |    |  |  |              |   |       |    |  |  |           |  |    |    |  |  |           |   |    |     |  |  |           |  |    |     |  |  |           |  |    |    |  |  |           |                             |    |     |  |  |              |  |       |  |  |  |              |  |       |  |  |  |           |   |    |   |  |  |          |   |   |   |  |  |
| <b>5</b> Total number of participants at the beginning of the plan year  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;"><b>5</b></td> <td style="text-align: right;">310</td> </tr> </table>  | <b>5</b> | 310 |  |  |  |  |              |   |       |    |  |  |              |   |       |    |  |  |           |  |    |    |  |  |           |   |    |     |  |  |           |  |    |     |  |  |           |  |    |    |  |  |           |                             |    |     |  |  |              |  |       |  |  |  |              |  |       |  |  |  |           |   |    |   |  |  |          |   |   |   |  |  |
| <b>5</b>   | 310  |          |     |  |  |  |  |              |   |       |    |  |  |              |   |       |    |  |  |           |  |    |    |  |  |           |   |    |     |  |  |           |  |    |     |  |  |           |  |    |    |  |  |           |                             |    |     |  |  |              |  |       |  |  |  |              |  |       |  |  |  |           |   |    |   |  |  |          |   |   |   |  |  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(1)</b></td> <td style="text-align: center;">Total number of active participants at the beginning of the plan year</td> <td style="text-align: center;">6a(1)</td> <td style="text-align: right;">69</td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td style="text-align: center;">Total number of active participants at the end of the plan year</td> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">58</td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td style="text-align: center;">Retired or separated participants receiving benefits</td> <td style="text-align: center;">6b</td> <td style="text-align: right;">95</td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td style="text-align: center;">Other retired or separated participants entitled to future benefits</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">132</td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td style="text-align: center;">Subtotal. Add lines 6a(2), 6b, and 6c.</td> <td style="text-align: center;">6d</td> <td style="text-align: right;">285</td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td style="text-align: center;">Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</td> <td style="text-align: center;">6e</td> <td style="text-align: right;">20</td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td style="text-align: center;">Total. Add lines 6d and 6e.</td> <td style="text-align: center;">6f</td> <td style="text-align: right;">305</td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td style="text-align: center;"><b>6g(1)</b></td> <td style="text-align: center;">Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: center;">6g(1)</td> <td></td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td style="text-align: center;"><b>6g(2)</b></td> <td style="text-align: center;">Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: center;">6g(2)</td> <td></td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td style="text-align: center;">Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: center;">6h</td> <td style="text-align: right;">0</td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td style="text-align: center;"><b>7</b></td> <td style="text-align: center;">Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</td> <td style="text-align: center;">7</td> <td style="text-align: right;">1</td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> </table> |          |     |  |  |  |  | <b>6a(1)</b> | Total number of active participants at the beginning of the plan year | 6a(1) | 69 |  |  | <b>6a(2)</b> | Total number of active participants at the end of the plan year | 6a(2) | 58 |  |  | <b>6b</b> | Retired or separated participants receiving benefits | 6b | 95 |  |  | <b>6c</b> | Other retired or separated participants entitled to future benefits | 6c | 132 |  |  | <b>6d</b> | Subtotal. Add lines 6a(2), 6b, and 6c. | 6d | 285 |  |  | <b>6e</b> | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | 6e | 20 |  |  | <b>6f</b> | Total. Add lines 6d and 6e. | 6f | 305 |  |  | <b>6g(1)</b> | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | 6g(1) |  |  |  | <b>6g(2)</b> | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g(2) |  |  |  | <b>6h</b> | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | 0 |  |  | <b>7</b> | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | 1 |  |  |
|  |  |          |     |  |  |  |  |              |   |       |    |  |  |              |   |       |    |  |  |           |  |    |    |  |  |           |   |    |     |  |  |           |  |    |     |  |  |           |  |    |    |  |  |           |                             |    |     |  |  |              |  |       |  |  |  |              |  |       |  |  |  |           |   |    |   |  |  |          |   |   |   |  |  |
| <b>6a(1)</b>   | Total number of active participants at the beginning of the plan year  | 6a(1)    | 69  |  |  |  |  |              |   |       |    |  |  |              |   |       |    |  |  |           |  |    |    |  |  |           |   |    |     |  |  |           |  |    |     |  |  |           |  |    |    |  |  |           |                             |    |     |  |  |              |  |       |  |  |  |              |  |       |  |  |  |           |   |    |   |  |  |          |   |   |   |  |  |
| <b>6a(2)</b>   | Total number of active participants at the end of the plan year  | 6a(2)    | 58  |  |  |  |  |              |   |       |    |  |  |              |   |       |    |  |  |           |  |    |    |  |  |           |   |    |     |  |  |           |  |    |     |  |  |           |  |    |    |  |  |           |                             |    |     |  |  |              |  |       |  |  |  |              |  |       |  |  |  |           |   |    |   |  |  |          |   |   |   |  |  |
| <b>6b</b>  | Retired or separated participants receiving benefits   | 6b       | 95  |  |  |  |  |              |   |       |    |  |  |              |   |       |    |  |  |           |  |    |    |  |  |           |   |    |     |  |  |           |  |    |     |  |  |           |  |    |    |  |  |           |                             |    |     |  |  |              |  |       |  |  |  |              |  |       |  |  |  |           |   |    |   |  |  |          |   |   |   |  |  |
| <b>6c</b>  | Other retired or separated participants entitled to future benefits  | 6c       | 132 |  |  |  |  |              |   |       |    |  |  |              |   |       |    |  |  |           |  |    |    |  |  |           |   |    |     |  |  |           |  |    |     |  |  |           |  |    |    |  |  |           |                             |    |     |  |  |              |  |       |  |  |  |              |  |       |  |  |  |           |   |    |   |  |  |          |   |   |   |  |  |
| <b>6d</b>  | Subtotal. Add lines 6a(2), 6b, and 6c.   | 6d       | 285 |  |  |  |  |              |   |       |    |  |  |              |   |       |    |  |  |           |  |    |    |  |  |           |   |    |     |  |  |           |  |    |     |  |  |           |  |    |    |  |  |           |                             |    |     |  |  |              |  |       |  |  |  |              |  |       |  |  |  |           |   |    |   |  |  |          |   |   |   |  |  |
| <b>6e</b>  | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.   | 6e       | 20  |  |  |  |  |              |   |       |    |  |  |              |   |       |    |  |  |           |  |    |    |  |  |           |   |    |     |  |  |           |  |    |     |  |  |           |  |    |    |  |  |           |                             |    |     |  |  |              |  |       |  |  |  |              |  |       |  |  |  |           |   |    |   |  |  |          |   |   |   |  |  |
| <b>6f</b>  | Total. Add lines 6d and 6e.  | 6f       | 305 |  |  |  |  |              |   |       |    |  |  |              |   |       |    |  |  |           |  |    |    |  |  |           |   |    |     |  |  |           |  |    |     |  |  |           |  |    |    |  |  |           |                             |    |     |  |  |              |  |       |  |  |  |              |  |       |  |  |  |           |   |    |   |  |  |          |   |   |   |  |  |
| <b>6g(1)</b>   | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)   | 6g(1)    |     |  |  |  |  |              |   |       |    |  |  |              |   |       |    |  |  |           |  |    |    |  |  |           |   |    |     |  |  |           |  |    |     |  |  |           |  |    |    |  |  |           |                             |    |     |  |  |              |  |       |  |  |  |              |  |       |  |  |  |           |   |    |   |  |  |          |   |   |   |  |  |
| <b>6g(2)</b>   | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)   | 6g(2)    |     |  |  |  |  |              |   |       |    |  |  |              |   |       |    |  |  |           |  |    |    |  |  |           |   |    |     |  |  |           |  |    |     |  |  |           |  |    |    |  |  |           |                             |    |     |  |  |              |  |       |  |  |  |              |  |       |  |  |  |           |   |    |   |  |  |          |   |   |   |  |  |
| <b>6h</b>  | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested  | 6h       | 0   |  |  |  |  |              |   |       |    |  |  |              |   |       |    |  |  |           |  |    |    |  |  |           |   |    |     |  |  |           |  |    |     |  |  |           |  |    |    |  |  |           |                             |    |     |  |  |              |  |       |  |  |  |              |  |       |  |  |  |           |   |    |   |  |  |          |   |   |   |  |  |
| <b>7</b>   | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)  | 7        | 1   |  |  |  |  |              |   |       |    |  |  |              |   |       |    |  |  |           |  |    |    |  |  |           |   |    |     |  |  |           |  |    |     |  |  |           |  |    |    |  |  |           |                             |    |     |  |  |              |  |       |  |  |  |              |  |       |  |  |  |           |   |    |   |  |  |          |   |   |   |  |  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 3H 1I   | <b>b</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) |  |           |     |                          |  |     |                                     |       |     |                          |                               |  |     |                          |           |     |                          |  |     |                                     |       |     |                          |                               |
| <table style="width:100%;"> <tr> <td style="width:5%;">(1)</td> <td style="width:5%;"><input type="checkbox"/></td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td><input checked="" type="checkbox"/></td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>General assets of the sponsor</td> </tr> </table> | (1)   | <input type="checkbox"/>                   | Insurance | (2) | <input type="checkbox"/> | Code section 412(e)(3) insurance contracts | (3) | <input checked="" type="checkbox"/> | Trust | (4) | <input type="checkbox"/> | General assets of the sponsor | <table style="width:100%;"> <tr> <td style="width:5%;">(1)</td> <td style="width:5%;"><input type="checkbox"/></td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td><input checked="" type="checkbox"/></td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>General assets of the sponsor</td> </tr> </table> | (1) | <input type="checkbox"/> | Insurance | (2) | <input type="checkbox"/> | Code section 412(e)(3) insurance contracts | (3) | <input checked="" type="checkbox"/> | Trust | (4) | <input type="checkbox"/> | General assets of the sponsor |
| (1)  | <input type="checkbox"/>                                  | Insurance                                  |           |     |                          |  |     |                                     |       |     |                          |                               |  |     |                          |           |     |                          |  |     |                                     |       |     |                          |                               |
| (2)  | <input type="checkbox"/>                                  | Code section 412(e)(3) insurance contracts |           |     |                          |  |     |                                     |       |     |                          |                               |  |     |                          |           |     |                          |  |     |                                     |       |     |                          |                               |
| (3)  | <input checked="" type="checkbox"/>                       | Trust                                      |           |     |                          |  |     |                                     |       |     |                          |                               |  |     |                          |           |     |                          |  |     |                                     |       |     |                          |                               |
| (4)  | <input type="checkbox"/>                                  | General assets of the sponsor              |           |     |                          |  |     |                                     |       |     |                          |                               |  |     |                          |           |     |                          |  |     |                                     |       |     |                          |                               |
| (1)  | <input type="checkbox"/>                                  | Insurance                                  |           |     |                          |  |     |                                     |       |     |                          |                               |  |     |                          |           |     |                          |  |     |                                     |       |     |                          |                               |
| (2)  | <input type="checkbox"/>                                  | Code section 412(e)(3) insurance contracts |           |     |                          |  |     |                                     |       |     |                          |                               |  |     |                          |           |     |                          |  |     |                                     |       |     |                          |                               |
| (3)  | <input checked="" type="checkbox"/>                       | Trust                                      |           |     |                          |  |     |                                     |       |     |                          |                               |  |     |                          |           |     |                          |  |     |                                     |       |     |                          |                               |
| (4)  | <input type="checkbox"/>                                  | General assets of the sponsor              |           |     |                          |  |     |                                     |       |     |                          |                               |  |     |                          |           |     |                          |  |     |                                     |       |     |                          |                               |

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

|   |                                     |  |                                 |     |                                     |  |     |                          |  |     |                          |   |     |                          |   |   |     |                                     |                           |     |                          |  |     |                          |   |     |                                     |                                  |     |                          |  |     |                          |                                     |
|---|-------------------------------------|--|---------------------------------|-----|-------------------------------------|--|-----|--------------------------|--|-----|--------------------------|---|-----|--------------------------|---|---|-----|-------------------------------------|---------------------------|-----|--------------------------|--|-----|--------------------------|---|-----|-------------------------------------|----------------------------------|-----|--------------------------|--|-----|--------------------------|-------------------------------------|
| <b>a Pension Schedules</b>  | <b>b General Schedules</b>          |  |                                 |     |                                     |  |     |                          |  |     |                          |   |     |                          |   |   |     |                                     |                           |     |                          |  |     |                          |   |     |                                     |                                  |     |                          |  |     |                          |                                     |
| <table style="width:100%;"> <tr> <td style="width:5%;">(1)</td> <td style="width:5%;"><input checked="" type="checkbox"/></td> <td>R (Retirement Plan Information)</td> </tr> <tr> <td>(2)</td> <td><input checked="" type="checkbox"/></td> <td>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td>SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>DCG (Individual Plan Information) - Number Attached _____</td> </tr> <tr> <td>(5)</td> <td><input type="checkbox"/></td> <td>MEP (Multiple-Employer Retirement Plan Information)</td> </tr> </table> | (1)                                 | <input checked="" type="checkbox"/>  | R (Retirement Plan Information) | (2) | <input checked="" type="checkbox"/> | MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (3) | <input type="checkbox"/> | SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (4) | <input type="checkbox"/> | DCG (Individual Plan Information) - Number Attached _____ | (5) | <input type="checkbox"/> | MEP (Multiple-Employer Retirement Plan Information) | <table style="width:100%;"> <tr> <td style="width:5%;">(1)</td> <td style="width:5%;"><input checked="" type="checkbox"/></td> <td>H (Financial Information)</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>I (Financial Information - Small Plan)</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td>A (Insurance Information) - Number Attached _____</td> </tr> <tr> <td>(4)</td> <td><input checked="" type="checkbox"/></td> <td>C (Service Provider Information)</td> </tr> <tr> <td>(5)</td> <td><input type="checkbox"/></td> <td>D (DFE/Participating Plan Information)</td> </tr> <tr> <td>(6)</td> <td><input type="checkbox"/></td> <td>G (Financial Transaction Schedules)</td> </tr> </table> | (1) | <input checked="" type="checkbox"/> | H (Financial Information) | (2) | <input type="checkbox"/> | I (Financial Information - Small Plan) | (3) | <input type="checkbox"/> | A (Insurance Information) - Number Attached _____ | (4) | <input checked="" type="checkbox"/> | C (Service Provider Information) | (5) | <input type="checkbox"/> | D (DFE/Participating Plan Information) | (6) | <input type="checkbox"/> | G (Financial Transaction Schedules) |
| (1)   | <input checked="" type="checkbox"/> | R (Retirement Plan Information)  |                                 |     |                                     |  |     |                          |  |     |                          |   |     |                          |   |   |     |                                     |                           |     |                          |  |     |                          |   |     |                                     |                                  |     |                          |  |     |                          |                                     |
| (2)   | <input checked="" type="checkbox"/> | MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |                                 |     |                                     |  |     |                          |  |     |                          |   |     |                          |   |   |     |                                     |                           |     |                          |  |     |                          |   |     |                                     |                                  |     |                          |  |     |                          |                                     |
| (3)   | <input type="checkbox"/>            | SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               |                                 |     |                                     |  |     |                          |  |     |                          |   |     |                          |   |   |     |                                     |                           |     |                          |  |     |                          |   |     |                                     |                                  |     |                          |  |     |                          |                                     |
| (4)   | <input type="checkbox"/>            | DCG (Individual Plan Information) - Number Attached _____  |                                 |     |                                     |  |     |                          |  |     |                          |   |     |                          |   |   |     |                                     |                           |     |                          |  |     |                          |   |     |                                     |                                  |     |                          |  |     |                          |                                     |
| (5)   | <input type="checkbox"/>            | MEP (Multiple-Employer Retirement Plan Information)  |                                 |     |                                     |  |     |                          |  |     |                          |   |     |                          |   |   |     |                                     |                           |     |                          |  |     |                          |   |     |                                     |                                  |     |                          |  |     |                          |                                     |
| (1)   | <input checked="" type="checkbox"/> | H (Financial Information)  |                                 |     |                                     |  |     |                          |  |     |                          |   |     |                          |   |   |     |                                     |                           |     |                          |  |     |                          |   |     |                                     |                                  |     |                          |  |     |                          |                                     |
| (2)   | <input type="checkbox"/>            | I (Financial Information - Small Plan)   |                                 |     |                                     |  |     |                          |  |     |                          |   |     |                          |   |   |     |                                     |                           |     |                          |  |     |                          |   |     |                                     |                                  |     |                          |  |     |                          |                                     |
| (3)   | <input type="checkbox"/>            | A (Insurance Information) - Number Attached _____  |                                 |     |                                     |  |     |                          |  |     |                          |   |     |                          |   |   |     |                                     |                           |     |                          |  |     |                          |   |     |                                     |                                  |     |                          |  |     |                          |                                     |
| (4)   | <input checked="" type="checkbox"/> | C (Service Provider Information)   |                                 |     |                                     |  |     |                          |  |     |                          |   |     |                          |   |   |     |                                     |                           |     |                          |  |     |                          |   |     |                                     |                                  |     |                          |  |     |                          |                                     |
| (5)   | <input type="checkbox"/>            | D (DFE/Participating Plan Information)   |                                 |     |                                     |  |     |                          |  |     |                          |   |     |                          |   |   |     |                                     |                           |     |                          |  |     |                          |   |     |                                     |                                  |     |                          |  |     |                          |                                     |
| (6)   | <input type="checkbox"/>            | G (Financial Transaction Schedules)  |                                 |     |                                     |  |     |                          |  |     |                          |   |     |                          |   |   |     |                                     |                           |     |                          |  |     |                          |   |     |                                     |                                  |     |                          |  |     |                          |                                     |

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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.

---

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

---

|   |  |   |
|---|--|---|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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


|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>NEW JERSEY MAILERS LOCAL 1100 S-L/WSJ PENSION PLAN   | <b>B</b> Three-digit plan number (PN) ►                     | 062 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>LOCAL 1100 S-L/WSJ PENSION PLAN JOINT BOARD OF TRUSTEES | <b>D</b> Employer Identification Number (EIN)<br>22-3129844 |     |

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

**1a** Enter the valuation date:           Month 01   Day 01   Year 2024

|  |                 |            |
|--|-----------------|------------|
| <b>b</b> Assets  |                 |            |
| (1) Current value of assets .....  | <b>1b(1)</b>    | 14,550,228 |
| (2) Actuarial value of assets for funding standard account.....  | <b>1b(2)</b>    | 14,550,228 |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                   | <b>1c(1)</b>    | 16,528,895 |
| (2) Information for plans using spread gain methods:   |                 |            |
| (a) Unfunded liability for methods with bases .....  | <b>1c(2)(a)</b> |            |
| (b) Accrued liability under entry age normal method.....   | <b>1c(2)(b)</b> |            |
| (c) Normal cost under entry age normal method .....  | <b>1c(2)(c)</b> |            |
| (3) Accrued liability under unit credit cost method.....   | <b>1c(3)</b>    | 16,528,895 |
| <b>d</b> Information on current liabilities of the plan:   |                 |            |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions)..... | <b>1d(1)</b>    |            |
| (2) "RPA '94" information:   |                 |            |
| (a) Current liability .....  | <b>1d(2)(a)</b> | 26,233,478 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....               | <b>1d(2)(b)</b> |            |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                | <b>1d(2)(c)</b> | 1,078,840  |
| (3) Expected plan disbursements for the plan year .....  | <b>1d(3)</b>    | 1,078,840  |

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

|                  |   |   |
|------------------|---|---|
| <b>SIGN HERE</b> | <br>Signature of actuary | <u>09/10/2025</u><br>Date                                     |
|                  | GARY H. CEPPOS<br>Type or print name of actuary   | <u>2303421</u><br>Most recent enrollment number               |
|                  | CSB ASSOCIATES, INC.<br>Firm name   | <u>973-325-8441</u><br>Telephone number (including area code) |
|                  | 659 EAGLE ROCK AVENUE<br>WEST ORANGE NJ 07052<br>Address of the firm  |   |

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



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

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

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

**6** Checklist of certain actuarial assumptions:

**a** Interest rate for "RPA '94" current liability 6a 3.29%

|  | Pre-retirement               |  |                                      | Post-retirement                     |  |                              |
|--|------------------------------|--|--------------------------------------|-------------------------------------|--|------------------------------|
|  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A         | <input type="checkbox"/> Yes        | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>b</b> Rates specified in insurance or annuity contracts   | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    | <input type="checkbox"/>             | <input type="checkbox"/>            | <input checked="" type="checkbox"/>    | <input type="checkbox"/>     |
| <b>c</b> Mortality table code for valuation purposes:  |                              |  |                                      |                                     |  |                              |
| <b>(1)</b> Males   | 6c(1)                        |  | 10                                   | 10                                  |  |                              |
| <b>(2)</b> Females   | 6c(2)                        |  | 10                                   | 10                                  |  |                              |
| <b>d</b> Valuation liability interest rate   | 6d                           |  | 7.50%                                | 7.50%                               |  |                              |
| <b>e</b> Salary scale  | 6e                           |  | 0.00%                                | <input type="checkbox"/> N/A        |  |                              |
| <b>f</b> Withdrawal liability interest rate:   |                              |  |                                      |                                     |  |                              |
| <b>(1)</b> Type of interest rate   | 6f(1)                        |  | <input type="checkbox"/> Single rate | <input type="checkbox"/> ERISA 4044 | <input type="checkbox"/> Other         | <input type="checkbox"/> N/A |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate  | 6f(2)                        |  | %                                    |                                     |  |                              |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date                  | 6g                           |  | 15.4%                                |                                     |  |                              |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date                    | 6h                           |  | 15.4%                                |                                     |  |                              |
| <b>i</b> Expense load included in normal cost reported in line 9b  | 6i                           |  | <input type="checkbox"/> N/A         |                                     |  |                              |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage                     | 6i(1)                        |  | %                                    |                                     |  |                              |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | 6i(2)                        |  |                                      |                                     |  |                              |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box  | 6i(3)                        |  | <input type="checkbox"/>             |                                     |  |                              |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -1,134,535          | -119,561                       |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

**a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval 8a

**b** Demographic, benefit, and contribution information

**(1)** Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.  Yes  No

**(2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions).  Yes  No

**(3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.  Yes  No

**c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?  Yes  No

**d** If line c is "Yes," provide the following additional information:

**(1)** Was an extension granted automatic approval under section 431(d)(1) of the Code?  Yes  No

**(2)** If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. 8d(2)

**(3)** Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?  Yes  No

**(4)** If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). 8d(4)

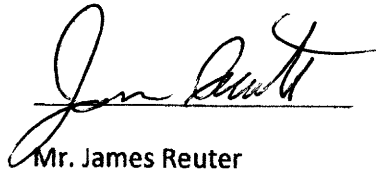
**(5)** If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension 8d(5)

**(6)** If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?  Yes  No

|   |                     |   |
|---|---------------------|---|
| <b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s) ..... | <b>8e</b>           |   |
| <b>9</b> Funding standard account statement for this plan year:   |                     |   |
| <b>Charges to funding standard account:</b>   |                     |   |
| <b>a</b> Prior year funding deficiency, if any.....   | <b>9a</b>           | 0   |
| <b>b</b> Employer's normal cost for plan year as of valuation date .....  | <b>9b</b>           | 0   |
| <b>c</b> Amortization charges as of valuation date:   |                     |   |
|   | Outstanding balance |   |
| <b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended .....   | <b>9c(1)</b>        | 5,797,570 738,185   |
| <b>(2)</b> Funding waivers .....  | <b>9c(2)</b>        |   |
| <b>(3)</b> Certain bases for which the amortization period has been extended .....  | <b>9c(3)</b>        |   |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....   | <b>9d</b>           | 55,364  |
| <b>e</b> Total charges. Add lines 9a through 9d .....   | <b>9e</b>           | 793,549   |
| <b>Credits to funding standard account:</b>   |                     |   |
| <b>f</b> Prior year credit balance, if any .....  | <b>9f</b>           |   |
| <b>g</b> Employer contributions. Total from column (b) of line 3 .....  | <b>9g</b>           | 288,896   |
| <b>h</b> Amortization credits as of valuation date:   |                     |   |
|   | Outstanding balance |   |
| <b>(1)</b> ERISA FFL (accrued liability FFL) .....  | <b>9h</b>           | 3,818,903 469,445   |
| <b>(2)</b> "RPA '94" override (90% current liability FFL) .....   | <b>9j(2)</b>        | 8,876,269   |
| <b>(3)</b> FFL credit .....   | <b>9j(3)</b>        | 0   |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....   | <b>9i</b>           | 35,208  |
| <b>j</b> Full funding limitation (FFL) and credits:   |                     |   |
| <b>(1)</b> ERISA FFL (accrued liability FFL) .....  | <b>9j(1)</b>        | 2,127,067   |
| <b>(2)</b> "RPA '94" override (90% current liability FFL) .....   | <b>9j(2)</b>        | 8,876,269   |
| <b>(3)</b> FFL credit .....   | <b>9j(3)</b>        | 0   |
| <b>k</b> (1) Waived funding deficiency.....   | <b>9k(1)</b>        | 0   |
| <b>(2)</b> Other credits.....   | <b>9k(2)</b>        | 0   |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....  | <b>9l</b>           | 793,549   |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....   | <b>9m</b>           |   |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....   | <b>9n</b>           |   |
| <b>o</b> Current year's accumulated reconciliation account:   |                     |   |
| <b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year .....  | <b>9o(1)</b>        | 0   |
| <b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:  |                     |   |
| <b>(a)</b> Reconciliation outstanding balance as of valuation date .....  | <b>9o(2)(a)</b>     | 0   |
| <b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....  | <b>9o(2)(b)</b>     | 0   |
| <b>(3)</b> Total as of valuation date .....   | <b>9o(3)</b>        | 0   |
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....   | <b>10</b>           |   |
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....   |                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |


**NEW JERSEY MAILERS LOCAL 1100-S-L/WSJ PENSION PLAN**  
**EIN - 22-3129844**  
**PN - 062**

The Plan Administrator and the Plan Sponsor of the New Jersey Mailers Local 1100-S-L/WSJ Pension Plan hereby authorize Gary Ceppos, our Plan Actuary, to electronically sign and submit the Form 5500, Schedules and Attachments for the 2024 filing year on our behalf.

 10-9-25

Mr. James Reuter  
Plan Administrator

Date

 10/9/25

Mr. Jeff Hnilo  
Plan Sponsor

Date

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

EIN/PN: 22-3129844/062

## Schedule MB, line 6 – Summary of Plan Provisions as of January 1, 2024

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

7. **Death Benefits**

a. *Before retirement*

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

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

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

8. **Employee Contributions** -- None

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

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

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)  
 EIN: 22-3129844 Plan No.: 062

December 31, 2024

| (a)  | (b)  | (c)      | (d)           | (e) |
|--|--|----------|---------------|-----|
| Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost     | Current Value |     |
|  | Shares   |          |               |     |
| <b>Common Stocks</b>                                   |  |          |               |     |
| WIX.COM LTD (WIX)                                      | 7  | \$ 1,899 | \$ 1,502      |     |
| AMN HEALTHCARE SERVICES (AMN)                          | 47   | 2,956    | 1,124         |     |
| ACUSHNET HOLDINGS CORP (GOLF)                          | 40   | 2,107    | 2,843         |     |
| ADDUS HOMECARE CORP (ADUS)                             | 31   | 2,707    | 3,886         |     |
| ADVANCED ENERGY INDS INC (AEIS)                        | 28   | 2,357    | 3,238         |     |
| AGREE RLTY CORP (ADC)                                  | 25   | 1,525    | 1,761         |     |
| ALAMO GROUP INC (ALG)                                  | 18   | 3,738    | 3,346         |     |
| AMETEK INC NEW (AME)                                   | 12   | 2,016    | 2,163         |     |
| ANSYS INC (ANSS)                                       | 5  | 1,591    | 1,687         |     |
| ARES MANAGEMENT CORP - A (ARES)                        | 26   | 2,620    | 4,603         |     |
| ATLANTIC UNION BANKSHARES CORP (AUB)                   | 103  | 2,812    | 3,902         |     |
| AUTODESK INC (ADSK)                                    | 12   | 2,912    | 3,547         |     |
| AVANOS MEDICAL INC (AVNS)                              | 137  | 3,955    | 2,181         |     |
| THE BALDWIN INSURANCE GROUP (BWIN)                     | 71   | 1,499    | 2,752         |     |
| AMBARELLA INC (AMB)                                    | 41   | 2,770    | 2,982         |     |
| ARCH CAPITAL GROUP LTD                                 | 65   | 2,977    | 6,003         |     |
| BALCHEM CORP CL B (BCPC)                               | 20   | 2,103    | 3,260         |     |
| BENCHMARK ELECT (BHE)                                  | 87   | 1,990    | 3,950         |     |
| WR BERKLEY CORP (WRB)                                  | 29   | 1,586    | 1,697         |     |
| BLACKBAUD INC (BLKB)                                   | 42   | 2,824    | 3,105         |     |
| BOOT BARN HOLDINGS INC (BOOT)                          | 33   | 1,106    | 5,010         |     |
| BROOKFIELD CORP (BN)                                   | 272  | 8,063    | 15,626        |     |
| BROOKFIELD INFRASTRUCTURE CORP (BIPC)                  | 206  | 7,514    | 8,242         |     |
| BROOKFIELD RENEWABLE CORP CL A                         | 87   | 3,704    | 2,406         |     |
| BROOKFIELD ASSET MGMT-A-W/I (BAM)                      | 59   | 1,539    | 3,197         |     |
| BROWN & BROWN INC (BRO)                                | 104  | 5,313    | 10,610        |     |
| CBRE GROUP INC (CBRE)                                  | 59   | 3,423    | 7,746         |     |
| CCC INTELLIGENT SOLUTIONS HO (CCCS)                    | 253  | 3,039    | 2,968         |     |
| CSW INDUSTRIALS INC (CSWI)                             | 10   | 766      | 3,528         |     |
| CTS CORP (CTS)   | 46   | 1,050    | 2,426         |     |
| CARETRUST REIT INC-W/I (CTRE)                          | 81   | 2,077    | 2,191         |     |
| CARMAX INC (KMX)                                       | 70   | 6,998    | 5,723         |     |
| CASS INFORMATION SYSTEMS INC. (CASS)                   | 48   | 1,888    | 1,964         |     |
| CHESAPEAKE UTILITIES CORP (CPK)                        | 20   | 1,862    | 2,427         |     |
| COHU INC (COHU)  | 91   | 2,768    | 2,430         |     |
| ENOVIS CORP (ENOV)                                     | 83   | 4,269    | 3,642         |     |
| COPART INC (CPRT)                                      | 255  | 6,539    | 14,634        |     |
| COSTAR GROUP INC (CSGP)                                | 123  | 10,135   | 8,806         |     |
| DIODES INC (DIOD)                                      | 43   | 2,721    | 2,652         |     |
| DOMINO'S PIZZA, INC. (DPZ)                             | 13   | 4,802    | 5,457         |     |
| DORMAN PRODUCTS INC (DORM)                             | 30   | 2,295    | 3,887         |     |
| ENERSYS (ENS)  | 35   | 2,703    | 3,235         |     |
| ENPRO INC (NPO)  | 27   | 2,744    | 4,656         |     |
| ENTEGRIS, INC (ENTG)                                   | 10   | 1,105    | 991           |     |
| ESCO TECHNOLOGIES INC (ESE)                            | 27   | 2,881    | 3,597         |     |
| EXLSERVICE HOLDINGS INC (EXLS)                         | 93   | 1,957    | 4,127         |     |
| FAIR ISAAC CORPORATION (FICO)                          | 5  | 7,484    | 9,955         |     |
| FASTENAL CO (FAST)                                     | 48   | 2,270    | 3,452         |     |
| FLOOR & DECOR HOLDINGS INC                             | 9  | 930      | 897           |     |

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

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)  
 EIN: 22-3129844 Plan No.: 062

December 31, 2024

| (a)   | (b)   | (c)      | (d)              | (e) |
|---|---|----------|------------------|-----|
| Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment,<br>Including Maturity Date, Rate of<br>Interest, Collateral,<br>Par, or Maturity Value | Cost     | Current<br>Value |     |
|   | Shares  |          |                  |     |
| <b>Common Stocks (cont.)</b>                              |   |          |                  |     |
| FRANKLIN ELECTRIC INC (FELE)                              | 26  | \$ 1,496 | \$ 2,534         |     |
| GALLAGHER ARTHUR J & CO                                   | 12  | 3,364    | 3,406            |     |
| GARTNER INC (IT)  | 15  | 3,590    | 7,267            |     |
| GRACO INC (GGG)   | 15  | 1,251    | 1,264            |     |
| HEICO CORP NEW (HEIA)                                     | 75  | 8,278    | 13,956           |     |
| HILTON WORLDWIDE HLDGS - W/I                              | 59  | 5,584    | 14,582           |     |
| HYATT HOTELS CORP (H)                                     | 18  | 980      | 2,826            |     |
| ICF INTERNATIONAL INC (ICFI)                              | 31  | 2,437    | 3,696            |     |
| IDACORP INC (IDA)   | 29  | 2,729    | 3,169            |     |
| IDEXX LABS INC (IDXX)                                     | 5   | 1,881    | 2,067            |     |
| INTEGER HOLDINGS CORPORATION (ITGR)                       | 42  | 3,771    | 5,566            |     |
| KKR & CO INC (KKR)  | 106   | 3,928    | 15,678           |     |
| KAISER ALUMINUM CORP (KALU)                               | 41  | 2,807    | 2,881            |     |
| K.FORCE INC (KFRC)  | 64  | 2,725    | 3,629            |     |
| KORN FERRY (KFY)  | 53  | 2,005    | 3,575            |     |
| LGI HOMES INC (LGIH)                                      | 27  | 2,941    | 2,414            |     |
| VITAL ENERGY INC (VTLE)                                   | 70  | 2,797    | 2,164            |     |
| LENNAR CORP (LEN)   | 38  | 2,976    | 5,182            |     |
| LIBERTY MEDIA CORP-LIB-NEW-C (FWONK)                      | 48  | 1,832    | 4,448            |     |
| LIBERTY MEDIA CORP-LIB-NEW-A (FWONA)                      | 19  | 1,177    | 1,597            |     |
| LIVE NATION ENTERTAINMENT INC (LYV)                       | 59  | 3,688    | 7,641            |     |
| LIVERAMP HOLDINGS INC (RAMP)                              | 76  | 2,389    | 2,308            |     |
| MSCI INC (MSCI)   | 11  | 5,180    | 6,600            |     |
| MARCUS & MILLICHAP INC (MMI)                              | 99  | 3,142    | 3,788            |     |
| MARKEL GROUP INC (MKL)                                    | 5   | 5,339    | 8,631            |     |
| MARTIN MARIETTA MATLS INC (MLM)                           | 14  | 5,048    | 7,231            |     |
| MERCANTILE BANK CORP (MBWM)                               | 43  | 1,126    | 1,913            |     |
| MICROCHIP TECHNOLOGY INC (MCHP)                           | 59  | 3,217    | 3,384            |     |
| MOELIS & CO (MC)  | 64  | 2,146    | 4,728            |     |
| MONARCH CASINO & RESORT INC                               | 41  | 2,843    | 3,235            |     |
| MOODY'S CORP (MCO)  | 5   | 1,582    | 2,367            |     |
| NV5 HOLDINGS INC (NVEE)                                   | 146   | 3,697    | 2,751            |     |
| NETSTREIT CORP (NTST)                                     | 136   | 2,110    | 1,924            |     |
| NORTHERN OIL AND GAS INC                                  | 91  | 2,872    | 3,382            |     |
| O REILLY AUTOMOTIVE INC (ORLY)                            | 11  | 5,626    | 13,044           |     |
| OLLIE'S BARGAIN OUTLET HOLDI (OLLI)                       | 40  | 2,964    | 4,389            |     |
| ORIGIN BANCORP INC (OBK)                                  | 69  | 2,775    | 2,297            |     |
| PATRICK INDUSTRIES INC (PATK)                             | 46  | 2,275    | 3,822            |     |
| PERIMETER SOLUTIONS INC (PRM)                             | 94  | 1,132    | 1,201            |     |
| POWER INTEGRATIONS INC (POWI)                             | 47  | 3,251    | 2,900            |     |
| PROCORE TECHNOLOGIES INC (PCOR)                           | 24  | 2,023    | 1,798            |     |
| PROGRESSIVE CORP OHIO (PGR)                               | 14  | 1,343    | 3,355            |     |
| ROPER TECHNOLOGIES INC (ROP)                              | 14  | 6,026    | 7,278            |     |
| ROSS STORES INC (ROST)                                    | 13  | 1,487    | 1,967            |     |
| RYAN SPECIALTY HOLDINGS INC (RYAN)                        | 14  | 921      | 898              |     |
| SBA COMMUNICATIONS CORP (SBAC)                            | 5   | 1,473    | 1,019            |     |
| SM ENERGY COMPANY (SM)                                    | 85  | 2,778    | 3,295            |     |
| SEACOAST BANKING CORP OF FLA                              | 99  | 3,028    | 2,725            |     |
| SELECTIVE INSURANCE GROUP INC (SIGI)                      | 46  | 2,864    | 4,302            |     |
| SIMULATIONS PLUS INC (SLP)                                | 61  | 2,211    | 1,701            |     |
| SOUTHSTATE CORPORATION (SSB)                              | 29  | 1,595    | 2,885            |     |

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

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)  
 EIN: 22-3129844 Plan No.: 062

December 31, 2024

| (a)  | (b)  | (c)                  | (d)                  | (e) |
|--|--|----------------------|----------------------|-----|
| Identity of Issuer, Borrower, Lessor, or Similar Party           | Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost                 | Current Value        |     |
|  | Shares   |                      |                      |     |
| <b>Common Stocks (cont.)</b>                                     |  |                      |                      |     |
| STEWART INFORMATION (STC)  | 50   | \$ 2,157             | \$ 3,375             |     |
| SUNSTONE HOTEL INVS INC NEW                                      | 200  | 2,310                | 2,368                |     |
| SUPERNUS PHARMACEUTICALS INC (SUPN)                              | 52   | 1,479                | 1,880                |     |
| TRANSDIGM GROUP INC (TDG)  | 12   | 7,131                | 15,207               |     |
| TYLER TECHNOLOGIES INC (TYL)                                     | 10   | 3,987                | 5,766                |     |
| UMB FINL CORP (UMBF)   | 29   | 1,791                | 3,273                |     |
| VAIL RESORTS INC (MTN)   | 13   | 2,637                | 2,437                |     |
| VEEVA SYSTEMS INC-CLASS A (VEEV)                                 | 26   | 4,926                | 5,467                |     |
| VERALTO CORP-W/I (VLTO)  | 8  | 824                  | 815                  |     |
| VERISIGN INC (VRSN)  | 5  | 1,024                | 1,035                |     |
| VERISK ANALYTICS INC (VRSK)                                      | 8  | 1,501                | 2,203                |     |
| VIAVI SOLUTIONS INC (VIAV)                                       | 192  | 1,984                | 1,939                |     |
| VULCAN MATERIALS CO (VMC)  | 43   | 6,220                | 11,061               |     |
| WASTE CONNECTIONS INC (WCN)                                      | 16   | 2,891                | 2,745                |     |
| WATERS CORP (WAT)  | 6  | 1,767                | 2,223                |     |
| <b>Total Common Stocks</b>                                       |  | <b>342,218</b>       | <b>488,468</b>       |     |
| <b>Registered Investment Company Exchange-Traded Funds</b>       |  |                      |                      |     |
| ISHARES CORE S&P 500 (IVV)                                       | 10,252   | 3,999,597            | 6,035,147            |     |
| ISHARES CORE US AGGREGATE BOND (AGG)                             | 4,350  | 431,828              | 421,515              |     |
| ISHARES INTERMEDIATE (GVI)                                       |  |                      |                      |     |
| GOVERNMENT/CREDIT BOND   | 8,282  | 889,113              | 863,233              |     |
| ISHARES MSCI INTL QUALITY (IQLT)                                 | 12,041   | 432,453              | 446,962              |     |
| ISHARES RUSSELL MID-CAP GROWTH (IWP)                             | 2,026  | 268,560              | 256,796              |     |
| ISHARES U S TREASURY BOND (GOVT)                                 | 21,551   | 495,826              | 495,242              |     |
| WISDOMTREE U.S. QUALITY DIVI (DGRW)                              | 5,626  | 362,400              | 455,312              |     |
| <b>Total Registered Investment Company Exchange-Traded Funds</b> |  | <b>6,879,777</b>     | <b>8,974,207</b>     |     |
| <b>Registered Investment Company Mutual Funds</b>                |  |                      |                      |     |
| FEDERATED HERMES GOVT OBLIG PREM SHS #117                        | 4,972  | 4,972                | 4,972                |     |
| FEDERATED HERMES GOVT OBLIG PREM SHS #117                        | 5,581  | 5,581                | 5,581                |     |
| FEDERATED HERMES GOVT OBLIG PREM SHS #117                        | 334,408  | 334,408              | 334,408              |     |
| BARON SMALL CAP FUND INSTITUTIONAL                               | 5,944  | 169,183              | 196,556              |     |
| DODGE & COX INCOME FUND (DODIX)                                  | 40,863   | 509,823              | 505,883              |     |
| AMG RR SM CAP VAL  | 12,421   | 192,911              | 200,846              |     |
| PGIM HIGH YIELD FUND (PHYQX)                                     | 62,953   | 333,385              | 300,284              |     |
| ARTISAN INTL SM/MID-INST   | 10,206   | 188,780              | 177,582              |     |
| VANGUARD INTERNATIONAL VALUE FUND #46                            | 13,564   | 505,947              | 509,601              |     |
| BAIRD INTERMEDIATE BD FD INSTL FD #70                            | 150,250  | 1,659,373            | 1,543,071            |     |
| HARBOR MID CAP VALUE   | 10,216   | 260,193              | 262,862              |     |
| WCM FOCUSED INTL GROWTH-INS                                      | 22,772   | 439,348              | 495,529              |     |
| TOUCHSTONE SANDS EM GR-R6  | 12,246   | 202,707              | 176,092              |     |
| MFS EMERGING MKTS DEBT FD-R6 (MEDHX)                             | 19,180   | 268,294              | 229,206              |     |
| OAKMARK INTL SM CAP-R6   | 9,858  | 180,764              | 175,182              |     |
| PZENA EMERG MKTS VALUE-INST                                      | 15,323   | 156,146              | 182,037              |     |
| SEAFARER OVERSEAS GROWTH & INCOME INSTL CLASS FD # 11602         | 17,643   | 224,514              | 205,007              |     |
| <b>Total Registered Investment Company Mutual Funds</b>          |  | <b>5,636,329</b>     | <b>5,504,699</b>     |     |
| <b>Total</b>   |  | <b>\$ 12,858,324</b> | <b>\$ 14,967,374</b> |     |

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

**SCHEDULE MB ATTACHMENT**

**Lines 9c and 9h - Funding Standard Account Bases as of January 1, 2024**

| <u>Date Established</u> | <u>Description</u> | <u>Original Amount</u> | <u>Amortization</u>    |               | <u>Unamortized Balance, 1/1/24</u> |
|-------------------------|--------------------|------------------------|------------------------|---------------|------------------------------------|
|                         |                    |                        | <u>Years Remaining</u> | <u>Amount</u> |                                    |
| <b><u>Line 9c</u></b>   |                    |                        |                        |               |                                    |
| 1/1/2015                | Experience Loss    | 32,976                 | 6                      | 3,475         | 17,536                             |
| 1/1/2016                | Experience Loss    | 953,382                | 7                      | 100,471       | 572,064                            |
| 1/1/2017                | Experience Loss    | 783,652                | 8                      | 82,584        | 519,998                            |
| 1/1/2019                | Experience Loss    | 1,873,107              | 10                     | 197,394       | 1,456,550                          |
| 1/1/2022                | Experience Loss    | 36,598                 | 13                     | 3,857         | 33,691                             |
| 1/1/2023                | Experience Loss    | 3,325,037              | 14                     | 350,404       | 3,197,731                          |
| <b><u>Line 9h</u></b>   |                    |                        |                        |               |                                    |
| 1/1/2018                | Experience Gain    | (997,142)              | 9                      | (105,082)     | (720,582)                          |
| 1/1/2020                | Experience Gain    | (1,510,412)            | 11                     | (159,173)     | (1,251,746)                        |
| 1/1/2021                | Experience Gain    | (812,547)              | 12                     | (85,629)      | (712,040)                          |
| 1/1/2024                | Experience Gain    | (1,134,535)            | 15                     | (119,561)     | (1,134,535)                        |
| <b><u>Total</u></b>     |                    |                        |                        | 268,740       | 1,978,667                          |