

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

Part II Basic Plan Information—enter all requested information

1a Name of plan PHILADELPHIA MEDIA NETWORK NEWSPAPERS LLC / GCC PRESSMEN'S LOCAL 16N HEALTH & WELFARE FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 09/02/1967
2a Plan sponsor's name (employer, if for a single-employer plan) PHILA MEDIA NETWORK NEWSPAPERS LLC GCC PRESSMEN'S LOCAL 16N WELFARE FUND
2b Employer Identification Number (EIN) 23-6423010
2c Plan Sponsor's telephone number 484-328-8111
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, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																																																																																														
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																																																																																																														
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">148</td> </tr> </table>	5	148																																																																																																												
5	148																																																																																																														
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											6a(1)									0	6a(2)									0	6b									0	6c										6d									0	6e										6f										6g(1)										6g(2)										6h									
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7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td></td> </tr> </table>	7																																																																																																													
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input 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)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>5</u> (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)

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan PHILADELPHIA MEDIA NETWORK NEWSPAPERS LLC / GCC PRESSMEN'S LOCAL 16N HEALTH & WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PHILA MEDIA NETWORK NEWSPAPERS LLC</p>	<p>D Employer Identification Number (EIN) 23-6423010</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	95109	0879074	0	08/01/2023	07/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	13075
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

1 Coverage Information:

(a) Name of insurance carrier
DEARBORN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2598882	71129	F008965	0	08/01/2023	07/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	22609
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan PHILADELPHIA MEDIA NETWORK NEWSPAPERS LLC / GCC PRESSMEN'S LOCAL 16N HEALTH & WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PHILA MEDIA NETWORK NEWSPAPERS LLC</p>	<p>D Employer Identification Number (EIN) 23-6423010</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
INDEPENDENCE BLUE CROSS RX

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
		215710100	0	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	93109
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan PHILADELPHIA MEDIA NETWORK NEWSPAPERS LLC / GCC PRESSMEN'S LOCAL 16N HEALTH & WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PHILA MEDIA NETWORK NEWSPAPERS LLC</p>	<p>D Employer Identification Number (EIN) 23-6423010</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
INDEPENDENCE BLUE CROSS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
		1571010001	0	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	147908
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan PHILADELPHIA MEDIA NETWORK NEWSPAPERS LLC / GCC PRESSMEN'S LOCAL 16N HEALTH & WELFARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PHILA MEDIA NETWORK NEWSPAPERS LLC		D Employer Identification Number (EIN) 23-6423010	

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	95109	000295-250-PA01	0	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
--	---

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	5154
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan PHILADELPHIA MEDIA NETWORK NEWSPAPERS LLC / GCC PRESSMEN'S LOCAL 16N HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PHILA MEDIA NETWORK NEWSPAPERS LLC	D Employer Identification Number (EIN) 23-6423010	

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

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(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

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)

BACHELER & COMPANY, PC

400 S KINGS HIGHWAY
CHERRY HILL, NJ 08034

23-2978066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	5750	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERANZE KATZ AND GAUDIOSO

121 S BROAD STREET
PHILADELPHIA, PA 19107

23-2943773

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	5500	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PHILADELPHIA MEDIA NETWORK NEWSPAPERS LLC / GCC PRESSMEN'S LOCAL 16N HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PHILA MEDIA NETWORK NEWSPAPERS LLC	D Employer Identification Number (EIN) 23-6423010

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	15049	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	427	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	240	0
(2) U.S. Government securities	1c(2)	9882	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	42484	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	68082	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	11352	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	11352	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	56730	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	255488	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		255488
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	230	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		230
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1018	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1018
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	109267	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	107656	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1611
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		258347

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11166	
(2) To insurance carriers for the provision of benefits	2e(2)	281856	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		293022
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2400	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	900	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	5500	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	13255	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		22055
j Total expenses. Add all expense amounts in column (b) and enter total	2j		315077

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-56730
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BACHELER & COMPANY, P.C.**

(2) EIN: **23-2978066**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

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



INDEPENDENT AUDITOR'S REPORT

Trustees of Philadelphia Media Network Newspapers, LLC./GCC
Pressmen's Local 16N Health and Welfare Fund
Philadelphia, Pennsylvania

Opinion

We have audited the accompanying financial statements of the Philadelphia Media Network Newspapers, LLC./GCC Pressmen's Local 16N Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits, and schedule of expenses deducted from net assets, for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Philadelphia Media Network Newspapers, LLC./GCC Pressmen's Local 16N Health and Welfare Fund as of December 31, 2024 and 2023, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Philadelphia Media Network Newspapers, LLC./GCC Pressmen's Local 16N Health and Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Philadelphia Media Network Newspapers, LLC./GCC Pressmen's Local 16N Health and Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- * Exercise professional judgment and maintain professional skepticism throughout the audit.
- * Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- * Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Philadelphia Media Network Newspapers, LLC./GCC Pressmen's Local 16N Health and Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- * Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- * Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Philadelphia Media Network Newspapers, LLC./GCC Pressmen's Local 16N Health and Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Bachelor & Company

Cherry Hill, New Jersey
October 7, 2025





400 South Kings Highway, Cherry Hill, New Jersey 08034



INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION

Trustees of Philadelphia Media Network Newspapers, LLC./GCC
Pressmen's Local 16N Health and Welfare Fund
Philadelphia, Pennsylvania

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of reportable transactions for the year ended December 31, 2024 (Schedule A), is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule including its form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bachelier & Company

Cherry Hill, New Jersey
October 7, 2025

PHILADELPHIA MEDIA NETWORK NEWSPAPERS, LLC./GCC

PRESSMEN'S LOCAL 16N HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024



PHILADELPHIA MEDIA NETWORK NEWSPAPERS, LLC./GCC

PRESSMEN'S LOCAL 16N HEALTH AND WELFARE FUND

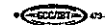
FINANCIAL STATEMENTS

DECEMBER 31, 2024

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INDEPENDENT AUDITOR'S REPORT

Trustees of Philadelphia Media Network Newspapers, LLC./GCC
Pressmen's Local 16N Health and Welfare Fund
Philadelphia, Pennsylvania

Opinion

We have audited the accompanying financial statements of the Philadelphia Media Network Newspapers, LLC./GCC Pressmen's Local 16N Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits, and schedule of expenses deducted from net assets, for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Philadelphia Media Network Newspapers, LLC./GCC Pressmen's Local 16N Health and Welfare Fund as of December 31, 2024 and 2023, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Philadelphia Media Network Newspapers, LLC./GCC Pressmen's Local 16N Health and Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Philadelphia Media Network Newspapers, LLC./GCC Pressmen's Local 16N Health and Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- * Exercise professional judgment and maintain professional skepticism throughout the audit.
- * Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- * Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Philadelphia Media Network Newspapers, LLC./GCC Pressmen's Local 16N Health and Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- * Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- * Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Philadelphia Media Network Newspapers, LLC./GCC Pressmen's Local 16N Health and Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Bachelor & Company

Cherry Hill, New Jersey
October 7, 2025



PHILADELPHIA MEDIA NETWORK NEWSPAPERS, LLC./GCC
PRESSMEN'S LOCAL 16N HEALTH AND WELFARE FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<u>Assets</u>		
INVESTMENTS, at fair value		
Equities	\$ -	\$ 42,484
U.S. Treasury Notes	-	9,882
Money market funds	-	240
	-	52,606
Total Investments	-	52,606
RECEIVABLES		
Accrued interest and dividends	-	227
PREPAID EXPENSES	-	200
CASH - NONINTEREST BEARING		
Checking account and broker cash account	-	15,049
	-	68,082
Total Assets	-	68,082
<u>Liabilities</u>		
ACCRUED EXPENSES	-	11,352
Total Liabilities	-	11,352
Net Assets Available for Benefits	\$ -	\$ 56,730

See notes to financial statements.



PHILADELPHIA MEDIA NETWORK NEWSPAPERS, LLC./GCCPRESSMEN'S LOCAL 16N HEALTH AND WELFARE FUNDSTATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITSFOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income:		
Interest and dividends	\$ 1,248	\$ 2,154
Net appreciation in fair value of investments	1,611	1,265
Less investment manager's fee	<u>(900)</u>	<u>(1,200)</u>
Net Investment Income	<u>1,959</u>	<u>2,219</u>
Contributions:		
Individual participants	<u>255,488</u>	<u>272,195</u>
Total Contributions	<u>255,488</u>	<u>272,195</u>
Total Additions	<u>257,447</u>	<u>274,414</u>
DEDUCTIONS		
Premiums and benefits paid to or for participants	293,022	322,400
Administrative expenses	<u>21,157</u>	<u>24,912</u>
Total Deductions	<u>314,179</u>	<u>347,312</u>
Net Increase (Decrease) in Net Assets Available for Benefits	(56,730)	(72,896)
Net Assets Available for Benefits:		
At the beginning of the year	<u>56,730</u>	<u>129,626</u>
At the end of the year	<u>\$ -</u>	<u>\$ 56,730</u>

See notes to financial statements.



PHILADELPHIA MEDIA NETWORK NEWSPAPERS, LLC./GCCPRESSMEN'S LOCAL 16N HEALTH AND WELFARE FUNDSTATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITSSCHEDULES OF EXPENSES DEDUCTED FROM NET ASSETSFOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
PREMIUMS AND BENEFITS PAID TO OR FOR PARTICIPANTS		
Insurance payments for health benefits	\$ 153,062	\$ 161,236
Insurance payments for dental benefits	13,075	17,813
Insurance payments for prescription benefits	93,109	101,340
Life insurance	22,609	33,207
Benefits paid to participants	<u>11,167</u>	<u>8,804</u>
Total Benefits Paid to or for Participants	<u>\$ 293,022</u>	<u>\$ 322,400</u>
ADMINISTRATIVE EXPENSES		
Fund administration - fund manager	\$ 2,400	\$ 2,400
Legal counsel	5,500	5,500
Audit and special audits	5,750	5,750
Fidelity bond and fiduciary responsibility insurance	3,844	3,740
Telephone	1,072	2,511
Trustee expenses	265	947
Computer expense	-	38
Office, printing, postage and miscellaneous	174	872
Record storage	1,558	1,664
Dues	<u>594</u>	<u>1,490</u>
Total Administrative Expenses	<u>\$ 21,157</u>	<u>\$ 24,912</u>

See notes to financial statements.



PHILADELPHIA MEDIA NETWORK NEWSPAPERS, LLC./GCCPRESSMEN'S LOCAL 16N HEALTH AND WELFARE FUNDSTATEMENTS OF PLAN BENEFIT OBLIGATIONSDECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE		
Post-employment benefit obligations	\$ -	\$ -
Total Benefit Obligations	<u>\$ -</u>	<u>\$ -</u>

STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONSFOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE		
Balance at the beginning of the year	\$ -	\$ -
Benefits paid	<u>-</u>	<u>-</u>
Total Benefit Obligations at End of the Year	<u>\$ -</u>	<u>\$ -</u>

See notes to financial statements.



PHILADELPHIA MEDIA NETWORK NEWSPAPERS, LLC./GCCPRESSMEN'S LOCAL 16N HEALTH AND WELFARE FUNDNOTES TO FINANCIAL STATEMENTSDECEMBER 31, 2024NOTE 1. Description of the Plan

The following description of the Philadelphia Media Network Newspapers, LLC./GCC Pressmen's Local 16N Health and Welfare Fund (the "Plan" or "Health and Welfare Fund" or "Fund") provides only general information about the Plan's provisions. Participants should refer to the plan document for a complete description of the Plan's provisions, copies of which may be obtained from the fund office.

General:

The Plan provides health and other benefits to eligible members and retirees of PPPWU Local 16N (the "Local") and their dependents. The plan and related trust were established on September 2, 1967 pursuant to a collective bargaining agreement between the local and Philadelphia Newspapers, Inc. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Employer contributions ceased during 2021. The Local intends to continue to collect contributions from individual participants and to continue to provide those individual participants with benefits.

Benefits:

The Plan provides health benefits (medical, dental, and prescription drugs) and life insurance. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Insured Benefits:

The Plan provided medical, dental, prescription and life insurance benefits through insurance contracts.

Experience-rated Contracts:

Certain insurance contracts are subject to experience-rating adjustments. Experience ratings (calculated as the difference between premiums paid and the total of claims paid and fees charged by the insurance company) are determined by the insurance company in the following year and may result in a premium surplus or deficit.

Self-insured Benefits:

Reimbursements directly to participants for health care costs that are not paid by insurance carriers are self-insured.



NOTES TO FINANCIAL STATEMENTS – ContinuedNOTE 1. Description of the Plan - continued

Contributions:

The participating employer and participants contribute to the Plan pursuant to the current collective bargaining agreement between the Employer and the Local. The contributions by the Employer was 1) a flat monthly contribution for the life insurance benefit and 2) an additional amount based on shifts worked or paid. Employer contributions ceased during 2021. The Local intends to continue to collect contributions from individual participants and to continue to provide those individual participants with benefits.

NOTE 2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates:

The accompanying financial statements have been prepared using the accrual basis of accounting. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Payment of Benefits:

Premiums paid by the Plan are recorded as premium payments in the accompanying statements of changes in net assets available for benefits.

Investment Valuation and Income Recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment custodians. See Note 7 for a discussion of fair value measurement.

Subsequent Events:

Plan management has evaluated subsequent events through October 7, 2025, the date the financial statements were available to be issued.



NOTES TO FINANCIAL STATEMENTS – ContinuedNOTE 3. Administrative Expenses

The Plan pays administrative expenses, as allowed by the plan document, that consist primarily of fees paid to third-party claims administrators and other professional service fees. See the statements of changes in net assets for a detail of the other professional service fees paid by the Plan.

NOTE 4. Postretirement and Postemployment Benefit Obligations

A postretirement benefit obligation has been recognized for retiree medical benefits for certain retired participants. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits. The obligations represent the amounts that are expected to be funded out of the Plan's assets. The retired participants are eligible to receive up to \$50 per month as reimbursement for medical expenses. A calculation has been made by Fund management and this value is shown in the Statements of Benefit Obligations for 2024 and 2023 and the related Statements of Changes in Benefit Obligations for the respective years then ended. The calculated amount covers a closed group of retirees who retired prior to 1993 and their dependents. As of December 31, 2024, there is no one remaining who is entitled to this benefit.

NOTE 5. Income Tax Status

The trust funding certain benefits of the Plan received an exemption letter from the IRS, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the IRC. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 or 2023 for unrelated business taxable income.

In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan's management and legal counsel believe that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the related trust is tax-exempt.

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

NOTE 6. Party-in-Interest and Related-Party Transactions

Plan assets are invested in a trust fund managed by the custodian. The Plan has several arrangements with service providers. These transactions are party in interest transactions under ERISA.



NOTES TO FINANCIAL STATEMENTS -- ContinuedNOTE 7. Fair Value Measurements

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2 Inputs to the valuation methodology include; quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

US Government and agency securities, municipal obligations, corporate obligations, and common stocks: Valued at the closing price reported in the active market in which the individual security is traded.

Money market funds, mutual funds and exchange traded funds (ETFs): Valued at the daily closing price as reported by the fund. Mutual funds and ETFs held by the Plan are open-ended funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. These funds are also deemed to be actively traded.

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



NOTES TO FINANCIAL STATEMENTS - ContinuedNOTE 7. Fair Value Measurements - continued

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	Fair Value Measurement			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
December 31, 2024:				
Investments, at fair value:				
Equities	\$ -	\$ -	\$ -	\$ -
U.S. Treasury Notes	-	-	-	-
Money Market Funds	-	-	-	-
Total Investments	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

For the year ended December 31, 2024, there were no transfers in or out of levels 1, 2 or 3.

December 31, 2023:

Investments, at fair value:				
Equities	\$ 42,484	\$ -	\$ -	\$ 42,484
U.S. Treasury Notes	9,882	-	-	9,882
Money Market Funds	240	-	-	240
Total Investments	<u>\$ 52,606</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 52,606</u>

For the year ended December 31, 2023, there were no transfers in or out of levels 1, 2 or 3.

NOTE 8. Termination of the Plan

The Plan's board of trustees terminated the plan on December 31, 2024.

NOTE 9. Risks and Uncertainties

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



NOTES TO FINANCIAL STATEMENTS – ContinuedNOTE 10. Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	<u>\$ -</u>	<u>\$ 56,730</u>
Net assets available for benefits per the Form 5500	<u>\$ -</u>	<u>\$ 56,730</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Benefits paid to or for participants per the financial statements	<u>\$ 293,022</u>	<u>\$ 322,400</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 293,022</u>	<u>\$ 322,400</u>





INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION

Trustees of Philadelphia Media Network Newspapers, LLC./GCC
Pressmen's Local 16N Health and Welfare Fund
Philadelphia, Pennsylvania

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of reportable transactions for the year ended December 31, 2024 (Schedule A), is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule including its form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bachelor & Company

Cherry Hill, New Jersey
October 7, 2025

PHILADELPHIA MEDIA NETWORK NEWSPAPERS, LLC./GCC
PRESSMEN'S LOCAL 16N HEALTH AND WELFARE FUND

SCHEDULE B

SCHEDULE OF REPORTABLE TRANSACTIONS - FORM 5500, SCHEDULE H, LINE 4(j)

FOR THE YEAR ENDED DECEMBER 31, 2024

EIN: 23-6423010, Plan 501

Schedule of Single Investment Transactions Exceeding 5% of Net Assets

(a) Identity of Party	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(g) Cost of Asset	(h) Current Value	(i) Net Gain (Loss)
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See Attached Schedule

Schedule of Series of Transactions Exceeding 5% of Net Assets

(a) Identity of Party	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(g) Cost of Asset	(h) Current Value	(i) Net Gain (Loss)
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See Attached Schedule





275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
PNI PRESSMAN LOC 16 HEALTH & WELFARE
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 59
ACCOUNT NUMBER: 1000566

TRANSACTIONS OF A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE
CURRENT VALUE OF THE PLAN'S ASSETS AS OF THE BEGINNING OF THE PLAN
YEAR AS DEFINED IN SECTION 2520.103-6 OF THE DEPARTMENT OF LABOR
RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.
BEGINNING MARKET VALUE: 52,605.27

CATEGORY 1 - 5% TRANSACTIONS BY SECURITY - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT									
BUY	01/08/24	01/08/24	9,999.04	1.00	9,999		9,999	9,999		19.01%
SELL	04/04/24	04/04/24	2,899.66	1.00	2,900		2,900	2,900		5.51%
BUY	06/13/24	06/13/24	5,511.73	1.00	5,512		5,512	5,512		10.48%
BUY	08/20/24	08/20/24	3,243.83	1.00	3,244		3,244	3,244		6.17%
SELL	08/21/24	08/21/24	3,844.00	1.00	3,844		3,844	3,844		7.31%
BUY	09/04/24	09/04/24	8,597.99	1.00	8,598		8,598	8,598		16.34%
SELL	09/05/24	09/05/24	7,117.50	1.00	7,118		7,118	7,118		13.53%
BUY	11/06/24	11/06/24	5,446.47	1.00	5,446		5,446	5,446		10.35%
BUY	12/13/24	12/13/24	20,979.02	1.00	20,979		20,979	20,979		39.88%
SELL	12/20/24	12/20/24	20,651.22	1.00	20,651		20,651	20,651		-39.26%
SELL	12/30/24	12/30/24	4,220.36	1.00	4,220		4,220	4,220		8.02%
EQUITIES										
464287176	ISHARES TIPS BOND ETF									
SELL	08/19/24	08/20/24	30.00	108.46	3,254	10	3,244	3,333	89-	6.17%
	CHARLES SCHWAB & CO., INC. - 00164									
SELL	08/30/24	09/03/24	79.00	108.97	8,608	10	8,598	8,777	179-	16.34%
	CHARLES SCHWAB & CO., INC. - 00164									
SELL	12/12/24	12/13/24	56.00	108.08	6,052	10	6,042	6,221	179-	11.49%
	CHARLES SCHWAB & CO., INC. - 00164									
867224107	SUNCOR ENERGY INC NEW COM									
SELL	06/12/24	06/13/24	117.00	38.50	4,504	10	4,494	3,835	659	8.54%
	CHARLES SCHWAB & CO., INC. - 00164									
GOVERNMENT & AGENCIES										
91282CFG1	U.S. TREASURY NOTES 3.25% 08/31/2024									
SELL	01/05/24	01/08/24	10,000.00	98.83	9,883		9,883	9,827	56	18.79%
	CHARLES SCHWAB & CO., INC. - 00164									
CATEGORY TOTAL							40	124,772	124,504	268



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
PNI PRESSMAN LOC 16 HEALTH & WELFARE
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 62
ACCOUNT NUMBER: 1000566

BEGINNING MARKET VALUE: 52,605.27

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD.	TRADE DATE	THEO. SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										209.77%
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT									
BUY	01/02/24	01/02/24	1.51	1.00		2	2		2	
BUY	01/04/24	01/04/24	66.56	1.00		67	67		67	
BUY	01/08/24	01/08/24	9,999.04	1.00	9,999		9,999		9,999	
BUY	01/25/24	01/25/24	35.87	1.00		36	36		36	
BUY	02/01/24	02/01/24	39.18	1.00		39	39		39	
BUY	02/23/24	02/23/24	35.51	1.00		36	36		36	
BUY	03/01/24	03/01/24	56.72	1.00		57	57		57	
BUY	03/06/24	03/06/24	6.75	1.00		7	7		7	
BUY	03/25/24	03/25/24	54.20	1.00		54	54		54	
BUY	04/05/24	04/05/24	10.70	1.00		11	11		11	
BUY	04/16/24	04/16/24	35.22	1.00		35	35		35	
BUY	05/07/24	05/07/24	121.98	1.00	122		122		122	
BUY	05/16/24	05/16/24	166.30	1.00	166		166		166	
BUY	05/22/24	05/22/24	10.50	1.00		11	11		11	
BUY	05/24/24	05/24/24	35.51	1.00		36	36		36	
BUY	06/03/24	06/03/24	1.81	1.00		2	2		2	
BUY	06/05/24	06/05/24	7.50	1.00		8	8		8	
BUY	06/07/24	06/07/24	119.92	1.00	120		120		120	
BUY	06/13/24	06/13/24	5,511.73	1.00	5,512		5,512		5,512	
BUY	06/14/24	06/14/24	26.46	1.00		26	26		26	
BUY	06/26/24	06/26/24	39.64	1.00		40	40		40	
BUY	07/02/24	07/02/24	10.48	1.00		10	10		10	
BUY	07/05/24	07/05/24	72.12	1.00		72	72		72	
BUY	07/11/24	07/11/24	37.53	1.00		38	38		38	
BUY	08/01/24	08/01/24	20.59	1.00		21	21		21	
BUY	08/06/24	08/06/24	28.58	1.00		29	29		29	
BUY	08/20/24	08/20/24	3,243.83	1.00	3,244		3,244		3,244	
BUY	08/22/24	08/22/24	10.50	1.00		11	11		11	
BUY	08/23/24	08/23/24	28.00	1.00		28	28		28	
BUY	09/03/24	09/03/24	32.54	1.00		33	33		33	
BUY	09/04/24	09/04/24	8,597.99	1.00	8,598		8,598		8,598	
BUY	09/06/24	09/06/24	1.68	1.00		2	2		2	
BUY	10/01/24	10/01/24	6.23	1.00		6	6		6	
BUY	10/04/24	10/04/24	6.81	1.00		7	7		7	
BUY	10/11/24	10/11/24	38.78	1.00		39	39		39	
BUY	11/01/24	11/01/24	11.83	1.00		12	12		12	
BUY	11/06/24	11/06/24	5,446.47	1.00	5,446		5,446		5,446	
BUY	11/22/24	11/22/24	38.50	1.00		39	39		39	
BUY	12/02/24	12/02/24	41.13	1.00		41	41		41	
BUY	12/04/24	12/04/24	4.50	1.00		5	5		5	
BUY	12/05/24	12/05/24	10.63	1.00		11	11		11	
BUY	12/13/24	12/13/24	20,979.02	1.00	20,979		20,979		20,979	



276 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
PNI PRESSMAN, LOC: 16 HEALTH & WELFARE
TRADE DATE:
FROM 01/01/24 TO 12/31/24

ACCOUNT NUMBER: PAGE 63
1000566

BEGINNING MARKET VALUE: 52,605.27

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS (CONT)										209.77%
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT			(CONT)						
SUB-TOTAL BUYS				TXN CNT:	42		55,057	55,057		
SELL	01/09/24	01/09/24	966.65	1.00	967		967	967		
SELL	01/16/24	01/16/24	773.32	1.00	773		773	773		
SELL	01/18/24	01/18/24	200.00	1.00	200		200	200		
SELL	02/09/24	02/09/24	773.32	1.00	773		773	773		
SELL	02/21/24	02/21/24	200.00	1.00	200		200	200		
SELL	02/22/24	02/22/24	1,364.50	1.00	1,365		1,365	1,365		
SELL	03/13/24	03/13/24	966.65	1.00	967		967	967		
SELL	03/20/24	03/20/24	200.00	1.00	200		200	200		
SELL	03/26/24	03/26/24	14.31	1.00	14		14	14		
SELL	04/01/24	04/01/24	275.93	1.00	276		276	276		
SELL	04/04/24	04/04/24	2,899.66	1.00	2,900		2,900	2,900		
SELL	04/10/24	04/10/24	773.32	1.00	773		773	773		
SELL	05/01/24	05/01/24	183.41	1.00	183		183	183		
SELL	05/08/24	05/08/24	500.00	1.00	500		500	500		
SELL	05/13/24	05/13/24	612.03	1.00	612		612	612		
SELL	05/30/24	05/30/24	200.00	1.00	200		200	200		
SELL	06/17/24	06/17/24	1,675.00	1.00	1,675		1,675	1,675		
SELL	06/27/24	06/27/24	1,166.65	1.00	1,167		1,167	1,167		
SELL	07/17/24	07/17/24	773.32	1.00	773		773	773		
SELL	07/24/24	07/24/24	200.00	1.00	200		200	200		
SELL	08/14/24	08/14/24	966.65	1.00	967		967	967		
SELL	08/21/24	08/21/24	3,844.00	1.00	3,844		3,844	3,844		
SELL	08/28/24	08/28/24	200.00	1.00	200		200	200		
SELL	09/05/24	09/05/24	7,117.50	1.00	7,118		7,118	7,118		
SELL	09/18/24	09/18/24	807.60	1.00	808		808	808		
SELL	09/20/24	09/20/24	200.00	1.00	200		200	200		
SELL	09/30/24	09/30/24	300.00	1.00	300		300	300		
SELL	11/07/24	11/07/24	807.60	1.00	808		808	808		
SELL	11/20/24	11/20/24	1,409.50	1.00	1,410		1,410	1,410		
SELL	12/12/24	12/12/24	47.71	1.00	48		48	48		
SELL	12/20/24	12/20/24	20,651.22	1.00	20,651		20,651	20,651		
SELL	12/30/24	12/30/24	4,220.36	1.00	4,220		4,220	4,220		
SUB-TOTAL SELLS				TXN CNT:	32		55,292	55,292		
SECURITY TOTAL				TXN CNT:	74		110,349	110,349		
SECURITY CLASS TOTAL					0		110,349	110,349		

EQUITIES



278 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
PNI PRESSMAN LOC 16 HEALTH & WELFARE
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 64
ACCOUNT NUMBER: 1000566

BEGINNING MARKET VALUE: 52,605.27

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
EQUITIES (CONT)										
172967424	CITIGROUP INC									8.33%
SELL	06/12/24	06/13/24	17.00	60.47	1,028	10	1,018	1,009	9	
	CHARLES SCHWAB & CO., INC.				-00164					
SELL	11/05/24	11/06/24	25.00	63.58	1,590	11	1,579	1,484	95	
	CHARLES SCHWAB & CO., INC.				-00164					
SELL	12/12/24	12/13/24	25.00	71.77	1,794	10	1,784	1,484	300	
	CHARLES SCHWAB & CO., INC.				-00164					
	SUB-TOTAL SELLS					3	4,381	3,977	404	
	SECURITY TOTAL					3	4,381	3,977	404	
356710857	FREEPORT-MCMORAN INC									9.29%
SELL	11/05/24	11/06/24	33.00	46.73	1,542	10	1,532	621	911	
	CHARLES SCHWAB & CO., INC.				-00164					
SELL	12/12/24	12/13/24	30.00	42.03	1,261	10	1,251	565	686	
	CHARLES SCHWAB & CO., INC.				-00164					
	SUB-TOTAL SELLS					2	2,783	1,186	1,597	
	SECURITY TOTAL					2	2,783	1,186	1,597	
464287176	ISHARES TIPS BOND ETF									34.00%
SELL	08/19/24	08/20/24	30.00	108.46	3,254	10	3,244	3,333	89-	
	CHARLES SCHWAB & CO., INC.				-00164					
SELL	08/30/24	09/03/24	79.00	108.97	8,608	10	8,598	8,777	179-	
	CHARLES SCHWAB & CO., INC.				-00164					
SELL	12/12/24	12/13/24	56.00	108.08	6,052	10	6,042	6,221	179-	
	CHARLES SCHWAB & CO., INC.				-00164					
	SUB-TOTAL SELLS					3	17,884	18,331	447-	
	SECURITY TOTAL					3	17,884	18,331	447-	
693718108	PACCAR INC									5.24%
SELL	11/05/24	11/06/24	10.00	107.98	1,080	10	1,070	405	665	
	CHARLES SCHWAB & CO., INC.				-00164					
SELL	12/12/24	12/13/24	15.00	113.00	1,695	10	1,685	608	1,077	
	CHARLES SCHWAB & CO., INC.				-00164					
	SUB-TOTAL SELLS					2	2,755	1,013	1,742	
	SECURITY TOTAL					2	2,755	1,013	1,742	



278 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
PNI PRESSMAN LOC 16 HEALTH & WELFARE
TRADE DATE
FROM 01/01/24 TO 12/31/24
BEGINNING MARKET VALUE: 52,605.27

PAGE 65
ACCOUNT NUMBER: 1000566

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
EQUITIES (CONT)										
867224107	SUNCOR ENERGY INC NEW COM									8.54%
SELL	06/12/24	06/13/24	117.00	38.50	4,504	10	4,494	3,835	659	
	CHARLES SCHWAB & CO., INC.			- 00164						
	SECURITY TOTAL			TXN CNT: 1		10	4,494	3,835	659	
89151E109	TOTALENERGIES SE: SPONSORED ADR									6.61%
SELL	11/05/24	11/06/24	20.00	63.11	1,262	10	1,252	900	352	
	CHARLES SCHWAB & CO., INC.			- 00164						
SELL	12/12/24	12/13/24	40.00	55.91	2,236	10	2,226	1,801	425	
	CHARLES SCHWAB & CO., INC.			- 00164						
	SUB-TOTAL SELLS			TXN CNT: 2		20	3,478	2,701	777	
	SECURITY TOTAL			TXN CNT: 2		20	3,478	2,701	777	
SECURITY CLASS TOTAL						131	35,775	31,043	4,732	
GOVERNMENT & AGENCIES										
91282CFG1	U.S. TREASURY NOTES 3.25% 08/31/2024									18.79%
SELL	01/05/24	01/08/24	10,000.00	98.83	9,883		9,883	9,827	56	
	CHARLES SCHWAB & CO., INC.			- 00164						
	SECURITY TOTAL			TXN CNT: 1			9,883	9,827	56	
SECURITY CLASS TOTAL						0	9,883	9,827	56	
CATEGORY TOTAL						131	156,007	151,219	4,788	

PHILADELPHIA MEDIA NETWORK NEWSPAPERS, LLC./GCC
PRESSMEN'S LOCAL 16N HEALTH AND WELFARE FUND

SCHEDULE B

SCHEDULE OF REPORTABLE TRANSACTIONS - FORM 5500, SCHEDULE H, LINE 4(j)

FOR THE YEAR ENDED DECEMBER 31, 2024

EIN: 23-6423010, Plan 501

Schedule of Single Investment Transactions Exceeding 5% of Net Assets

(a) Identity of Party	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(g) Cost of Asset	(h) Current Value	(i) Net Gain (Loss)
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See Attached Schedule

Schedule of Series of Transactions Exceeding 5% of Net Assets

(a) Identity of Party	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(g) Cost of Asset	(h) Current Value	(i) Net Gain (Loss)
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See Attached Schedule





275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
PNI PRESSMAN LOC 16 HEALTH & WELFARE
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 59
ACCOUNT NUMBER: 1000566

TRANSACTIONS OF A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE CURRENT VALUE OF THE PLAN'S ASSETS AS OF THE BEGINNING OF THE PLAN YEAR AS DEFINED IN SECTION 2520.103-6 OF THE DEPARTMENT OF LABOR RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.
BEGINNING MARKET VALUE: 52,605.27

CATEGORY 1 - 5% TRANSACTIONS BY SECURITY - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE	
CASH EQUIVALENTS											
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT										
BUY	01/08/24	01/08/24	9,999.04	1.00	9,999		9,999	9,999		19.01%	
SELL	04/04/24	04/04/24	2,899.66	1.00	2,899.66		2,900	2,900		5.51%	
BUY	06/13/24	06/13/24	5,511.73	1.00	5,511.73		5,512	5,512		10.48%	
BUY	08/20/24	08/20/24	3,243.83	1.00	3,243.83		3,244	3,244		6.17%	
SELL	08/21/24	08/21/24	3,844.00	1.00	3,844.00		3,844	3,844		7.31%	
BUY	09/04/24	09/04/24	8,597.99	1.00	8,597.99		8,598	8,598		16.34%	
SELL	09/05/24	09/05/24	7,117.50	1.00	7,117.50		7,118	7,118		13.53%	
BUY	11/06/24	11/06/24	5,446.47	1.00	5,446.47		5,446	5,446		10.35%	
BUY	12/13/24	12/13/24	20,979.02	1.00	20,979.02		20,979	20,979		39.88%	
SELL	12/20/24	12/20/24	20,651.22	1.00	20,651.22		20,651	20,651		39.26%	
SELL	12/30/24	12/30/24	4,220.36	1.00	4,220.36		4,220	4,220		8.02%	
EQUITIES											
464287176	ISHARES TIPS BOND ETF										
SELL	08/19/24	08/20/24	30.00	108.46	3,254	10	3,244	3,333	89-	6.17%	
SELL	08/30/24	09/03/24	79.00	108.97	8,608	10	8,598	8,777	179-	16.34%	
SELL	12/12/24	12/13/24	56.00	108.08	6,052	10	6,042	6,221	179-	11.49%	
867224107	SUNCOR ENERGY INC NEW COM										
SELL	06/12/24	06/13/24	117.00	38.50	4,504	10	4,494	3,835	659	8.54%	
GOVERNMENT & AGENCIES											
91282CFG1	U.S. TREASURY NOTES 3.25% 08/31/2024										
SELL	01/05/24	01/08/24	10,000.00	98.83	9,883		9,883	9,827	56	18.79%	
CATEGORY TOTAL							40	124,772	124,504	268	



278 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
PNI PRESSMAN LOC 16 HEALTH & WELFARE
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 62
ACCOUNT NUMBER: 1000566

BEGINNING MARKET VALUE: 52,605.27

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT									209.77%
BUY	01/02/24	01/02/24	1.51	1.00		2	2	2		
BUY	01/04/24	01/04/24	66.56	1.00		67	67	67		
BUY	01/08/24	01/08/24	9,999.04	1.00	9,999		9,999	9,999		
BUY	01/25/24	01/25/24	35.87	1.00		36	36	36		
BUY	02/01/24	02/01/24	39.18	1.00		39	39	39		
BUY	02/23/24	02/23/24	35.51	1.00		36	36	36		
BUY	03/01/24	03/01/24	36.72	1.00		57	57	57		
BUY	03/06/24	03/06/24	6.75	1.00		7	7	7		
BUY	03/25/24	03/25/24	54.20	1.00		54	54	54		
BUY	04/05/24	04/05/24	10.70	1.00		11	11	11		
BUY	04/16/24	04/16/24	35.22	1.00		35	35	35		
BUY	05/07/24	05/07/24	121.98	1.00	122		122	122		
BUY	05/16/24	05/16/24	166.30	1.00	166		166	166		
BUY	05/22/24	05/22/24	10.50	1.00		11	11	11		
BUY	05/24/24	05/24/24	35.51	1.00		36	36	36		
BUY	06/03/24	06/03/24	1.81	1.00		2	2	2		
BUY	06/05/24	06/05/24	7.50	1.00		8	8	8		
BUY	06/07/24	06/07/24	119.92	1.00	120		120	120		
BUY	06/13/24	06/13/24	5,511.73	1.00	5,512		5,512	5,512		
BUY	06/14/24	06/14/24	26.46	1.00		26	26	26		
BUY	06/26/24	06/26/24	39.64	1.00		40	40	40		
BUY	07/02/24	07/02/24	10.48	1.00		10	10	10		
BUY	07/05/24	07/05/24	72.12	1.00		72	72	72		
BUY	07/11/24	07/11/24	37.53	1.00		38	38	38		
BUY	08/01/24	08/01/24	20.59	1.00		21	21	21		
BUY	08/06/24	08/06/24	28.58	1.00		29	29	29		
BUY	08/20/24	08/20/24	3,243.83	1.00	3,244		3,244	3,244		
BUY	08/22/24	08/22/24	10.50	1.00		11	11	11		
BUY	08/23/24	08/23/24	28.00	1.00		28	28	28		
BUY	09/03/24	09/03/24	32.54	1.00		33	33	33		
BUY	09/04/24	09/04/24	8,597.99	1.00	8,598		8,598	8,598		
BUY	09/06/24	09/06/24	1.68	1.00		2	2	2		
BUY	10/01/24	10/01/24	6.23	1.00		6	6	6		
BUY	10/04/24	10/04/24	6.81	1.00		7	7	7		
BUY	10/11/24	10/11/24	38.78	1.00		39	39	39		
BUY	11/01/24	11/01/24	11.83	1.00		12	12	12		
BUY	11/06/24	11/06/24	5,446.47	1.00	5,446		5,446	5,446		
BUY	11/22/24	11/22/24	38.50	1.00		39	39	39		
BUY	12/02/24	12/02/24	41.13	1.00		41	41	41		
BUY	12/04/24	12/04/24	4.50	1.00		5	5	5		
BUY	12/05/24	12/05/24	10.63	1.00		11	11	11		
BUY	12/13/24	12/13/24	20,979.02	1.00	20,979		20,979	20,979		



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500, 5% REPORT
PNI PRESSMAN, LOC. 16 HEALTH & WELFARE
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE: 63
ACCOUNT NUMBER: 1000566

BEGINNING MARKET VALUE: 52,605.27

CATEGORY 3 = 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS (CONT)										209.77%
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT (CONT)				(CONT)					
SUB-TOTAL BUYS					TXN CNT: 42		55,057	55,057		
SELL	01/09/24	01/09/24	966.65	1.00	967		967	967		
SELL	01/16/24	01/16/24	773.32	1.00	773		773	773		
SELL	01/18/24	01/18/24	200.00	1.00	200		200	200		
SELL	02/09/24	02/09/24	773.32	1.00	773		773	773		
SELL	02/21/24	02/21/24	200.00	1.00	200		200	200		
SELL	02/22/24	02/22/24	1,364.50	1.00	1,365		1,365	1,365		
SELL	03/13/24	03/13/24	966.65	1.00	967		967	967		
SELL	03/20/24	03/20/24	200.00	1.00	200		200	200		
SELL	03/26/24	03/26/24	14.31	1.00	14		14	14		
SELL	04/01/24	04/01/24	275.93	1.00	276		276	276		
SELL	04/04/24	04/04/24	2,899.66	1.00	2,900		2,900	2,900		
SELL	04/10/24	04/10/24	773.32	1.00	773		773	773		
SELL	05/01/24	05/01/24	183.41	1.00	183		183	183		
SELL	05/08/24	05/08/24	500.00	1.00	500		500	500		
SELL	05/13/24	05/13/24	612.03	1.00	612		612	612		
SELL	05/30/24	05/30/24	200.00	1.00	200		200	200		
SELL	06/17/24	06/17/24	1,675.00	1.00	1,675		1,675	1,675		
SELL	06/27/24	06/27/24	1,166.65	1.00	1,167		1,167	1,167		
SELL	07/17/24	07/17/24	773.32	1.00	773		773	773		
SELL	07/24/24	07/24/24	200.00	1.00	200		200	200		
SELL	08/14/24	08/14/24	966.65	1.00	967		967	967		
SELL	08/21/24	08/21/24	3,844.00	1.00	3,844		3,844	3,844		
SELL	08/28/24	08/28/24	200.00	1.00	200		200	200		
SELL	09/05/24	09/05/24	7,117.50	1.00	7,118		7,118	7,118		
SELL	09/18/24	09/18/24	807.60	1.00	808		808	808		
SELL	09/20/24	09/20/24	200.00	1.00	200		200	200		
SELL	09/30/24	09/30/24	300.00	1.00	300		300	300		
SELL	11/07/24	11/07/24	807.60	1.00	808		808	808		
SELL	11/20/24	11/20/24	1,409.50	1.00	1,410		1,410	1,410		
SELL	12/12/24	12/12/24	47.71	1.00	48		48	48		
SELL	12/20/24	12/20/24	20,651.22	1.00	20,651		20,651	20,651		
SELL	12/30/24	12/30/24	4,220.36	1.00	4,220		4,220	4,220		
SUB-TOTAL SELLS					TXN CNT: 32		55,292	55,292		
SECURITY TOTAL					TXN CNT: 74		110,349	110,349		
SECURITY CLASS TOTAL						0	110,349	110,349		

EQUITIES



278 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
PNI PRESSMAN LOC 16 HEALTH & WELFARE
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 64
ACCOUNT NUMBER: 1000566

BEGINNING MARKET VALUE: 52,605.27

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
EQUITIES (CONT)										
172967424	CITIGROUP INC									8.33%
SELL	06/12/24	06/13/24	17.00	60.47	1,028	10	1,018	1,009	9	
	CHARLES SCHWAB & CO., INC.				- 00164					
SELL	11/05/24	11/06/24	25.00	63.58	1,590	11	1,579	1,484	95	
	CHARLES SCHWAB & CO., INC.				- 00164					
SELL	12/12/24	12/13/24	25.00	71.77	1,794	10	1,784	1,484	300	
	CHARLES SCHWAB & CO., INC.				- 00164					
	SUB-TOTAL SELLS				3	31	4,381	3,977	404	
	SECURITY TOTAL				3	31	4,381	3,977	404	
356710857	FREEPORT-MCMORAN INC									5.29%
SELL	11/05/24	11/06/24	33.00	46.73	1,542	10	1,532	621	911	
	CHARLES SCHWAB & CO., INC.				- 00164					
SELL	12/12/24	12/13/24	30.00	42.03	1,261	10	1,251	565	686	
	CHARLES SCHWAB & CO., INC.				- 00164					
	SUB-TOTAL SELLS				2	20	2,783	1,186	1,597	
	SECURITY TOTAL				2	20	2,783	1,186	1,597	
464287176	ISHARES TIPS BOND ETF									34.00%
SELL	08/19/24	08/20/24	30.00	108.46	3,254	10	3,244	3,333	89-	
	CHARLES SCHWAB & CO., INC.				- 00164					
SELL	08/30/24	09/03/24	79.00	108.97	8,608	10	8,598	8,777	179-	
	CHARLES SCHWAB & CO., INC.				- 00164					
SELL	12/12/24	12/13/24	56.00	108.08	6,052	10	6,042	6,221	179-	
	CHARLES SCHWAB & CO., INC.				- 00164					
	SUB-TOTAL SELLS				3	30	17,884	18,331	447-	
	SECURITY TOTAL				3	30	17,884	18,331	447-	
693718108	PACCAR INC									5.24%
SELL	11/05/24	11/06/24	10.00	107.98	1,080	10	1,070	405	665	
	CHARLES SCHWAB & CO., INC.				- 00164					
SELL	12/12/24	12/13/24	15.00	113.00	1,695	10	1,685	608	1,077	
	CHARLES SCHWAB & CO., INC.				- 00164					
	SUB-TOTAL SELLS				2	20	2,755	1,013	1,742	
	SECURITY TOTAL				2	20	2,755	1,013	1,742	

