

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

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

|   |  |
|---|--|
| <p><b>1a</b> Name of plan<br/><u>GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION PLAN</u></p>   | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>TRUSTEES, GRAPHIC ARTS 62B PENSION FUND</u></p> <p><u>1099 BLOOMFIELD AVE.</u><br/><u>W. CALDWELL, NJ 07006</u></p> | <p><b>1c</b> Effective date of plan<br/><u>04/01/1959</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>22-1689801</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>973-227-6801</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>323100</u></p> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 01/14/2026 | HARRY SELNOW   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 01/14/2026 | KEVIN PASSANTE   |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 372 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 74  |
|   | <b>6a(2)</b>                               | 61  |
|   | <b>6b</b>                                  | 144 |
|   | <b>6c</b>                                  | 112 |
|   | <b>6d</b>                                  | 317 |
|   | <b>6e</b>                                  | 27  |
|   | <b>6f</b>                                  | 344 |
|   | <b>6g(1)</b>                               |     |
| <b>6g(2)</b>  |  |     |
| <b>6h</b>   |  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   | 6   |

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

|   |  |
|---|--|
| <b>A</b> Name of plan<br><u>GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION PLAN</u>  | <b>B</b> Three-digit plan number (PN) ► <u>001</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>TRUSTEES,GRAPHIC ARTS 62B PENSION FUND</u> | <b>D</b> Employer Identification Number (EIN)<br><u>22-1689801</u> |

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

**1a** Enter the valuation date: Month 04 Day 01 Year 2024

|   |                                 |
|---|---------------------------------|
| <b>b</b> Assets   |                                 |
| (1) Current value of assets .....   | <b>1b(1)</b> <u>8464334</u>     |
| (2) Actuarial value of assets for funding standard account .....  | <b>1b(2)</b> <u>8464334</u>     |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                    | <b>1c(1)</b> <u>10481539</u>    |
| (2) Information for plans using spread gain methods:  |                                 |
| (a) Unfunded liability for methods with bases .....   | <b>1c(2)(a)</b> <u>0</u>        |
| (b) Accrued liability under entry age normal method .....   | <b>1c(2)(b)</b> <u>0</u>        |
| (c) Normal cost under entry age normal method .....   | <b>1c(2)(c)</b> <u>0</u>        |
| (3) Accrued liability under unit credit cost method .....   | <b>1c(3)</b> <u>9891228</u>     |
| <b>d</b> Information on current liabilities of the plan:  |                                 |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | <b>1d(1)</b>                    |
| (2) "RPA '94" information:  |                                 |
| (a) Current liability .....   | <b>1d(2)(a)</b> <u>16746010</u> |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                | <b>1d(2)(b)</b> <u>36675</u>    |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                 | <b>1d(2)(c)</b>                 |
| (3) Expected plan disbursements for the plan year .....   | <b>1d(3)</b> <u>805906</u>      |

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

|  |  |
|--|--|
| <b>SIGN HERE</b><br><br>Signature of actuary<br><br><u>FRANK IANNUCCI</u><br>Type or print name of actuary<br><br><u>SUMMIT ACTUARIAL SERVICES LLC</u><br>Firm name<br><br><u>720 EAST MAIN STREET UNIT 2S</u><br><u>MOORESTOWN, NJ 08057</u><br>Address of the firm | <u>12/29/2025</u><br>Date<br><br><u>23-02541</u><br>Most recent enrollment number<br><br><u>856-234-8801</u><br>Telephone number (including area code) |
|--|--|

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

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

|   |                                   |                              |
|---|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....   | <b>2a</b>                         | 8464334                      |
| <b>b</b> "RPA '94" current liability/participant count breakdown:   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....   | 177                               | 8011412                      |
| <b>(2)</b> For terminated vested participants .....   | 121                               | 7462005                      |
| <b>(3)</b> For active participants:   |                                   |                              |
| <b>(a)</b> Non-vested benefits .....  |                                   | 2766                         |
| <b>(b)</b> Vested benefits .....  |                                   | 1269827                      |
| <b>(c)</b> Total active .....   | 74                                | 1272593                      |
| <b>(4)</b> Total .....  | 372                               | 16746010                     |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 50.55 %                      |

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

| (a) Date (MM/DD/YYYY)   | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM/DD/YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |      |
|---|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|------|
| 09/30/2024  | 151475                         |                              |                       |                                |                              |      |
|   |                                |                              |                       |                                |                              |      |
|   |                                |                              |                       |                                |                              |      |
|   |                                |                              |                       |                                |                              |      |
|   |                                |                              |                       |                                |                              |      |
|   |                                |                              | <b>Totals ▶</b>       | <b>3(b)</b>                    | 151475                       |      |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                |                              |                       |                                | <b>3(d)</b>                  | 2164 |

**4** Information on plan status:

|  |           |   |
|--|-----------|---|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....  | <b>4a</b> | 85.6 %  |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....  | <b>4b</b> | D   |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....  |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....  |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....   | <b>4e</b> |   |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:<br>• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;<br>• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/><br>• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999." | <b>4f</b> | 2041  |

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

|  |  |  |   |
|--|--|--|---|
| <b>a</b> <input type="checkbox"/> Attained age normal  | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability   | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Other (specify):   |  |  |   |
| <b>j</b> If box h is checked, enter period of use of shortfall method .....  | <b>5j</b>  |  |   |
| <b>k</b> Has a change been made in funding method for this plan year? .....  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No        |   |
| <b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                   |   |
| <b>m</b> If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method ..... | <b>5m</b>  |  |   |

**6 Checklist of certain actuarial assumptions:**

|   |  |   |
|---|--|---|
| <b>a</b> Interest rate for "RPA '94" current liability.....   | <b>6a</b>  | 3.49 %  |
|   | Pre-retirement   | Post-retirement   |
| <b>b</b> Rates specified in insurance or annuity contracts.....   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A  |
| <b>c</b> Mortality table code for valuation purposes:   |  |   |
| <b>(1)</b> Males .....  | <b>6c(1)</b>   | 2   |
| <b>(2)</b> Females .....  | <b>6c(2)</b>   | 2F  |
| <b>d</b> Valuation liability interest rate .....  | <b>6d</b>  | 7.50 %  |
| <b>e</b> Salary scale .....   | <b>6e</b>  | % <input checked="" type="checkbox"/> N/A   |
| <b>f</b> Withdrawal liability interest rate:  |  |   |
| <b>(1)</b> Type of interest rate .....  | <b>6f(1)</b>   | <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....   | <b>6f(2)</b>   | 7.50 %  |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                 | <b>6g</b>  | 22.5 %  |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                   | <b>6h</b>  | 22.5 %  |
| <b>i</b> Expense load included in normal cost reported in line 9b .....   | <b>6i</b>  | <input type="checkbox"/> N/A  |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....                     | <b>6i(1)</b>   | 5.60 %  |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b..... | <b>6i(2)</b>   |   |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....   | <b>6i(3)</b>   | <input type="checkbox"/>  |

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

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -1254282            | -132181                        |
|                  |                     |                                |
|                  |                     |                                |

**8 Miscellaneous information:**

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

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

**Charges to funding standard account:**

|   |           |         |
|---|-----------|---------|
| <b>a</b> Prior year funding deficiency, if any .....                    | <b>9a</b> | 1637690 |
| <b>b</b> Employer's normal cost for plan year as of valuation date..... | <b>9b</b> | 16334   |

|   |                 |                     |   |
|---|-----------------|---------------------|---|
| <b>c</b> Amortization charges as of valuation date:   |                 | Outstanding balance |   |
| <b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended .....   | <b>9c(1)</b>    | 3897581             | 1011826   |
| <b>(2)</b> Funding waivers .....  | <b>9c(2)</b>    |                     |   |
| <b>(3)</b> Certain bases for which the amortization period has been extended.....   | <b>9c(3)</b>    |                     |   |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....  | <b>9d</b>       |                     | 199939  |
| <b>e</b> Total charges. Add lines 9a through 9d.....  | <b>9e</b>       |                     | 2865789   |
| <b>Credits to funding standard account:</b>   |                 |                     |   |
| <b>f</b> Prior year credit balance, if any.....   | <b>9f</b>       |                     |   |
| <b>g</b> Employer contributions. Total from column (b) of line 3.....   | <b>9g</b>       |                     | 151475  |
|   |                 | Outstanding balance |   |
| <b>h</b> Amortization credits as of valuation date.....   | <b>9h</b>       | 3518066             | 395436  |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....   | <b>9i</b>       |                     | 34853   |
| <b>j</b> Full funding limitation (FFL) and credits:   |                 |                     |   |
| <b>(1)</b> ERISA FFL (accrued liability FFL).....   | <b>9j(1)</b>    | 425538              |   |
| <b>(2)</b> "RPA '94" override (90% current liability FFL) .....   | <b>9j(2)</b>    | 6532401             |   |
| <b>(3)</b> FFL credit .....   | <b>9j(3)</b>    |                     |   |
| <b>k (1)</b> Waived funding deficiency .....  | <b>9k(1)</b>    |                     |   |
| <b>(2)</b> Other credits .....  | <b>9k(2)</b>    |                     |   |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....  | <b>9l</b>       |                     | 581764  |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....                                   | <b>9m</b>       |                     |   |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....                               | <b>9n</b>       |                     | 2284025   |
| <b>o</b> Current year's accumulated reconciliation account:   |                 |                     |   |
| <b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year.....                               | <b>9o(1)</b>    |                     |   |
| <b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:    |                 |                     |   |
| <b>(a)</b> Reconciliation outstanding balance as of valuation date .....  | <b>9o(2)(a)</b> |                     |   |
| <b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....  | <b>9o(2)(b)</b> |                     |   |
| <b>(3)</b> Total as of valuation date.....  | <b>9o(3)</b>    |                     |   |
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....                     | <b>10</b>       |                     | 2284025   |
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... |                 |                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION PLAN                                   | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TRUSTEES,GRAPHIC ARTS 62B PENSION FUND | <b>D</b> Employer Identification Number (EIN)<br>22-1689801 |     |

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

PPPWU LOCAL 612M

22-2873827

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13                     | UNION PARTY IN INTEREST   | 14974  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ATLANTA SOSNOFF CAPITAL LLC

20-0461050

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27                     | NONE  | 31555  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

COMERICA BANK

38-0477375

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 19 72               | NONE  | 13990  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

SUMMIT ACTUARIAL SERVICES

720 EAST MAIN ST UNIT 2S  
MOORESTOWN, NJ 08057

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11                     | NONE  | 13500  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ORANSKY SCARAGGI & BORG P.C.

22-3522685

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29                     | NONE  | 12000  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WASILEWSKI & KEATING PC

22-2676761

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | NONE  | 5000   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

GERSON & ASSOCIATES

22-3163246

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | NONE  | 12000  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>       |  |
| <b>A</b> Name of plan<br><b>GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION PLAN</b>                                   | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TRUSTEES,GRAPHIC ARTS 62B PENSION FUND</b> | <b>D</b> Employer Identification Number (EIN)<br><b>22-1689801</b> |

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

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

|   |                 | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| <b>Assets</b>   |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>       | 75603                 | 109024          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>    | 10740                 | 12935           |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>    | 151243                | 57201           |
| <b>c</b> General investments:   |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 58866                 | 309214          |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>    | 1721618               | 1575610         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b> | 1677456               | 1770411         |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b> | 4769171               | 4304158         |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....  | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       | 1564            |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 8464697               | 8140117         |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    | 166108                | 33042           |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 166108                | 33042           |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 8298589               | 8107075         |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 151475     |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 151475    |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 5169       |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> | 81986      |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> | 96244      |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 183399    |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> | 57153      |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            |           |
| (3) Rents.....   | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> | 8889629    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> | 8145622    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> | -403748    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 560       |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 732846    |

**Expenses**

|  |               |        |        |
|--|---------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 805906 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  |        |        |
| (3) Other.....   | <b>2e(3)</b>  |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |        | 805906 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |        |        |
| <b>h</b> Interest expense.....   | <b>2h</b>     |        |        |
| <b>i</b> Administrative expenses:  |               |        |        |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  |        |        |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  | 14974  |        |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  |        |        |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  |        |        |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  | 31763  |        |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  | 13990  |        |
| (7) Actuarial fees .....   | <b>2i(7)</b>  |        |        |
| (8) Legal fees .....   | <b>2i(8)</b>  | 12000  |        |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  |        |        |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> |        |        |
| (11) Other expenses.....   | <b>2i(11)</b> | 45727  |        |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |        | 118454 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |        | 924360 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -191514 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan.....   | <b>2l(1)</b> |  |         |
| (2) From this plan .....  | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **GERSON & ASSOCIATES**

(2) EIN: **22-3163246**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes | No | Amount  |
|--|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |         |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 565789.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION PLAN</b>                                    | <b>B</b> Three-digit plan number (PN)                              | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TRUSTEES, GRAPHIC ARTS 62B PENSION FUND</b> | <b>D</b> Employer Identification Number (EIN)<br><b>22-1689801</b> |            |

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

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

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

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 38-0477375

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

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3 0

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....    | <b>6a</b> |  |
| <b>6 b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>6 c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | <b>6c</b> |  |

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

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

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

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

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

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

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

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

**a** Name of contributing employer NORPAK LLC

**b** EIN 84-3561558 **c** Dollar amount contributed by employer 85475

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 10 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 5.32

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): PER SHIFT

**a** Name of contributing employer ROYAL PRINTING SERVICES

**b** EIN 22-1898677 **c** Dollar amount contributed by employer 52942

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 10.00

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): PER SHIFT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|  |            |     |
|--|------------|-----|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> | 266 |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....  | <b>14b</b> | 280 |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....   | <b>14c</b> | 279 |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|  |            |      |
|--|------------|------|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year..... | <b>15a</b> | 0.95 |
| <b>b</b> The corresponding number for the second preceding plan year.....                            | <b>15b</b> | 0.95 |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year.....   | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers..... | <b>16b</b> |  |

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

|   |   |  |
|---|---|--|
| <p><b>Structured Attachment</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Schedule MB, line 8b(2)</b></p> <p><b>Schedule of Active Participant Data</b></p> | <p><b>2024</b></p> <hr/> <p>This Form is Open to<br/>Public Inspection</p> |
|---|---|--|

|                             |  |                           |            |            |            |           |     |
|-----------------------------|--|---------------------------|------------|------------|------------|-----------|-----|
| <b>Name of Plan</b>         | GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION PLAN |                           |            |            |            |           |     |
| <b>Plan Year Begin Date</b> | 04/01/2024                                   | <b>Plan Year End Date</b> | 03/31/2025 | <b>EIN</b> | 22-1689801 | <b>PN</b> | 001 |

| Attained Age | YEARS OF CREDITED SERVICE |              |                         |        |              |                         |
|--------------|---------------------------|--------------|-------------------------|--------|--------------|-------------------------|
|              | Under 1                   |              |                         | 1 to 4 |              |                         |
|              | No.                       | Average      |                         | No.    | Average      |                         |
|              |                           | Compensation | Accrued Monthly Benefit |        | Compensation | Accrued Monthly Benefit |
| Under 25     |                           |              |                         | 4      |              |                         |
| 25 to 29     |                           |              |                         | 5      |              |                         |
| 30 to 34     |                           |              |                         | 8      |              |                         |
| 35 to 39     |                           |              |                         |        |              |                         |
| 40 to 44     |                           |              |                         | 1      |              |                         |
| 45 to 49     |                           |              |                         |        |              |                         |
| 50 to 54     |                           |              |                         |        |              |                         |
| 55 to 59     |                           |              |                         |        |              |                         |
| 60 to 64     |                           |              |                         |        |              |                         |
| 65 to 69     |                           |              |                         |        |              |                         |
| 70 & Up      |                           |              |                         |        |              |                         |

| Attained Age | YEARS OF CREDITED SERVICE |              |                         |          |              |                         |
|--------------|---------------------------|--------------|-------------------------|----------|--------------|-------------------------|
|              | 5 to 9                    |              |                         | 10 to 14 |              |                         |
|              | No.                       | Average      |                         | No.      | Average      |                         |
|              |                           | Compensation | Accrued Monthly Benefit |          | Compensation | Accrued Monthly Benefit |
| Under 25     |                           |              |                         |          |              |                         |
| 25 to 29     |                           |              |                         |          |              |                         |
| 30 to 34     | 2                         |              |                         |          |              |                         |
| 35 to 39     | 4                         |              |                         |          |              |                         |
| 40 to 44     |                           |              |                         | 5        |              |                         |
| 45 to 49     |                           |              |                         |          |              |                         |
| 50 to 54     |                           |              |                         |          |              |                         |
| 55 to 59     |                           |              |                         |          |              |                         |
| 60 to 64     |                           |              |                         |          |              |                         |
| 65 to 69     |                           |              |                         |          |              |                         |
| 70 & Up      |                           |              |                         |          |              |                         |

|                             |  |                           |            |            |            |           |     |
|-----------------------------|--|---------------------------|------------|------------|------------|-----------|-----|
| <b>Name of Plan</b>         | GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION PLAN |                           |            |            |            |           |     |
| <b>Plan Year Begin Date</b> | 04/01/2024                                   | <b>Plan Year End Date</b> | 03/31/2025 | <b>EIN</b> | 22-1689801 | <b>PN</b> | 001 |

| Attained Age | YEARS OF CREDITED SERVICE |              |                         |          |              |                         |
|--------------|---------------------------|--------------|-------------------------|----------|--------------|-------------------------|
|              | 15 to 19                  |              |                         | 20 to 24 |              |                         |
|              | No.                       | Average      |                         | No.      | Average      |                         |
|              |                           | Compensation | Accrued Monthly Benefit |          | Compensation | Accrued Monthly Benefit |
| Under 25     |                           |              |                         |          |              |                         |
| 25 to 29     |                           |              |                         |          |              |                         |
| 30 to 34     |                           |              |                         |          |              |                         |
| 35 to 39     |                           |              |                         |          |              |                         |
| 40 to 44     |                           |              |                         |          |              |                         |
| 45 to 49     | 6                         |              |                         | 1        |              |                         |
| 50 to 54     |                           |              |                         | 6        |              |                         |
| 55 to 59     |                           |              |                         |          |              |                         |
| 60 to 64     |                           |              |                         |          |              |                         |
| 65 to 69     |                           |              |                         |          |              |                         |
| 70 & Up      |                           |              |                         |          |              |                         |

| Attained Age | YEARS OF CREDITED SERVICE |              |                         |          |              |                         |
|--------------|---------------------------|--------------|-------------------------|----------|--------------|-------------------------|
|              | 25 to 29                  |              |                         | 30 to 34 |              |                         |
|              | No.                       | Average      |                         | No.      | Average      |                         |
|              |                           | Compensation | Accrued Monthly Benefit |          | Compensation | Accrued Monthly Benefit |
| Under 25     |                           |              |                         |          |              |                         |
| 25 to 29     |                           |              |                         |          |              |                         |
| 30 to 34     |                           |              |                         |          |              |                         |
| 35 to 39     |                           |              |                         |          |              |                         |
| 40 to 44     |                           |              |                         |          |              |                         |
| 45 to 49     |                           |              |                         |          |              |                         |
| 50 to 54     | 3                         |              |                         |          |              |                         |
| 55 to 59     | 8                         |              |                         |          |              |                         |
| 60 to 64     |                           |              |                         | 13       |              |                         |
| 65 to 69     |                           |              |                         |          |              |                         |
| 70 & Up      |                           |              |                         |          |              |                         |

|                             |  |                           |            |            |            |           |     |
|-----------------------------|--|---------------------------|------------|------------|------------|-----------|-----|
| <b>Name of Plan</b>         | GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION PLAN |                           |            |            |            |           |     |
| <b>Plan Year Begin Date</b> | 04/01/2024                                   | <b>Plan Year End Date</b> | 03/31/2025 | <b>EIN</b> | 22-1689801 | <b>PN</b> | 001 |

| Attained Age | YEARS OF CREDITED SERVICE |              |                         |         |              |                         |
|--------------|---------------------------|--------------|-------------------------|---------|--------------|-------------------------|
|              | 35 to 39                  |              |                         | 40 & Up |              |                         |
|              | No.                       | Average      |                         | No.     | Average      |                         |
|              |                           | Compensation | Accrued Monthly Benefit |         | Compensation | Accrued Monthly Benefit |
| Under 25     |                           |              |                         |         |              |                         |
| 25 to 29     |                           |              |                         |         |              |                         |
| 30 to 34     |                           |              |                         |         |              |                         |
| 35 to 39     |                           |              |                         |         |              |                         |
| 40 to 44     |                           |              |                         |         |              |                         |
| 45 to 49     |                           |              |                         |         |              |                         |
| 50 to 54     |                           |              |                         |         |              |                         |
| 55 to 59     |                           |              |                         |         |              |                         |
| 60 to 64     |                           |              |                         |         |              |                         |
| 65 to 69     | 6                         |              |                         |         |              |                         |
| 70 & Up      | 2                         |              |                         |         |              |                         |





**GRAPHIC ARTS LOCAL 62B INDUSTRY  
PENSION FUND**

**FINANCIAL STATEMENTS**

**YEARS ENDED:  
MARCH 31, 2025 AND 2024**

# GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND

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**GERSON & ASSOCIATES**  
**CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS, P.C.**

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MEMBER: AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS  
NEW JERSEY SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

**Independent Auditor's Report**

To the Board of Trustees of:  
**Graphic Arts Local 62B Industry Pension Fund**

***Opinion***

We have audited the financial statements of **Graphic Arts Local 62B Industry Pension Fund**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of April 1, 2024, the related statements of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly in all material respects, the net assets available for benefits of **Graphic Arts Local 62B Industry Pension Fund** as of March 31, 2025 and 2024, the changes in its net assets available for benefits for the years then ended, the accumulated plan benefits as of April 1, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of **Graphic Arts Local 62B Industry Pension Fund** and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about **Graphic Arts Local 62B Industry Pension Fund's** ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is 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.

***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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of **Graphic Arts Local 62B Industry Pension Fund's** internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about **Graphic Arts Local 62B Industry Pension 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.

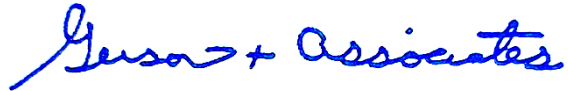
***Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules "1" thru "3" are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedule of assets (held at end of year) and reportable transactions are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the ERISA-required supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**Independent Auditor's Report**  
**Graphic Arts Local 62B Industry Pension Fund**  
continued, page -3-

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



Certified Public Accountants  
and Advisors, P.C.

Rochelle Park, NJ  
October 13, 2025

**GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
MARCH 31, 2025 AND 2024**

| <u><b>ASSETS</b></u>                                 | <u>2025</u>         | <u>2024</u>         |
|--|---------------------|---------------------|
| <u><b>INVESTMENTS AT FAIR VALUE</b></u>              | <u>\$ 7,959,393</u> | <u>\$ 8,227,111</u> |
| <u><b>RECEIVABLES</b></u>                            |                     |                     |
| Employer contributions                               | 12,935              | 10,740              |
| Withdrawal liability contribution                    | 0                   | 0                   |
| Due from broker                                      | 12,393              | 104,976             |
| Interest & dividends receivable                      | 44,808              | 43,243              |
|  | <u>70,136</u>       | <u>158,959</u>      |
| <u><b>CASH</b></u>                                   |                     |                     |
| Fund checking account                                | <u>109,024</u>      | <u>75,603</u>       |
| <u><b>PROPERTY, PLANT &amp; EQUIPMENT</b></u>        |                     |                     |
| Computer equipment (Net of accumulated depreciation) | <u>1,564</u>        | <u>0</u>            |
| <u><b>OTHER</b></u>                                  |                     |                     |
| Prepaid expenses                                     | <u>0</u>            | <u>3,024</u>        |
| <u><b>TOTAL ASSETS</b></u>                           | <u>8,140,117</u>    | <u>8,464,697</u>    |
| <br><u><b>LIABILITIES</b></u>                        |                     |                     |
| <u><b>CURRENT LIABILITIES</b></u>                    |                     |                     |
| Accrued expenses                                     | 32,304              | 31,767              |
| Due to broker  | 0                   | 133,976             |
| Due to Graphic Arts 62B / 612 Welfare Funds          | 738                 | 365                 |
|  | <u>33,042</u>       | <u>166,108</u>      |
| <u><b>TOTAL LIABILITIES</b></u>                      | <u>33,042</u>       | <u>166,108</u>      |
| <u><b>NET ASSETS AVAILABLE FOR BENEFITS</b></u>      | <u>\$ 8,107,075</u> | <u>\$ 8,298,589</u> |

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

**Exhibit "A"**

**GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED MARCH 31, 2025 AND 2024**

| <b><u>ADDITIONS:</u></b>                                   | <b><u>2025</u></b>  | <b><u>2024</u></b>  |
|--|---------------------|---------------------|
| <b><u>INVESTMENT INCOME</u></b>                            |                     |                     |
| Net appreciation/(depreciation) in fair value              | \$ 340,259          | \$ 1,407,298        |
| Interest & dividends                                       | 240,552             | 218,738             |
|  | <u>580,811</u>      | <u>1,626,036</u>    |
| Investment expense   | (31,763)            | (28,906)            |
|  | <u>549,048</u>      | <u>1,597,130</u>    |
| <b><u>CONTRIBUTIONS</u></b>                                |                     |                     |
| Employer contributions                                     | 149,311             | 124,172             |
| Withdrawal liability contribution                          | 2,164               | 1,500               |
|  | <u>151,475</u>      | <u>125,672</u>      |
| <b><u>OTHER</u></b>  |                     |                     |
| Miscellaneous income                                       | 560                 | 46                  |
|  | <u>701,083</u>      | <u>1,722,848</u>    |
| <b><u>DEDUCTIONS:</u></b>                                  |                     |                     |
| <b><u>BENEFITS PAID</u></b>                                |                     |                     |
| Pension benefits paid                                      | <u>805,906</u>      | <u>790,098</u>      |
| <b><u>ADMINISTRATIVE EXPENSES</u></b>                      |                     |                     |
| Shared expenses  | 14,974              | 17,296              |
| Legal and arbitration fees                                 | 12,000              | 12,000              |
| Accounting and audit fees                                  | 17,000              | 17,000              |
| Agreed-upon procedures, employer payroll compliance audits | 0                   | 0                   |
| Actuary fees   | 13,500              | 13,500              |
| Meetings, conventions, seminars                            | 373                 | 365                 |
| PBGC premium   | 13,764              | 13,860              |
| Benefit payments and custodial fees                        | 13,990              | 13,501              |
| Fidelity bond  | 0                   | 594                 |
| Office, other  | 1,090               | 829                 |
|  | <u>86,691</u>       | <u>88,945</u>       |
| <b><u>TOTAL DEDUCTIONS</u></b>                             | <u>892,597</u>      | <u>879,043</u>      |
| <b><u>NET INCREASE / (DECREASE) DURING THE YEAR</u></b>    | (191,514)           | 843,805             |
| <b><u>NET ASSETS AVAILABLE FOR BENEFITS</u></b>            |                     |                     |
| Beginning of year  | <u>8,298,589</u>    | <u>7,454,784</u>    |
| <b><u>END OF YEAR</u></b>                                  | <u>\$ 8,107,075</u> | <u>\$ 8,298,589</u> |

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

**Exhibit "B"**

**GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND**

**STATEMENTS OF ACCUMULATED PLAN BENEFITS**

**APRIL 1, 2024**

---

**ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Vested benefits:

|   |    |                |
|---|----|----------------|
| Participants currently receiving payments | \$ | 6,001,058      |
| Separated vested participants             |    | 3,323,389      |
| Active participants                       |    | <u>565,549</u> |
|   |    | 9,889,996      |

Non-vested benefits:

1,232

**TOTAL ACTUARIAL PRESENT VALUE OF  
ACCUMULATED PLAN BENEFITS**

\$ 9,891,228

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

**Exhibit "C"**

**GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND**

**STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS  
YEAR ENDED APRIL 1, 2024**

---

|   |                                   |
|---|-----------------------------------|
| <b><u>ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS</u></b>  |                                   |
| <b><u>APRIL 1, 2023</u></b>   | \$ 10,007,582                     |
| Increase/(decrease) due to the effect non-investment experience including<br>benefits accumulated for active participants and a decrease in active participants | (47,196)                          |
| Decrease due to benefits paid   | (790,098)                         |
| Decrease due to change in plan of benefits  | 0                                 |
| Increase due to change in assumptions   | 0                                 |
| Increase due to decrease in discount period   | <u>720,940</u>                    |
| <b><u>ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS</u></b>  |                                   |
| <b><u>APRIL 1, 2024</u></b>   | <b><u><u>\$ 9,891,228</u></u></b> |

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

**Exhibit "D"**

# GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND

## NOTES TO FINANCIAL STATEMENTS

### 1. DESCRIPTION OF PLAN

**Graphic Arts Local 62B Industry Pension Fund** (the Plan) is a multi-employer defined benefit plan designed for the benefit of eligible participants. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is a non-profit organization with tax exempt status under Internal Revenue Code Section 501(c). The following is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

#### A. General

The Plan is a defined benefit pension plan. Plan participants include all employees covered under a collective bargaining agreement of G.C.I.U. Local 612M, provided employer contributions are made to the Fund on the employees' behalf.

The Fund is administered by a Board of Trustees composed of employer and employee representatives. It is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

#### B. Pension Benefits

Employees receive a vested right to a normal pension provided they have 5 years of credited service. The normal pension benefit commences at age 65, and is equal to \$1.25 times the number of years of past service credit, up to a maximum of \$18.75 plus 4.25% times all contributions made on behalf of the retiring employee through December 31, 1997. The credit is equal to \$20 per year of service after 1997, proportionately reduced for contribution rates less than the highest rate at January 1, 1998, but not below \$7.50 per year of service.

The Plan provides for early retirement at ages 60-64 at reduced pension benefit rates. All service is canceled if an employee has consecutive one year breaks in service which equal or exceed the greater of five years or his accrued service.

Participants may elect benefits in the form of a full annuity payable for the employees lifetime, with 36 monthly payments guaranteed. Effective July 1, 2008 the cash withdrawal option was eliminated from the Plan.

#### C. Death Benefits

If an active married participant dies after eligibility for early or normal retirement but before retiring, the spouse will receive one-half of the reduced monthly pension under the Joint and 50% to Spouse form of benefit for the remainder of the spouse's lifetime. In addition, benefits in special circumstances apply when death occurs after retirement.

#### D. Disability Retirement Benefits

Participants are eligible for a disability pension, provided they have become totally and permanently disabled prior to age 65 after receiving 10 years of credited service, and are receiving federal social security disability benefits.

### 2. SUMMARY OF SIGNIFICANT POLICIES

- A. **Basis of Accounting** - The Fund is maintained on an accrual basis of accounting, recognizing employer contributions and investment income when earned, and expenses and benefits when incurred. The related receivables and payables at March 31, 2025 and 2024 are reflected in Exhibit "A".

## GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND

### NOTES TO FINANCIAL STATEMENTS

- B. Use of Estimates** - The preparation of these financial statements requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
- C. 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 participants at the measurement date. See Note 5 for a discussion of fair value measurements.
- Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.
- D. Employer Contributions** - Contributing employers are required to make contributions to the Plan on behalf of each participant, based upon an applicable rate under the collective bargaining agreement. Receivables are based upon subsequent collections and an allowance for doubtful accounts is not utilized due to the uncertainty of such collections.
- E. Payment of Benefits** - Benefit payments to participants are recorded upon distribution.

### 3. ACTUARIAL ASSUMPTIONS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits under the Plan are based on employee's years of credited service. The accumulated plan benefits for active employees are based on their years of credited service ending on the date as of which the benefit information is presented (April 1, 2024). Benefits payable under all circumstances; retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Summit Actuarial Services and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of April 1, 2024 were:

- **MORTALITY** - The mortality table employed is the UP-1984 Mortality Table set forward one year for males and set back five years for females for post-pension experience and set forward one year for all participants for pre-pension experience.
- **INVESTMENT YIELD** - The Plan's funds will earn 7.5% annual compound interest in the future, net of investment management fees.
- **TURNOVER** - No termination of employment for reasons other than death, disability or pension will occur in the future.
- **DISABILITY** - The 1973 Disability Model, Transactions of Society of Actuaries, XXVI, in assuming the rate of disability in the future.

# GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND

## NOTES TO FINANCIAL STATEMENTS

- FUTURE WORK YEAR - Each active participant will elect pension as soon as eligible for normal pension but not before one year if already eligible.
- AGE AT PENSION - Each active participant will elect pension as soon as eligible for normal pension but not before one year if already eligible.
- ADMINISTRATION EXPENSES - Last year actual expense. It is assumed that \$80,000 will be the annual cost.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of April 1, 2024 and 2023. Had the valuations been performed as of March 31, there would be no material differences.

#### 4. PLAN TERMINATION

Although they have not expressed any intention to do so, the local and employers have the right to terminate the Plan subject to the provisions set forth in ERISA.

If the Plan were to be terminated, some or all of the accrued benefits which did not have non-forfeitable right could be forfeited if the assets of the Pension Fund were insufficient to fully fund such benefits. However, vested benefits are insured to a limited extent by the Pension Benefit Guaranty Corporation (“PBGC”) (a U.S. government agency) if the assets of the Pension Fund are not sufficient to pay plan pensions when due.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination.

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

#### 5. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (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 the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of 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.

## GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND

### NOTES TO FINANCIAL STATEMENTS

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

**Level 3:** Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at March 31, 2025 and 2024.

**Corporate Bonds:** Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

**Common Stock:** Valued at the closing price reported on the active market on which the individual securities are traded.

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

**Short Term Investments:** Valued using pricing models maximizing the use of observable inputs for similar securities.

**Mutual Funds:** Valued at the net asset value (NAV) of shares held by the Plan at year end. 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2025 and 2024:

#### Assets at Fair Value as of March 31, 2025

|  | <u>Total</u>        | <u>Level 1</u>      | <u>Level 2</u>      | <u>Level 3</u> |
|--|---------------------|---------------------|---------------------|----------------|
| Short Term Investments                   | \$ 309,214          | \$ 309,214          | \$ 0                | \$ 0           |
| U.S. Gov't Securities & Agencies         | 961,300             | 961,300             | 0                   | 0              |
| Mortgage & Asset Backed                  | 614,310             | 0                   | 614,310             | 0              |
| Foreign Bonds                            | 59,517              | 0                   | 59,517              | 0              |
| Corporate Bonds & Debt                   | 1,624,076           | 0                   | 1,624,076           | 0              |
| Private Placements                       | 86,818              | 0                   | 86,818              | 0              |
| Equity Securities                        | <u>4,304,158</u>    | <u>4,304,158</u>    | <u>0</u>            | <u>0</u>       |
| Total assets in the fair value hierarchy | <u>\$ 7,959,393</u> | <u>\$ 5,574,672</u> | <u>\$ 2,384,721</u> | <u>\$ 0</u>    |

**GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS**

**Assets at Fair Value as of March 31, 2024**

|  | <u>Total</u>        | <u>Level 1</u>   | <u>Level 2</u>   | <u>Level 3</u> |
|--|---------------------|------------------|------------------|----------------|
| Short Term Investments                   | \$ 58,865           | \$ 58,865        | \$ 0             | \$ 0           |
| U.S. Gov't Securities & Agencies         | 1,245,386           | 1,245,386        | 0                | 0              |
| Mortgage & Asset Backed                  | 477,572             | 0                | 477,572          | 0              |
| Foreign Bonds                            | 59,861              | 0                | 59,861           | 0              |
| Corporate Bonds & Debt                   | 1,616,256           | 0                | 1,616,256        | 0              |
| Equity Securities                        | <u>4,769,171</u>    | <u>4,769,171</u> | <u>0</u>         | <u>0</u>       |
| Total assets in the fair value hierarchy | <u>\$ 8,227,111</u> | <u>6,073,422</u> | <u>2,153,689</u> | <u>0</u>       |

Unrealized and realized gains and losses included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the "Statement of Changes in Net Assets Available for Benefits".

**6. RELATED PARTY AND PARTY IN INTEREST**

The Fund has related party transactions with the following entities:

- G.C.I.U. Local 612M
- Graphic Arts Local 62B Printing Industries Union Shop Welfare Trust Fund
- G.C.I.U. Local 612M Employer Contributed Welfare Fund

These transactions primarily consist of payments for shared expenses related to the Fund's administrative offices.

The Fund has a number of service providers. Such parties are parties-in-interest under ERISA.

**7. FUNDING POLICY**

There is no requirement that employees contribute to the Plan. Contributions are currently made by employers at various rates per shift pursuant to the collective bargaining agreement.

Employer contributions in these financial statements:

|                                 | <u>3/31/2025</u>  | <u>3/31/2024</u>  |
|---------------------------------|-------------------|-------------------|
| Contributions collected         | \$ 147,116        | \$ 124,476        |
| Receivable, end of period       | 12,935            | 10,740            |
| Receivable, beginning of period | <u>(10,740)</u>   | <u>(11,044)</u>   |
|                                 | <u>\$ 149,311</u> | <u>\$ 124,172</u> |

**8. TAX STATUS**

The Internal Revenue Services has determined and informed the Fund by a letter dated March 31, 2010 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

# GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND

## NOTES TO FINANCIAL STATEMENTS

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

### 9. RISKS AND UNCERTAINTIES

The Plan is funded by signatory employers in the printing industry in New Jersey. In recent years this industry has seen significant reductions and many signatory employers have withdrawn from the Plan. The two largest signatory employers contributed 94% and 92% of the employer contributions to the Plan for the years ended March 31, 2025 and 2024 respectively. The single largest contributory employer accounted for 58% and 56% of employer contributions to the Plan for fiscal years ending March 31, 2025 and 2024 respectively. In the event these participating employers were to suspend contributions, the Plan would retain the risk of meeting current benefits, unfunded obligations and administrative expenses until the appropriate adjustments were made, such as additional funding from participating employers, and benefit and expense reductions. Additionally, if a contributing company stops contributing to the Plan, and continues in business, the company could be required to pay an amount, referred to as withdrawal liability, based on the unfunded status of the Plan.

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

The Fund maintains cash and cash equivalents at TD Bank which may exceed federally insured amounts at times during the year.

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

### 10. PENSION PROTECTION ACT FILING OF CRITICAL STATUS

For the year ended March 31, 2025, the Plan was certified by its actuary to be in critical status, within the meaning of the Pension Protection Act of 2006 (PPA). Under the PPA, if a pension plan enters critical status, the trustees of the Plan are required to adopt a rehabilitation plan aimed at restoring the financial health of the Pension Fund. The law permits pension plans to reduce, or even eliminate certain benefits as part of this rehabilitation.

The Trustees of the Plan adopted an amendment effective January 1, 2021 increasing the eligibility age for early retirement from age 60 to age 62.

Based on the actuarial certification on schedule MB of form 5500, the Plan actuary projects that, based on the market value of assets as of April 1, 2024, the Fund is projected to become insolvent in fiscal year 2043.

**GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS**

**11. SUBSEQUENT EVENTS**

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through October 13, 2025, the date the financial statements were available to be issued.

**GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**Atlanta Sosnoff Capital, LLC (Portfolio Manager)**  
**YEAR ENDED MARCH 31, 2025**

| (a)  | (b)  | (c)        |      |                            | (d)                        | (e) |
|--|--|------------|------|----------------------------|----------------------------|-----|
| IDENTITY OF ISSUER, BORROWER,<br>LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING<br>MATURITY DATE, RATE OF INTEREST,<br>COLLATERAL, PAR OR MATURITY VALUE |            |      | COST<br>VALUE<br>3/31/2025 | FAIR<br>VALUE<br>3/31/2025 |     |
| <b><u>U.S. Government Securities &amp; Agencies:</u></b> |  |            |      |                            |                            |     |
| <b><u>US Government Obligations</u></b>                  |  |            |      |                            |                            |     |
|  | Shares   | Maturity   | Rate |                            |                            |     |
| US Treasury Bond   | 215,000  | 11/15/2032 | 4.13 | \$ 220,591.14              | \$ 215,318.20              |     |
| US Treasury Bond   | 50,000   | 11/15/2034 | 4.25 | 49,257.81                  | 50,148.50                  |     |
| US Treasury Note   | 75,000   | 5/15/2042  | 3.25 | 70,702.27                  | 63,372.00                  |     |
| US Treasury Bond   | 180,000  | 11/15/2042 | 4.00 | 175,808.40                 | 167,913.00                 |     |
| US Treasury Bond   | 40,000   | 8/15/2033  | 3.88 | 39,681.25                  | 39,203.20                  |     |
|  |  |            |      | <u>556,040.87</u>          | <u>535,954.90</u>          |     |
| <br><b><u>US Federal Agencies</u></b>                    |  |            |      |                            |                            |     |
| Federal Farm Credit Banks                                | 50,000   | 11/14/2044 | 5.95 | 50,000.00                  | 50,106.50                  |     |
| Federal Farm Credit Banks                                | 50,000   | 1/28/2037  | 5.70 | 50,000.00                  | 50,001.50                  |     |
| Federal Farm Credit Banks                                | 35,000   | 11/29/2034 | 5.87 | 35,038.12                  | 35,002.10                  |     |
| Federal Farm Credit Banks                                | 50,000   | 10/28/2044 | 5.72 | 50,000.00                  | 49,824.00                  |     |
| Federal Farm Credit Banks                                | 60,000   | 6/10/2039  | 6.07 | 60,060.00                  | 60,222.00                  |     |
| Federal Home Loan Bank                                   | 40,000   | 11/29/2039 | 5.75 | 40,000.00                  | 39,947.20                  |     |
| Federal Home Loan Bank                                   | 50,000   | 2/27/2035  | 5.75 | 50,000.00                  | 49,955.50                  |     |
| Federal Home Loan Bank                                   | 30,000   | 2/13/2034  | 5.25 | 30,000.00                  | 30,159.30                  |     |
| Federal Home Loan Bank                                   | 60,000   | 5/23/2034  | 5.92 | 60,030.00                  | 60,127.20                  |     |
|  |  |            |      | <u>425,128.12</u>          | <u>425,345.30</u>          |     |
| <br><b><u>Mortgage &amp; Asset Backed Securities</u></b> |  |            |      |                            |                            |     |
| FHLMC Gold Pool #A47055                                  | 377  | 9/1/2035   | 4.50 | 356.05                     | 370.49                     |     |
| FHLMC Gold Pool #G01953                                  | 399  | 10/1/2035  | 4.50 | 377.98                     | 392.09                     |     |
| FHLMC Gold Pool #G02682                                  | 577  | 2/1/2037   | 7.00 | 592.51                     | 603.47                     |     |
| FHLMC Gold Pool #G03205                                  | 445  | 7/1/2035   | 5.50 | 436.64                     | 453.63                     |     |
| FHLMC Pool #782862                                       | 190  | 11/1/2034  | 4.38 | 191.97                     | 195.35                     |     |
| FHLMC Pool   | 509  | 11/1/2036  | 5.58 | 513.02                     | 521.01                     |     |
| FHLMC Pool   | 848  | 12/1/2036  | -    | 853.15                     | 866.39                     |     |
| FNMA Pool  | 12,501   | 6/1/2046   | 4.50 | 13,157.68                  | 12,224.65                  |     |
| FNMA Pool  | 7,992  | 7/1/2038   | 5.50 | 8,661.51                   | 8,122.25                   |     |
| FNMA Pool #254693  | 528  | 4/1/2033   | 5.50 | 532.57                     | 536.64                     |     |
| FNMA Pool #255364  | 585  | 9/1/2034   | 6.00 | 583.82                     | 607.00                     |     |
| FNMA Pool #357886  | 175  | 7/1/2035   | 5.50 | 172.63                     | 178.31                     |     |
| FNMA Pool #555677  | 1,181  | 7/1/2033   | 5.50 | 1,191.03                   | 1,202.52                   |     |
| FNMA Pool #725027  | 388  | 11/1/2033  | 5.00 | 370.61                     | 389.91                     |     |
| FNMA Pool #725946  | 813  | 11/1/2034  | 5.50 | 801.82                     | 827.92                     |     |
| FNMA Pool #735224  | 552  | 2/1/2035   | 5.50 | 557.25                     | 562.34                     |     |
| FNMA Pool #735230  | 594  | 2/1/2035   | 5.50 | 600.05                     | 606.27                     |     |
| FNMA Pool #745044  | 689  | 8/1/2035   | 4.50 | 647.80                     | 676.53                     |     |

*See Independent Auditors' Report.*

**GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**Atalanta Sosnoff Capital, LLC (Portfolio Manager)**  
**YEAR ENDED MARCH 31, 2025**

| (a)  | (b)  | (c)             |             |                            | (d)                        | (e) |
|--|--|-----------------|-------------|----------------------------|----------------------------|-----|
| IDENTITY OF ISSUER, BORROWER,<br>LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING<br>MATURITY DATE, RATE OF INTEREST,<br>COLLATERAL, PAR OR MATURITY VALUE |                 |             | COST<br>VALUE<br>3/31/2025 | FAIR<br>VALUE<br>3/31/2025 |     |
| <b><u>Mortgage &amp; Asset Backed Securities</u></b>     |  |                 |             |                            |                            |     |
|  | <u>Shares</u>  | <u>Maturity</u> | <u>Rate</u> |                            |                            |     |
| FNMA Pool #745275  | 1,462  | 2/1/2036        | 5.00        | \$ 1,411.36                | \$ 1,472.60                |     |
| FNMA Pool #745418  | 207  | 4/1/2036        | 5.50        | 205.70                     | 211.67                     |     |
| FNMA Pool #745428  | 737  | 1/1/2036        | 5.50        | 728.47                     | 754.08                     |     |
| FNMA Pool #745516  | 480  | 5/1/2036        | 5.50        | 477.24                     | 490.93                     |     |
| FNMA Pool #831800  | 516  | 9/1/2036        | 6.50        | 527.66                     | 543.15                     |     |
| FNMA Pool #888016  | 1,905  | 5/1/2036        | 5.50        | 1,882.97                   | 1,949.32                   |     |
| FNMA Pool #888209  | 523  | 5/1/2036        | 5.50        | 518.25                     | 535.50                     |     |
| FNMA Pool #888692  | 380  | 9/1/2036        | 5.50        | 371.99                     | 386.87                     |     |
| FNMA Pool #888794  | 362  | 9/1/2035        | 4.50        | 339.04                     | 358.65                     |     |
| FNMA Pool #910289  | 96   | 3/1/2037        | 4.52        | 97.55                      | 98.20                      |     |
| FNMA Pool  | 576  | 12/1/2036       | -           | 580.72                     | 591.20                     |     |
| FNMA Pool #725423  | 361  | 5/1/2034        | 5.50        | 364.63                     | 368.02                     |     |
| FNMA Pool #725424  | 172  | 4/1/2034        | 5.50        | 173.11                     | 174.93                     |     |
| FHLMC Pool #SD-2200                                      | 32,198   | 1/1/2053        | 6.00        | 32,932.21                  | 33,182.94                  |     |
| FHLMC Pool #SD-2737                                      | 91,209   | 4/1/2053        | 5.50        | 93,004.73                  | 92,326.34                  |     |
| FHLMC Pool #SD-4559                                      | 43,213   | 9/1/2053        | 5.00        | 43,050.81                  | 42,941.06                  |     |
| FHLMC Pool #SD-5034                                      | 68,529   | 3/1/2054        | 3.00        | 69,856.77                  | 70,578.05                  |     |
| FHLMC Pool #SD-5211                                      | 36,520   | 4/1/2054        | 6.00        | 36,565.43                  | 37,611.73                  |     |
| FHLMC Pool   | 77,565   | 5/1/2054        | 6.00        | 79,746.18                  | 79,845.85                  |     |
| FNMA Pool #FS6616  | 26,229   | 6/1/2053        | 6.00        | 26,737.29                  | 26,804.59                  |     |
| FNMA Pool #FS7744  | 73,888   | 4/1/2054        | 6.50        | 77,074.86                  | 77,535.54                  |     |
| FNMA Pool #MA5166  | 25,949   | 10/1/2053       | 6.00        | 26,386.86                  | 26,399.71                  |     |
| FNMA Remic Trust   | 50,000   | 11/25/2033      | 6.50        | 51,234.38                  | 52,678.09                  |     |
| GNMA Pool  | 35,000   | 12/20/2053      | 6.00        | 35,568.75                  | 35,927.38                  |     |
| GNMA Pool #780798  | 40   | 12/15/2027      | 7.50        | 54.37                      | 40.34                      |     |
|  |  |                 |             | <u>610,489.42</u>          | <u>613,143.51</u>          |     |
| <b><u>Corporate Bonds &amp; Debt:</u></b>                |  |                 |             |                            |                            |     |
| <b><u>Collateralized MTG Obligations</u></b>             |  |                 |             |                            |                            |     |
| Indymac Inda MTG LN                                      | 1,829  | CMO             | 3.58        | 1,837.87                   | 1,166.26                   |     |
| Wamu Mtg Passthrough                                     | 1,498  | CMO             | 0.64        | 1,497.75                   | 0.01                       |     |
|  |  |                 |             | <u>3,335.62</u>            | <u>1,166.27</u>            |     |
| <b><u>Corporate Bonds</u></b>                            |  |                 |             |                            |                            |     |
| Alabama Pwr Co   | 65,000   | 3/15/2033       | 5.60        | 66,333.80                  | 66,478.10                  |     |
| Allstate Corp  | 75,000   | 8/15/2053       | 5.75        | 79,663.50                  | 75,087.75                  |     |
| American Express Co                                      | 50,000   | 5/26/2033       | 4.99        | 49,556.00                  | 49,282.00                  |     |
| Amgen Inc  | 44,000   | 6/15/2042       | 5.65        | 43,538.00                  | 43,653.72                  |     |
| Anheuser Busch Co  | 50,000   | 4/1/2036        | 5.75        | 52,425.50                  | 52,336.00                  |     |

*See Independent Auditors' Report.*

**GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**Atalanta Sosnoff Capital, LLC (Portfolio Manager)**  
**YEAR ENDED MARCH 31, 2025**

| (a)  | (b)  | (c)    |            |      | (d)                        | (e)                        |
|--|--|--------|------------|------|----------------------------|----------------------------|
| IDENTITY OF ISSUER, BORROWER,<br>LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING<br>MATURITY DATE, RATE OF INTEREST,<br>COLLATERAL, PAR OR MATURITY VALUE | Par    | Maturity   | Rate | COST<br>VALUE<br>3/31/2025 | FAIR<br>VALUE<br>3/31/2025 |
| <b>Corporate Bonds</b>                                   |  |        |            |      |                            |                            |
| Anheuser Busch Co  |  | 50,000 | 1/15/2033  | 5.95 | 55,006.50                  | 52,981.00                  |
| Archer Daniels Midland Co                                |  | 25,000 | 10/1/2032  | 5.94 | 28,628.13                  | 26,832.00                  |
| Autozone Inc   |  | 15,000 | 2/1/2033   | 4.75 | 14,990.10                  | 14,645.10                  |
| Bristol-Meyers Squibb Co                                 |  | 20,000 | 11/15/2033 | 5.90 | 19,969.60                  | 21,369.20                  |
| Dominion Energy Inc                                      |  | 23,000 | 6/15/2038  | 7.00 | 35,284.99                  | 25,814.28                  |
| Duke Energy Carolinas LLC                                |  | 65,000 | 6/1/2037   | 6.10 | 91,888.20                  | 68,526.90                  |
| First Union Corp   |  | 21,000 | 8/1/2026   | 7.57 | 26,459.37                  | 21,799.89                  |
| Goldman Sachs  |  | 45,000 | 7/23/2025  | Var  | 45,000.00                  | 44,775.45                  |
| HCA Inc  |  | 33,000 | 11/6/2033  | 7.50 | 37,055.70                  | 37,319.37                  |
| JP Morgan Chase & Co                                     |  | 50,000 | 1/24/2031  | -    | 50,000.00                  | 50,780.00                  |
| Kinder Morgan Energy Partners                            |  | 45,000 | 3/15/2035  | 5.80 | 59,139.90                  | 45,999.00                  |
| National Rural Utils Coop Fin                            |  | 43,000 | 4/30/2043  | 4.75 | 43,486.76                  | 43,042.14                  |
| Nextera Energy   |  | 40,000 | 9/1/2054   | Var  | 40,000.00                  | 40,496.80                  |
| Occidental   |  | 62,000 | 9/15/2036  | 6.45 | 75,553.20                  | 63,820.94                  |
| Oglethorpe Power Corp                                    |  | 55,000 | 12/1/2042  | 4.20 | 65,929.34                  | 49,269.09                  |
| Peco Energy Co   |  | 50,000 | 6/15/2033  | 4.90 | 49,949.00                  | 49,799.50                  |
| Philip Morris Intl Inc                                   |  | 35,000 | 5/1/2030   | 2.10 | 34,827.80                  | 30,964.85                  |
| Puget Sound Energy Inc                                   |  | 45,000 | 9/15/2051  | 2.89 | 25,000.00                  | 15,576.00                  |
| Quest Diagnostics Inc                                    |  | 35,000 | 1/30/2040  | 5.75 | 36,720.60                  | 35,103.60                  |
| RTX Corp   |  | 45,000 | 2/27/2033  | -    | 44,867.70                  | 45,400.50                  |
| RTX Corp   |  | 50,000 | 11/16/2028 | 4.13 | 57,208.50                  | 49,295.00                  |
| RTX Corp   |  | 25,000 | 3/15/2034  | 6.10 | 24,953.00                  | 26,809.00                  |
| Schwab Charles Corp                                      |  | 75,000 | 8/24/2034  | Var  | 74,814.00                  | 79,824.75                  |
| Simon Property Group Inc                                 |  | 45,000 | 3/8/2053   | 5.85 | 44,597.70                  | 45,377.10                  |
| Southern Co  |  | 28,000 | 9/15/2051  | 3.75 | 28,280.00                  | 27,207.60                  |
| State Str Corp   |  | 50,000 | 11/21/2034 | Var  | 52,561.00                  | 52,552.00                  |
| Tosco Corp   |  | 25,000 | 1/1/2047   | 7.90 | 31,166.00                  | 29,132.75                  |
| Truist Financial Corp                                    |  | 30,000 | 10/28/2033 | 6.12 | 55,884.50                  | 57,842.95                  |
| Union Elec Co  |  | 50,000 | 3/15/2053  | 5.45 | 50,037.00                  | 48,317.00                  |
| United Parcel Service                                    |  | 45,000 | 4/1/2040   | 5.20 | 46,010.30                  | 44,318.25                  |
| Voya Financial Inc                                       |  | 50,000 | 6/15/2046  | 4.80 | 43,072.00                  | 43,098.50                  |
| Weyerhaeuser Co  |  | 8,000  | 3/15/2032  | 7.38 | 11,187.60                  | 8,982.56                   |
| Xcel Energy Inc  |  | 40,000 | 3/15/2034  | 5.50 | 39,861.20                  | 40,165.20                  |
|  |  |        |            |      | <u>1,730,906.49</u>        | <u>1,624,075.84</u>        |
| <b>Private Placements:</b>                               |  |        |            |      |                            |                            |
| Nationwide Mutual Insurance Co                           |  | 40,000 | 4/1/2033   | 7.88 | 56,615.60                  | 45,004.80                  |
| New York Life Insurance                                  |  | 40,000 | 5/15/2033  | 5.88 | 48,399.20                  | 41,813.20                  |
|  |  |        |            |      | <u>105,014.80</u>          | <u>86,818.00</u>           |

*See Independent Auditors' Report.*

**GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**Atalanta Sosnoff Capital, LLC (Portfolio Manager)**  
**YEAR ENDED MARCH 31, 2025**

| (a)  | (b)  | (c)             |             |                            | (d)                        | (e) |
|--|--|-----------------|-------------|----------------------------|----------------------------|-----|
| IDENTITY OF ISSUER, BORROWER,<br>LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING<br>MATURITY DATE, RATE OF INTEREST,<br>COLLATERAL, PAR OR MATURITY VALUE |                 |             | COST<br>VALUE<br>3/31/2025 | FAIR<br>VALUE<br>3/31/2025 |     |
| <b>Foreign Bonds</b>                                     |  |                 |             |                            |                            |     |
|  | <u>Par</u>   | <u>Maturity</u> | <u>Rate</u> |                            |                            |     |
| Kinross Gold Corp  | 33,000   | 9/1/2041        | 6.88        | \$ 45,886.22               | \$ 35,675.31               |     |
| Pfizer Investment Enter                                  | 25,000   | 5/19/2043       | 5.11        | 24,500.00                  | 23,842.00                  |     |
|  |  |                 |             | <u>70,386.22</u>           | <u>59,517.31</u>           |     |

**Equity Securities:**

| <u>Common Stock</u>           | <u>Shares</u> |        | <u>Price</u> |            |            |  |
|-------------------------------|---------------|--------|--------------|------------|------------|--|
| Alphabet Inc CL A             | 1,196         | Common | 154.64       | 114,452.50 | 184,949.44 |  |
| Facebook Inc                  | 312           | Common | 576.36       | 108,156.89 | 179,824.32 |  |
| Netflix.com Inc               | 138           | Common | 932.53       | 58,522.01  | 128,689.14 |  |
| T-Mobile US Inc               | 427           | Common | 266.71       | 65,191.35  | 113,885.17 |  |
| Take-Two Interactive Software | 226           | Common | 207.25       | 45,885.96  | 46,838.50  |  |
| Amazon Com Inc                | 1,175         | Common | 190.26       | 155,105.90 | 223,555.50 |  |
| Dicks Sporting Goods Inc      | 223           | Common | 201.56       | 42,839.27  | 44,947.88  |  |
| Home Depot Inc                | 146           | Common | 366.49       | 49,704.56  | 53,507.54  |  |
| Mcdonalds Corp                | 94            | Common | 312.37       | 23,566.00  | 29,362.78  |  |
| Tesla Mtrs Inc                | 118           | Common | 259.16       | 27,576.19  | 30,580.88  |  |
| TJX Companies Inc             | 310           | Common | 121.80       | 37,849.08  | 37,758.00  |  |
| Coca Cola Co                  | 1,415         | Common | 71.62        | 87,867.89  | 101,342.30 |  |
| Costco Wholesale Corp         | 87            | Common | 945.78       | 39,146.99  | 82,282.86  |  |
| Conocophillips                | 250           | Common | 105.02       | 23,721.20  | 26,255.00  |  |
| EQT Corp                      | 901           | Common | 53.43        | 47,242.15  | 48,140.43  |  |
| Exxon Mobil Corp              | 731           | Common | 118.93       | 64,428.30  | 86,937.83  |  |
| Allstate Corp                 | 458           | Common | 207.07       | 78,213.73  | 94,838.06  |  |
| American Express Co           | 263           | Common | 269.05       | 46,488.08  | 70,760.15  |  |
| Goldman Sachs Group Inc       | 210           | Common | 546.29       | 83,984.57  | 114,720.90 |  |
| JP Morgan Chase & Co          | 739           | Common | 245.30       | 113,460.12 | 181,276.70 |  |
| Progressive Corp              | 225           | Common | 283.01       | 63,943.31  | 63,677.25  |  |
| Schwab Charles Corp           | 551           | Common | 78.28        | 39,366.62  | 43,132.28  |  |
| Abbvie Inc                    | 388           | Common | 209.52       | 61,680.56  | 81,293.76  |  |
| Boston Scientific Corp        | 790           | Common | 100.88       | 34,364.17  | 79,695.20  |  |
| Lilly Eli & Co                | 106           | Common | 825.91       | 26,595.03  | 87,546.46  |  |
| McKesson Corp                 | 134           | Common | 672.99       | 76,177.42  | 90,180.66  |  |
| Unitedhealth Group Inc        | 65            | Common | 523.75       | 25,104.39  | 34,043.75  |  |
| Vertex Pharmaceuticals Inc    | 94            | Common | 484.82       | 29,740.15  | 45,573.08  |  |
| GE Aerospace                  | 230           | Common | 200.15       | 47,708.16  | 46,034.50  |  |
| L3 Harris Technologies Inc    | 180           | Common | 209.31       | 38,244.24  | 37,675.80  |  |
| Lockheed Martin Corp          | 61            | Common | 446.71       | 29,325.02  | 27,249.31  |  |
| Northrop Grumman Corp         | 80            | Common | 512.01       | 38,102.34  | 40,960.80  |  |
| RTX Corporation               | 828           | Common | 132.46       | 85,726.65  | 109,676.88 |  |

*See Independent Auditors' Report.*

**Schedule "1"**

GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
**Atalanta Sosnoff Capital, LLC (Portfolio Manager)**  
YEAR ENDED MARCH 31, 2025

| (a)  | (b)  | (c)     |                            | (d)                        | (e)                    |
|--|--|---------|----------------------------|----------------------------|------------------------|
| IDENTITY OF ISSUER, BORROWER,<br>LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING<br>MATURITY DATE, RATE OF INTEREST,<br>COLLATERAL, PAR OR MATURITY VALUE |         | COST<br>VALUE<br>3/31/2025 | FAIR<br>VALUE<br>3/31/2025 |                        |
| <b>Common Stock</b>                                      |  |         |                            |                            |                        |
|  | <u>Shares</u>  |         | <u>Price</u>               |                            |                        |
| United Rentals Inc                                       | 37   | Common  | 626.70                     | \$ 17,783.74               | \$ 23,187.90           |
| Vertiv Holdings LLC                                      | 353  | Common  | 72.20                      | 30,941.47                  | 25,486.60              |
| Adobe Sys Inc  | 93   | Common  | 383.53                     | 46,574.35                  | 35,668.29              |
| Apple Inc  | 1,114  | Common  | 222.13                     | 110,402.53                 | 247,452.82             |
| Broadcom Inc   | 663  | Common  | 167.43                     | 48,298.17                  | 111,006.09             |
| IBM Corp   | 455  | Common  | 248.66                     | 71,433.77                  | 113,140.30             |
| Micron Technology Inc                                    | 710  | Common  | 86.89                      | 65,541.00                  | 61,691.90              |
| Microsoft Corp   | 670  | Common  | 375.39                     | 106,625.18                 | 251,511.30             |
| Nvidia Corp  | 1,939  | Common  | 108.38                     | 83,648.97                  | 210,148.82             |
| Oracle Corporation                                       | 400  | Common  | 139.81                     | 67,030.15                  | 55,924.00              |
| Palo Alto Networks Inc                                   | 335  | Common  | 170.64                     | 34,223.52                  | 57,164.40              |
| Salesforce Inc   | 212  | Common  | 268.36                     | 69,799.96                  | 56,892.32              |
| Servicenow Inc   | 65   | Common  | 796.14                     | 35,237.98                  | 51,749.10              |
| Snowflake Inc CL A                                       | 275  | Common  | 146.16                     | 46,007.44                  | 40,194.00              |
| Freeport-McMoran Copper & Gold B                         | 1,226  | Common  | 37.86                      | 47,097.13                  | 46,416.36              |
| CBRE Group Inc   | 347  | Common  | 130.78                     | 49,258.29                  | 45,380.66              |
| Constellation Energy Corp                                | 127  | Common  | 201.63                     | 24,475.92                  | 25,607.01              |
|  |  |         |                            | <u>2,863,860.37</u>        | <u>4,125,814.98</u>    |
| <b>Foreign Stock</b>                                     |  |         |                            |                            |                        |
| Eaton Corp PLC   | 161  | Foreign | 271.83                     | 39,911.39                  | 43,764.63              |
| Royal Caribbean Cruises LTD                              | 210  | Foreign | 205.44                     | 50,963.45                  | 43,142.40              |
| Shopify Inc  | 612  | Foreign | 95.48                      | 45,938.03                  | 58,433.76              |
| Spotify Technology SA                                    | 60   | Foreign | 550.03                     | 36,115.96                  | 33,001.80              |
|  |  |         |                            | <u>172,928.83</u>          | <u>178,342.59</u>      |
| <b>Short Term Investments:</b>                           |  |         |                            |                            |                        |
| <u>Short Term Investments</u>                            |  |         |                            |                            |                        |
| Blackrock Fedfund Institutional                          | 308,472  | STI     | 1.00                       | 308,471.59                 | 308,471.59             |
| Money funds/Cash/Pending                                 |  |         |                            | 742.86                     | 742.86                 |
|  |  |         |                            | <u>\$ 6,847,305.19</u>     | <u>\$ 7,959,393.15</u> |

*See Independent Auditors' Report.*

Attachment to Form 5500  
 Schedule H - Part IV - Item 4j  
 Plan #001  
 ID #22-6042823

GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND  
**SCHEDULE OF REPORTABLE TRANSACTIONS**  
 YEAR ENDED MARCH 31, 2025

| (a)   | (b)                     | (c)               | (d)              | (g)              | (h)  | (i)                   |
|---|-------------------------|-------------------|------------------|------------------|--|-----------------------|
| Identity of<br>Party Involved                 | Description<br>Of Asset | Purchase<br>Price | Selling<br>Price | Cost of<br>Asset | Current Value of<br>Asset<br>on Transaction Date | Net Gain<br>or (Loss) |
| Blackrock Fed Fund Instl<br>Money Market Fund |                         | \$ 4,069,063      | N/A              | \$ 4,069,063     | \$ 4,069,063                                     | N/A                   |
| Blackrock Fed Fund Instl<br>Money Market Fund |                         | N/A               | \$ 3,812,652     | \$ 3,812,652     | \$ 3,812,652                                     | N/A                   |

*See Independent Auditors' Report.*

**Schedule "2"**

**GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND**

**SCHEDULE OF EMPLOYER REMITTANCES  
YEAR ENDED MARCH 31, 2025**

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|  |   |    |             |
|--|---|----|-------------|
| Beechlawn / DSC, Newark, NJ                |   | \$ | 2,687.82    |
| G.C.I.U. Local 612M, West Caldwell, NJ     |   |    | 462.00      |
| J&J Printing, Bayonne, NJ                  |   |    | 3,580.00    |
| Neo Printing Co. Inc, South Hackensack, NJ |   |    | 1,969.68    |
| Norpak LLC, Newark, NJ                     | * |    | 85,475.44   |
| Royal Printing Service, West New York, NJ  | * |    | 52,942.00   |
|  |   |    | <hr/>       |
|  |   | \$ | 147,116.94  |
|  |   |    | <hr/> <hr/> |

\*Represents an employer that contributed over 10% of total contributions.

*See Independent Auditors' Report.*

**Schedule "3"**

|   |   |   |
|---|---|---|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ Complete all entries in accordance with the instructions to the Form 5500. | OMB Nos 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div><br><br>This Form is Open to Public Inspection |
|---|---|---|

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

**Part II Basic Plan Information—enter all requested information**

|  |   |  |
|--|---|--|
| <b>1a</b> Name of plan<br>GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION PLAN   | <b>1b</b> Three-digit plan number (PN) ▶                  | 001  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>TRUSTEES, GRAPHIC ARTS 62B PENSION FUND<br><br>1099 BLOOMFIELD AVE.<br><br>W. CALDWELL NJ 07006 | <b>1c</b> Effective date of plan<br>04/01/1959            | <b>2b</b> Employer Identification Number (EIN)<br>22-1689801 |
|  | <b>2c</b> Plan Sponsor's telephone number<br>973-227-6801 | <b>2d</b> Business code (see instructions)<br>323100         |

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

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

|           |                                    |          |  |
|-----------|------------------------------------|----------|--|
| SIGN HERE | <i>Harry Selnow</i>                | 1/5/2026 | HARRY SELNOW   |
|           | Signature of plan administrator    | Date     | Enter name of individual signing as plan administrator       |
| SIGN HERE | <i>Kevin Passante</i>              |          | KEVIN PASSANTE   |
|           | Signature of employer/plan sponsor | Date     | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                    |          |  |
|           | Signature of DFE                   | Date     | Enter name of individual signing as DFE                      |

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

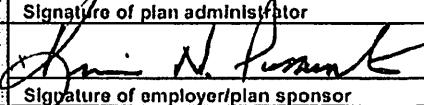
|   |   |  |
|---|---|--|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br>Complete all entries in accordance with the instructions to the Form 5500. | OMB Nos. 1210-0110<br>1210-0049<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2024</div><br><br>This Form is Open to Public Inspection |
|---|---|--|

|  |   |
|--|---|
| <b>Part I Annual Report Identification Information</b>                                     |   |
| For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025 |   |
| A This return/report is for:   | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| B This return/report is:   | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)   |
| C If the plan is a collectively-bargained plan, check here                                 | <input checked="" type="checkbox"/> the DFVC program  |
| D Check box if filing under:   | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension<br><input type="checkbox"/> special extension (enter description)  |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here  | <input type="checkbox"/>  |

|  |  |            |
|--|--|------------|
| <b>Part II Basic Plan Information—enter all requested information</b>  |  |            |
| <b>1a Name of plan</b><br>GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION PLAN   | <b>1b Three-digit plan number (PN)</b> | 001        |
| <b>2a Plan sponsor's name (employer, if for a single-employer plan)</b><br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>TRUSTEES, GRAPHIC ARTS 62B PENSION FUND<br><br>1099 BLOOMFIELD AVE.<br><br>W. CALDWELL NJ 07006 | <b>1c Effective date of plan</b>       | 04/01/1959 |
| <b>2b Employer Identification Number (EIN)</b>   | 22-1689801                             |            |
| <b>2c Plan Sponsor's telephone number</b>  | 973-227-6801                           |            |
| <b>2d Business code (see instructions)</b>   | 323100                                 |            |

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

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

|           |   |        |  |
|-----------|---|--------|--|
| SIGN HERE | <input checked="" type="checkbox"/>   |        | HARRY SELNOW   |
|           | Signature of plan administrator   | Date   | Enter name of individual signing as plan administrator       |
| SIGN HERE |  | 1/5/24 | KEVIN PASSANTE   |
|           | Signature of employer/plan sponsor  | Date   | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |   |        |  |
|           | Signature of DFE  | Date   | Enter name of individual signing as DFE                      |

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

Form 5500 (2024)

|   |  |  |     |
|---|--|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  |  | <b>3b</b> Administrator's EIN              |     |
|   |  | <b>3c</b> Administrator's telephone number |     |
|   |  |  |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: |  | <b>4b</b> EIN                              |     |
| <b>a</b> Sponsor's name   |  |  |     |
| <b>c</b> Plan Name  |  | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   |  | <b>5</b>                                   | 372 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).  |  |  |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year   |  | <b>6a(1)</b>                               | 74  |
| <b>a(2)</b> Total number of active participants at the end of the plan year   |  | <b>6a(2)</b>                               | 61  |
| <b>b</b> Retired or separated participants receiving benefits   |  | <b>6b</b>                                  | 144 |
| <b>c</b> Other retired or separated participants entitled to future benefits  |  | <b>6c</b>                                  | 112 |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.   |  | <b>6d</b>                                  | 317 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.   |  | <b>6e</b>                                  | 27  |
| <b>f</b> Total. Add lines 6d and 6e.  |  | <b>6f</b>                                  | 344 |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)  |  | <b>6g(1)</b>                               |     |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  |  | <b>6g(2)</b>                               |     |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested  |  | <b>6h</b>                                  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)  |  | <b>7</b>                                   | 6   |

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

1B

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

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

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

**a Pension Schedules**

- (1)  R (Retirement Plan Information)
- (2)  MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  DCG (Individual Plan Information) - Number Attached \_\_\_\_\_
- (5)  MEP (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  H (Financial Information)
- (2)  I (Financial Information - Small Plan)
- (3)  A (Insurance Information) - Number Attached \_\_\_\_\_
- (4)  C (Service Provider Information)
- (5)  D (DFE/Participating Plan Information)
- (6)  G (Financial Transaction Schedules)

**Part II 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 \_\_\_\_\_

**ATTACHMENT TO 2024 FORM 5500  
SCHEDULE MB LINE 8.B.2.**

**GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION PLAN  
YEARS OF PENSION SERVICE TO 4/1/2024**

| <b>AGE</b>   | <b>0-4</b> | <b>5-9</b> | <b>10-14</b> | <b>15-19</b> | <b>20-24</b> | <b>25-29</b> | <b>30 &amp; OVER</b> | <b>TOTAL</b> |
|--------------|------------|------------|--------------|--------------|--------------|--------------|----------------------|--------------|
| <b>20-24</b> | 4          | 0          | 0            | 0            | 0            | 0            | 0                    | 4            |
| <b>25-29</b> | 5          | 0          | 0            | 0            | 0            | 0            | 0                    | 5            |
| <b>30-34</b> | 8          | 2          | 0            | 0            | 0            | 0            | 0                    | 10           |
| <b>35-39</b> | 0          | 4          | 0            | 0            | 0            | 0            | 0                    | 4            |
| <b>40-44</b> | 1          | 0          | 5            | 0            | 0            | 0            | 0                    | 6            |
| <b>45-49</b> | 0          | 0          | 0            | 6            | 1            | 0            | 0                    | 7            |
| <b>50-54</b> | 0          | 0          | 0            | 0            | 6            | 3            | 0                    | 9            |
| <b>55-59</b> | 0          | 0          | 0            | 0            | 0            | 8            | 0                    | 8            |
| <b>60-64</b> | 0          | 0          | 0            | 0            | 0            | 0            | 13                   | 13           |
| <b>65-69</b> | 0          | 0          | 0            | 0            | 0            | 0            | 6                    | 6            |
| <b>70-74</b> | 0          | 0          | 0            | 0            | 0            | 0            | 2                    | 2            |
| <b>TOTAL</b> | 18         | 6          | 5            | 6            | 7            | 11           | 21                   | 74           |

## SECTION 4. ACTUARIAL STATUS (CONT'D)

### ASSUMPTIONS

We suggest and have used in this valuation the following assumptions:

1. **MORTALITY.** The mortality table we have employed in this valuation is the UP-1984 Mortality Table set forward one year for males and set back five years for females for post-pension experience and set forward one year for all participants for pre-pension experience.
2. **INVESTMENT YIELD.** We have assumed that the Plan's funds will earn 7.5% annual compound interest in the future. For Solvency Projections we have utilized 7% annual compound interest in the future.
3. **TURNOVER.** We have assumed no termination of employment for reasons other than death, disability or pension will occur in the future.
4. **DISABILITY.** We have employed the 1973 Disability Model, Transactions of Society of Actuaries, XXVI, in assuming the rate of disability in the future.
5. **FUTURE WORK YEAR.** We have assumed that each active participant will earn future pension service based on the actual pension service earned in the current year.
6. **AGE AT PENSION.** We have assumed that each active participant will elect pension as soon as eligible for normal pension but not before one year if already eligible.
7. **ADMINISTRATION EXPENSES.** We have assumed \$80,000 will be the annual cost of administration. Administration expenses are expressed as a present value and are included in the active participant liabilities for funding purposes. This represents the net administration and does not include investment management fees.
9. **NUMBER OF ACTIVE PARTICIPANTS.** We have assumed that the number of active participants will remain constant from here forward.
10. **AVERAGE CONTRIBUTION RATE AS OF 12/31/1997.** If not provided, we have assumed an average contribution rate \$5.39 per shift as of 12/31/1997.

**Attachment to 2024 Form 5500**

**Schedule MB, line 4a - Illustration Supporting Actuarial Certification of Status**

**Plan Name** Graphic Arts Local 62B Industry Pension Plan **EIN:** 22-1689801

**Plan Sponsor's Name** Trustees Graphic Arts 62B Pension Fund **PN:** 001

Illustrate the details providing the actuarial certification of status. The Plan is in Critical and Declining status because it has funding or liquidity issues, or both.

**Attachment to 2024 Form 5500**

**Schedule MB, line 4c - Illustration Supporting Actuarial Certification of Status**

**Plan Name** Graphic Arts Local 62B Industry Pension Plan **EIN:** 22-1689801

**Plan Sponsor's Name** Trustees Graphic Arts 62B Pension Fund **PN:** 001

Compare the current status of the plan to the scheduled progress under the applicable funding improvement or rehabilitation plan to this Schedule MB. Based upon the actuarial and financial status of the Graphic Arts Local 62B pension Plan as well as current and expected contribution levels, the Pension Fund is expected to meet the Reasonable Measures Rehabilitation Plan as required under the Pension Protection Act.

**SCHEDULE B ATTACHMENT LINE #7  
 GRAPHIC ARTS LOCAL 62B PENSION PLAN  
 E.I.N. 22-1689801 PLAN NUMBER 001  
 AMORTIZATION RECORD IN SUPPORT OF FUNDING STANDARD ACCOUNT FOR 2024**

| <b>AMORTIZATION CHARGES</b> | <b>DATE OF FIRST<br/>CHARGE OR CREDIT</b> | <b>YEARS<br/>REMAINING</b> | <b>OUTSTANDING<br/>BALANCE<br/>BEGINNING OF YEAR</b> | <b>AMORTIZATION<br/>CHARGE OR CREDIT</b> |
|-----------------------------|---|----------------------------|--|--|
| Combination of Bases        | 04/01/1997                                | 3                          | 1,050,716  | 375,852                                  |
| Assumption Change           | 04/01/2000                                | 6                          | 401,132  | 79,501                                   |
| Assumption Change           | 04/01/2002                                | 8                          | 71,025   | 11,283                                   |
| ENIL Loss                   | 04/01/2009                                | 14                         | 261,954  | 28,704                                   |
| Actuarial Loss              | 04/01/2010                                | 1                          | 212,530  | 212,533                                  |
| Actuarial Loss              | 04/01/2012                                | 3                          | 15,132   | 5,416                                    |
| Actuarial Loss              | 04/01/2013                                | 4                          | 267,175  | 74,205                                   |
| Actuarial Loss              | 04/01/2015                                | 6                          | 26,142   | 5,181                                    |
| Actuarial Loss              | 04/01/2016                                | 7                          | 444,870  | 78,131                                   |
| Actuarial Loss              | 04/01/2019                                | 10                         | 93,243   | 12,636                                   |
| Actuarial Loss              | 04/01/2020                                | 11                         | 612,028  | 77,826                                   |
| Actuarial Loss              | 04/01/2022                                | 13                         | 441,634  | 50,558                                   |
| <b>Total Charges</b>        |   |                            | <b>3,897,581</b>                                     | <b>1,011,826</b>                         |
| <b>AMORTIZATION CREDITS</b> |   |                            |  |  |
| Actuarial Gain              | 04/01/2021                                | 12                         | 1,422,505  | 171,068                                  |
| Actuarial Gain              | 04/01/2023                                | 14                         | 841,279  | 92,187                                   |
| Actuarial Gain              | 04/01/2024                                | 15                         | 1,254,282  | 132,181                                  |
| <b>Total Credits</b>        |   |                            | <b>3,518,066</b>                                     | <b>395,436</b>                           |

**GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**Atalanta Sosnoff Capital, LLC (Portfolio Manager)**  
**YEAR ENDED MARCH 31, 2025**

| (a)  | (b)  | (c)        |      |                            | (d)                        | (e) |
|--|--|------------|------|----------------------------|----------------------------|-----|
| IDENTITY OF ISSUER, BORROWER,<br>LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING<br>MATURITY DATE, RATE OF INTEREST,<br>COLLATERAL, PAR OR MATURITY VALUE |            |      | COST<br>VALUE<br>3/31/2025 | FAIR<br>VALUE<br>3/31/2025 |     |
| <b><u>U.S. Government Securities &amp; Agencies:</u></b> |  |            |      |                            |                            |     |
| <b><u>US Government Obligations</u></b>                  |  |            |      |                            |                            |     |
|  | Shares   | Maturity   | Rate |                            |                            |     |
| US Treasury Bond   | 215,000  | 11/15/2032 | 4.13 | \$ 220,591.14              | \$ 215,318.20              |     |
| US Treasury Bond   | 50,000   | 11/15/2034 | 4.25 | 49,257.81                  | 50,148.50                  |     |
| US Treasury Note   | 75,000   | 5/15/2042  | 3.25 | 70,702.27                  | 63,372.00                  |     |
| US Treasury Bond   | 180,000  | 11/15/2042 | 4.00 | 175,808.40                 | 167,913.00                 |     |
| US Treasury Bond   | 40,000   | 8/15/2033  | 3.88 | 39,681.25                  | 39,203.20                  |     |
|  |  |            |      | 556,040.87                 | 535,954.90                 |     |
| <br><b><u>US Federal Agencies</u></b>                    |  |            |      |                            |                            |     |
| Federal Farm Credit Banks                                | 50,000   | 11/14/2044 | 5.95 | 50,000.00                  | 50,106.50                  |     |
| Federal Farm Credit Banks                                | 50,000   | 1/28/2037  | 5.70 | 50,000.00                  | 50,001.50                  |     |
| Federal Farm Credit Banks                                | 35,000   | 11/29/2034 | 5.87 | 35,038.12                  | 35,002.10                  |     |
| Federal Farm Credit Banks                                | 50,000   | 10/28/2044 | 5.72 | 50,000.00                  | 49,824.00                  |     |
| Federal Farm Credit Banks                                | 60,000   | 6/10/2039  | 6.07 | 60,060.00                  | 60,222.00                  |     |
| Federal Home Loan Bank                                   | 40,000   | 11/29/2039 | 5.75 | 40,000.00                  | 39,947.20                  |     |
| Federal Home Loan Bank                                   | 50,000   | 2/27/2035  | 5.75 | 50,000.00                  | 49,955.50                  |     |
| Federal Home Loan Bank                                   | 30,000   | 2/13/2034  | 5.25 | 30,000.00                  | 30,159.30                  |     |
| Federal Home Loan Bank                                   | 60,000   | 5/23/2034  | 5.92 | 60,030.00                  | 60,127.20                  |     |
|  |  |            |      | 425,128.12                 | 425,345.30                 |     |
| <br><b><u>Mortgage &amp; Asset Backed Securities</u></b> |  |            |      |                            |                            |     |
| FHLMC Gold Pool #A47055                                  | 377  | 9/1/2035   | 4.50 | 356.05                     | 370.49                     |     |
| FHLMC Gold Pool #G01953                                  | 399  | 10/1/2035  | 4.50 | 377.98                     | 392.09                     |     |
| FHLMC Gold Pool #G02682                                  | 577  | 2/1/2037   | 7.00 | 592.51                     | 603.47                     |     |
| FHLMC Gold Pool #G03205                                  | 445  | 7/1/2035   | 5.50 | 436.64                     | 453.63                     |     |
| FHLMC Pool #782862                                       | 190  | 11/1/2034  | 4.38 | 191.97                     | 195.35                     |     |
| FHLMC Pool   | 509  | 11/1/2036  | 5.58 | 513.02                     | 521.01                     |     |
| FHLMC Pool   | 848  | 12/1/2036  | -    | 853.15                     | 866.39                     |     |
| FNMA Pool  | 12,501   | 6/1/2046   | 4.50 | 13,157.68                  | 12,224.65                  |     |
| FNMA Pool  | 7,992  | 7/1/2038   | 5.50 | 8,661.51                   | 8,122.25                   |     |
| FNMA Pool #254693  | 528  | 4/1/2033   | 5.50 | 532.57                     | 536.64                     |     |
| FNMA Pool #255364  | 585  | 9/1/2034   | 6.00 | 583.82                     | 607.00                     |     |
| FNMA Pool #357886  | 175  | 7/1/2035   | 5.50 | 172.63                     | 178.31                     |     |
| FNMA Pool #555677  | 1,181  | 7/1/2033   | 5.50 | 1,191.03                   | 1,202.52                   |     |
| FNMA Pool #725027  | 388  | 11/1/2033  | 5.00 | 370.61                     | 389.91                     |     |
| FNMA Pool #725946  | 813  | 11/1/2034  | 5.50 | 801.82                     | 827.92                     |     |
| FNMA Pool #735224  | 552  | 2/1/2035   | 5.50 | 557.25                     | 562.34                     |     |
| FNMA Pool #735230  | 594  | 2/1/2035   | 5.50 | 600.05                     | 606.27                     |     |
| FNMA Pool #745044  | 689  | 8/1/2035   | 4.50 | 647.80                     | 676.53                     |     |

*See Independent Auditors' Report.*

**GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**Atalanta Sosnoff Capital, LLC (Portfolio Manager)**  
**YEAR ENDED MARCH 31, 2025**

| (a)  | (b)  | (c)             |             |                            | (d)                        | (e) |
|--|--|-----------------|-------------|----------------------------|----------------------------|-----|
| IDENTITY OF ISSUER, BORROWER,<br>LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING<br>MATURITY DATE, RATE OF INTEREST,<br>COLLATERAL, PAR OR MATURITY VALUE |                 |             | COST<br>VALUE<br>3/31/2025 | FAIR<br>VALUE<br>3/31/2025 |     |
| <b><u>Mortgage &amp; Asset Backed Securities</u></b>     |  |                 |             |                            |                            |     |
|  | <u>Shares</u>  | <u>Maturity</u> | <u>Rate</u> |                            |                            |     |
| FNMA Pool #745275  | 1,462  | 2/1/2036        | 5.00        | \$ 1,411.36                | \$ 1,472.60                |     |
| FNMA Pool #745418  | 207  | 4/1/2036        | 5.50        | 205.70                     | 211.67                     |     |
| FNMA Pool #745428  | 737  | 1/1/2036        | 5.50        | 728.47                     | 754.08                     |     |
| FNMA Pool #745516  | 480  | 5/1/2036        | 5.50        | 477.24                     | 490.93                     |     |
| FNMA Pool #831800  | 516  | 9/1/2036        | 6.50        | 527.66                     | 543.15                     |     |
| FNMA Pool #888016  | 1,905  | 5/1/2036        | 5.50        | 1,882.97                   | 1,949.32                   |     |
| FNMA Pool #888209  | 523  | 5/1/2036        | 5.50        | 518.25                     | 535.50                     |     |
| FNMA Pool #888692  | 380  | 9/1/2036        | 5.50        | 371.99                     | 386.87                     |     |
| FNMA Pool #888794  | 362  | 9/1/2035        | 4.50        | 339.04                     | 358.65                     |     |
| FNMA Pool #910289  | 96   | 3/1/2037        | 4.52        | 97.55                      | 98.20                      |     |
| FNMA Pool  | 576  | 12/1/2036       | -           | 580.72                     | 591.20                     |     |
| FNMA Pool #725423  | 361  | 5/1/2034        | 5.50        | 364.63                     | 368.02                     |     |
| FNMA Pool #725424  | 172  | 4/1/2034        | 5.50        | 173.11                     | 174.93                     |     |
| FHLMC Pool #SD-2200                                      | 32,198   | 1/1/2053        | 6.00        | 32,932.21                  | 33,182.94                  |     |
| FHLMC Pool #SD-2737                                      | 91,209   | 4/1/2053        | 5.50        | 93,004.73                  | 92,326.34                  |     |
| FHLMC Pool #SD-4559                                      | 43,213   | 9/1/2053        | 5.00        | 43,050.81                  | 42,941.06                  |     |
| FHLMC Pool #SD-5034                                      | 68,529   | 3/1/2054        | 3.00        | 69,856.77                  | 70,578.05                  |     |
| FHLMC Pool #SD-5211                                      | 36,520   | 4/1/2054        | 6.00        | 36,565.43                  | 37,611.73                  |     |
| FHLMC Pool   | 77,565   | 5/1/2054        | 6.00        | 79,746.18                  | 79,845.85                  |     |
| FNMA Pool #FS6616  | 26,229   | 6/1/2053        | 6.00        | 26,737.29                  | 26,804.59                  |     |
| FNMA Pool #FS7744  | 73,888   | 4/1/2054        | 6.50        | 77,074.86                  | 77,535.54                  |     |
| FNMA Pool #MA5166  | 25,949   | 10/1/2053       | 6.00        | 26,386.86                  | 26,399.71                  |     |
| FNMA Remic Trust   | 50,000   | 11/25/2033      | 6.50        | 51,234.38                  | 52,678.09                  |     |
| GNMA Pool  | 35,000   | 12/20/2053      | 6.00        | 35,568.75                  | 35,927.38                  |     |
| GNMA Pool #780798  | 40   | 12/15/2027      | 7.50        | 54.37                      | 40.34                      |     |
|  |  |                 |             | <u>610,489.42</u>          | <u>613,143.51</u>          |     |
| <b><u>Corporate Bonds &amp; Debt:</u></b>                |  |                 |             |                            |                            |     |
| <b><u>Collateralized MTG Obligations</u></b>             |  |                 |             |                            |                            |     |
| Indymac Inda MTG LN                                      | 1,829  | CMO             | 3.58        | 1,837.87                   | 1,166.26                   |     |
| Wamu Mtg Passthrough                                     | 1,498  | CMO             | 0.64        | 1,497.75                   | 0.01                       |     |
|  |  |                 |             | <u>3,335.62</u>            | <u>1,166.27</u>            |     |
| <b><u>Corporate Bonds</u></b>                            |  |                 |             |                            |                            |     |
| Alabama Pwr Co   | 65,000   | 3/15/2033       | 5.60        | 66,333.80                  | 66,478.10                  |     |
| Allstate Corp  | 75,000   | 8/15/2053       | 5.75        | 79,663.50                  | 75,087.75                  |     |
| American Express Co                                      | 50,000   | 5/26/2033       | 4.99        | 49,556.00                  | 49,282.00                  |     |
| Amgen Inc  | 44,000   | 6/15/2042       | 5.65        | 43,538.00                  | 43,653.72                  |     |
| Anheuser Busch Co  | 50,000   | 4/1/2036        | 5.75        | 52,425.50                  | 52,336.00                  |     |

*See Independent Auditors' Report.*

**GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**Atalanta Sosnoff Capital, LLC (Portfolio Manager)**  
**YEAR ENDED MARCH 31, 2025**

| (a)  | (b)  | (c)        |      |                            | (d)                        | (e) |
|--|--|------------|------|----------------------------|----------------------------|-----|
| IDENTITY OF ISSUER, BORROWER,<br>LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING<br>MATURITY DATE, RATE OF INTEREST,<br>COLLATERAL, PAR OR MATURITY VALUE |            |      | COST<br>VALUE<br>3/31/2025 | FAIR<br>VALUE<br>3/31/2025 |     |
| <b>Corporate Bonds</b>                                   |  |            |      |                            |                            |     |
|  | Par  | Maturity   | Rate |                            |                            |     |
| Anheuser Busch Co  | 50,000   | 1/15/2033  | 5.95 | 55,006.50                  | 52,981.00                  |     |
| Archer Daniels Midland Co                                | 25,000   | 10/1/2032  | 5.94 | 28,628.13                  | 26,832.00                  |     |
| Autozone Inc   | 15,000   | 2/1/2033   | 4.75 | 14,990.10                  | 14,645.10                  |     |
| Bristol-Meyers Squibb Co                                 | 20,000   | 11/15/2033 | 5.90 | 19,969.60                  | 21,369.20                  |     |
| Dominion Energy Inc                                      | 23,000   | 6/15/2038  | 7.00 | 35,284.99                  | 25,814.28                  |     |
| Duke Energy Carolinas LLC                                | 65,000   | 6/1/2037   | 6.10 | 91,888.20                  | 68,526.90                  |     |
| First Union Corp   | 21,000   | 8/1/2026   | 7.57 | 26,459.37                  | 21,799.89                  |     |
| Goldman Sachs  | 45,000   | 7/23/2025  | Var  | 45,000.00                  | 44,775.45                  |     |
| HCA Inc  | 33,000   | 11/6/2033  | 7.50 | 37,055.70                  | 37,319.37                  |     |
| JP Morgan Chase & Co                                     | 50,000   | 1/24/2031  | -    | 50,000.00                  | 50,780.00                  |     |
| Kinder Morgan Energy Partners                            | 45,000   | 3/15/2035  | 5.80 | 59,139.90                  | 45,999.00                  |     |
| National Rural Utils Coop Fin                            | 43,000   | 4/30/2043  | 4.75 | 43,486.76                  | 43,042.14                  |     |
| Nextera Energy   | 40,000   | 9/1/2054   | Var  | 40,000.00                  | 40,496.80                  |     |
| Occidental   | 62,000   | 9/15/2036  | 6.45 | 75,553.20                  | 63,820.94                  |     |
| Oglethorpe Power Corp                                    | 55,000   | 12/1/2042  | 4.20 | 65,929.34                  | 49,269.09                  |     |
| Peco Energy Co   | 50,000   | 6/15/2033  | 4.90 | 49,949.00                  | 49,799.50                  |     |
| Philip Morris Intl Inc                                   | 35,000   | 5/1/2030   | 2.10 | 34,827.80                  | 30,964.85                  |     |
| Puget Sound Energy Inc                                   | 45,000   | 9/15/2051  | 2.89 | 25,000.00                  | 15,576.00                  |     |
| Quest Diagnostics Inc                                    | 35,000   | 1/30/2040  | 5.75 | 36,720.60                  | 35,103.60                  |     |
| RTX Corp   | 45,000   | 2/27/2033  | -    | 44,867.70                  | 45,400.50                  |     |
| RTX Corp   | 50,000   | 11/16/2028 | 4.13 | 57,208.50                  | 49,295.00                  |     |
| RTX Corp   | 25,000   | 3/15/2034  | 6.10 | 24,953.00                  | 26,809.00                  |     |
| Schwab Charles Corp                                      | 75,000   | 8/24/2034  | Var  | 74,814.00                  | 79,824.75                  |     |
| Simon Property Group Inc                                 | 45,000   | 3/8/2053   | 5.85 | 44,597.70                  | 45,377.10                  |     |
| Southern Co  | 28,000   | 9/15/2051  | 3.75 | 28,280.00                  | 27,207.60                  |     |
| State Str Corp   | 50,000   | 11/21/2034 | Var  | 52,561.00                  | 52,552.00                  |     |
| Tosco Corp   | 25,000   | 1/1/2047   | 7.90 | 31,166.00                  | 29,132.75                  |     |
| Truist Financial Corp                                    | 30,000   | 10/28/2033 | 6.12 | 55,884.50                  | 57,842.95                  |     |
| Union Elec Co  | 50,000   | 3/15/2053  | 5.45 | 50,037.00                  | 48,317.00                  |     |
| United Parcel Service                                    | 45,000   | 4/1/2040   | 5.20 | 46,010.30                  | 44,318.25                  |     |
| Voya Financial Inc                                       | 50,000   | 6/15/2046  | 4.80 | 43,072.00                  | 43,098.50                  |     |
| Weyerhaeuser Co  | 8,000  | 3/15/2032  | 7.38 | 11,187.60                  | 8,982.56                   |     |
| Xcel Energy Inc  | 40,000   | 3/15/2034  | 5.50 | 39,861.20                  | 40,165.20                  |     |
|  |  |            |      | 1,730,906.49               | 1,624,075.84               |     |
| <b>Private Placements:</b>                               |  |            |      |                            |                            |     |
| Nationwide Mutual Insurance Co                           | 40,000   | 4/1/2033   | 7.88 | 56,615.60                  | 45,004.80                  |     |
| New York Life Insurance                                  | 40,000   | 5/15/2033  | 5.88 | 48,399.20                  | 41,813.20                  |     |
|  |  |            |      | 105,014.80                 | 86,818.00                  |     |

*See Independent Auditors' Report.*

**GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**Atalanta Sosnoff Capital, LLC (Portfolio Manager)**  
**YEAR ENDED MARCH 31, 2025**

| (a)  | (b)  | (c)             |             |                            | (d)                        | (e) |
|--|--|-----------------|-------------|----------------------------|----------------------------|-----|
| IDENTITY OF ISSUER, BORROWER,<br>LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING<br>MATURITY DATE, RATE OF INTEREST,<br>COLLATERAL, PAR OR MATURITY VALUE |                 |             | COST<br>VALUE<br>3/31/2025 | FAIR<br>VALUE<br>3/31/2025 |     |
| <b>Foreign Bonds</b>                                     |  |                 |             |                            |                            |     |
|  | <u>Par</u>   | <u>Maturity</u> | <u>Rate</u> |                            |                            |     |
| Kinross Gold Corp  | 33,000   | 9/1/2041        | 6.88        | \$ 45,886.22               | \$ 35,675.31               |     |
| Pfizer Investment Enter                                  | 25,000   | 5/19/2043       | 5.11        | 24,500.00                  | 23,842.00                  |     |
|  |  |                 |             | <u>70,386.22</u>           | <u>59,517.31</u>           |     |

**Equity Securities:**

| <u>Common Stock</u>           | <u>Shares</u> |        | <u>Price</u> |            |            |  |
|-------------------------------|---------------|--------|--------------|------------|------------|--|
| Alphabet Inc CL A             | 1,196         | Common | 154.64       | 114,452.50 | 184,949.44 |  |
| Facebook Inc                  | 312           | Common | 576.36       | 108,156.89 | 179,824.32 |  |
| Netflix.com Inc               | 138           | Common | 932.53       | 58,522.01  | 128,689.14 |  |
| T-Mobile US Inc               | 427           | Common | 266.71       | 65,191.35  | 113,885.17 |  |
| Take-Two Interactive Software | 226           | Common | 207.25       | 45,885.96  | 46,838.50  |  |
| Amazon Com Inc                | 1,175         | Common | 190.26       | 155,105.90 | 223,555.50 |  |
| Dicks Sporting Goods Inc      | 223           | Common | 201.56       | 42,839.27  | 44,947.88  |  |
| Home Depot Inc                | 146           | Common | 366.49       | 49,704.56  | 53,507.54  |  |
| Mcdonalds Corp                | 94            | Common | 312.37       | 23,566.00  | 29,362.78  |  |
| Tesla Mtrs Inc                | 118           | Common | 259.16       | 27,576.19  | 30,580.88  |  |
| TJX Companies Inc             | 310           | Common | 121.80       | 37,849.08  | 37,758.00  |  |
| Coca Cola Co                  | 1,415         | Common | 71.62        | 87,867.89  | 101,342.30 |  |
| Costco Wholesale Corp         | 87            | Common | 945.78       | 39,146.99  | 82,282.86  |  |
| Conocophillips                | 250           | Common | 105.02       | 23,721.20  | 26,255.00  |  |
| EQT Corp                      | 901           | Common | 53.43        | 47,242.15  | 48,140.43  |  |
| Exxon Mobil Corp              | 731           | Common | 118.93       | 64,428.30  | 86,937.83  |  |
| Allstate Corp                 | 458           | Common | 207.07       | 78,213.73  | 94,838.06  |  |
| American Express Co           | 263           | Common | 269.05       | 46,488.08  | 70,760.15  |  |
| Goldman Sachs Group Inc       | 210           | Common | 546.29       | 83,984.57  | 114,720.90 |  |
| JP Morgan Chase & Co          | 739           | Common | 245.30       | 113,460.12 | 181,276.70 |  |
| Progressive Corp              | 225           | Common | 283.01       | 63,943.31  | 63,677.25  |  |
| Schwab Charles Corp           | 551           | Common | 78.28        | 39,366.62  | 43,132.28  |  |
| Abbvie Inc                    | 388           | Common | 209.52       | 61,680.56  | 81,293.76  |  |
| Boston Scientific Corp        | 790           | Common | 100.88       | 34,364.17  | 79,695.20  |  |
| Lilly Eli & Co                | 106           | Common | 825.91       | 26,595.03  | 87,546.46  |  |
| McKesson Corp                 | 134           | Common | 672.99       | 76,177.42  | 90,180.66  |  |
| Unitedhealth Group Inc        | 65            | Common | 523.75       | 25,104.39  | 34,043.75  |  |
| Vertex Pharmaceuticals Inc    | 94            | Common | 484.82       | 29,740.15  | 45,573.08  |  |
| GE Aerospace                  | 230           | Common | 200.15       | 47,708.16  | 46,034.50  |  |
| L3 Harris Technologies Inc    | 180           | Common | 209.31       | 38,244.24  | 37,675.80  |  |
| Lockheed Martin Corp          | 61            | Common | 446.71       | 29,325.02  | 27,249.31  |  |
| Northrop Grumman Corp         | 80            | Common | 512.01       | 38,102.34  | 40,960.80  |  |
| RTX Corporation               | 828           | Common | 132.46       | 85,726.65  | 109,676.88 |  |

*See Independent Auditors' Report.*

**Schedule "1"**

GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
**Atalanta Sosnoff Capital, LLC (Portfolio Manager)**  
YEAR ENDED MARCH 31, 2025

| (a)  | (b)  | (c)     |                            | (d)                        | (e)                    |
|--|--|---------|----------------------------|----------------------------|------------------------|
| IDENTITY OF ISSUER, BORROWER,<br>LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING<br>MATURITY DATE, RATE OF INTEREST,<br>COLLATERAL, PAR OR MATURITY VALUE |         | COST<br>VALUE<br>3/31/2025 | FAIR<br>VALUE<br>3/31/2025 |                        |
| <b>Common Stock</b>                                      |  |         |                            |                            |                        |
|  | <u>Shares</u>  |         | <u>Price</u>               |                            |                        |
| United Rentals Inc                                       | 37   | Common  | 626.70                     | \$ 17,783.74               | \$ 23,187.90           |
| Vertiv Holdings LLC                                      | 353  | Common  | 72.20                      | 30,941.47                  | 25,486.60              |
| Adobe Sys Inc  | 93   | Common  | 383.53                     | 46,574.35                  | 35,668.29              |
| Apple Inc  | 1,114  | Common  | 222.13                     | 110,402.53                 | 247,452.82             |
| Broadcom Inc   | 663  | Common  | 167.43                     | 48,298.17                  | 111,006.09             |
| IBM Corp   | 455  | Common  | 248.66                     | 71,433.77                  | 113,140.30             |
| Micron Technology Inc                                    | 710  | Common  | 86.89                      | 65,541.00                  | 61,691.90              |
| Microsoft Corp   | 670  | Common  | 375.39                     | 106,625.18                 | 251,511.30             |
| Nvidia Corp  | 1,939  | Common  | 108.38                     | 83,648.97                  | 210,148.82             |
| Oracle Corporation                                       | 400  | Common  | 139.81                     | 67,030.15                  | 55,924.00              |
| Palo Alto Networks Inc                                   | 335  | Common  | 170.64                     | 34,223.52                  | 57,164.40              |
| Salesforce Inc   | 212  | Common  | 268.36                     | 69,799.96                  | 56,892.32              |
| Servicenow Inc   | 65   | Common  | 796.14                     | 35,237.98                  | 51,749.10              |
| Snowflake Inc CL A                                       | 275  | Common  | 146.16                     | 46,007.44                  | 40,194.00              |
| Freeport-McMoran Copper & Gold B                         | 1,226  | Common  | 37.86                      | 47,097.13                  | 46,416.36              |
| CBRE Group Inc   | 347  | Common  | 130.78                     | 49,258.29                  | 45,380.66              |
| Constellation Energy Corp                                | 127  | Common  | 201.63                     | 24,475.92                  | 25,607.01              |
|  |  |         |                            | <u>2,863,860.37</u>        | <u>4,125,814.98</u>    |
| <b>Foreign Stock</b>                                     |  |         |                            |                            |                        |
| Eaton Corp PLC   | 161  | Foreign | 271.83                     | 39,911.39                  | 43,764.63              |
| Royal Caribbean Cruises LTD                              | 210  | Foreign | 205.44                     | 50,963.45                  | 43,142.40              |
| Shopify Inc  | 612  | Foreign | 95.48                      | 45,938.03                  | 58,433.76              |
| Spotify Technology SA                                    | 60   | Foreign | 550.03                     | 36,115.96                  | 33,001.80              |
|  |  |         |                            | <u>172,928.83</u>          | <u>178,342.59</u>      |
| <b>Short Term Investments:</b>                           |  |         |                            |                            |                        |
| <u>Short Term Investments</u>                            |  |         |                            |                            |                        |
| Blackrock Fedfund Institutional                          | 308,472  | STI     | 1.00                       | 308,471.59                 | 308,471.59             |
| Money funds/Cash/Pending                                 |  |         |                            | 742.86                     | 742.86                 |
|  |  |         |                            | <u>\$ 6,847,305.19</u>     | <u>\$ 7,959,393.15</u> |

*See Independent Auditors' Report.*

GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION FUND  
**SCHEDULE OF REPORTABLE TRANSACTIONS**  
 YEAR ENDED MARCH 31, 2025

| (a)   | (b)                     | (c)               | (d)              | (g)              | (h)  | (i)                   |
|---|-------------------------|-------------------|------------------|------------------|--|-----------------------|
| Identity of<br>Party Involved                 | Description<br>Of Asset | Purchase<br>Price | Selling<br>Price | Cost of<br>Asset | Current Value of<br>Asset<br>on Transaction Date | Net Gain<br>or (Loss) |
| Blackrock Fed Fund Instl<br>Money Market Fund |                         | \$ 4,069,063      | N/A              | \$ 4,069,063     | \$ 4,069,063                                     | N/A                   |
| Blackrock Fed Fund Instl<br>Money Market Fund |                         | N/A               | \$ 3,812,652     | \$ 3,812,652     | \$ 3,812,652                                     | N/A                   |

See Independent Auditors' Report.

**SECTION 2. PLAN DESCRIPTION**

IN GENERAL

Coverage is afforded participants working in the jurisdiction of the Graphic Arts Local 62B - Industry Pension Plan for employers with agreements providing for pension contributions to the plan.

PLAN PROVISIONS

An outline of the major plan provisions as of the date of this valuation are contained in Table 1.

TABLE 1.  
PLAN PROVISIONS

| ELIGIBILITY FOR BENEFITS:            |                 |                               |
|--------------------------------------|-----------------|-------------------------------|
| Type of Benefit                      | Age Requirement | Service Requirement           |
| Normal Pension                       | 65              | Five years of pension service |
| Early Pension                        | 62              | Five years of pension service |
| Disability Pension                   | none            | Ten years of pension service  |
| Lump Sum Death                       | none            | Two years of pension service  |
| Pre-Pension Surviving Spouse Pension | none            | Five years of vesting service |
| Vesting                              | none            | Five years of vesting service |

| BENEFITS:      |   |                            |
|----------------|---|----------------------------|
| Type           | Amount  | Duration                   |
| Normal Pension | Accrued benefit as of 12/31/97 (as calculated under the old Plan) plus, for participants working for employers contributing to the plan at a contribution rate of at least \$10.40 per shift, \$20. per year (reduced proportionately for partial years) of future calculation service earned after 1997. For contribution rates less than \$10.40 per shift during 1998, the benefit earned after 1997 is proportionately reduced but not below \$7.50. per year of future calculation service | Life, 36 months guaranteed |

**SECTION 2. PLAN DESCRIPTION (CONT'D)**

**TABLE 1. (CONT'D)  
PLAN PROVISIONS**

| BENEFITS (CONT'D):           |   |                            |
|------------------------------|---|----------------------------|
| Type                         | Amount  | Duration                   |
| Early Pension                | same as normal but reduced 3/4 of 1% for each month prior to normal | life, 36 months guaranteed |
| Disability Pension           | same as normal  | life, 36 months guaranteed |
| Deferred Pension Benefit     | same as normal  | Life                       |
| Pre- and Post-Pension Death: |   |                            |
| Surviving Spouse Pension     | 50% of married couple benefit                                       | life of spouse             |

| OPTIONS AT NORMAL AND EARLY PENSION AGE: |  |   |
|--|--|---|
| Type                                     | Amount   | Duration                                    |
| Normal                                   | same as normal, early disability or deferred             | life of pensioner with 36 months guaranteed |
| Married Couple                           | actuarially reduced with 50% payable to surviving spouse | life of both pensioner and spouse           |

**ADMINISTRATION**

Employer monies and employee work records are received, recorded and processed by the plan office. Expenses of operating the plan are paid out of that office and "investable" funds are forwarded to more than one investment medium.

**SCHEDULE MB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain  
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

▶ **Round off amounts to nearest dollar.**

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

|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION PLAN   | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>TRUSTEES, GRAPHIC ARTS 62B PENSION FUND | <b>D</b> Employer Identification Number (EIN)<br>22-1689801 |     |

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

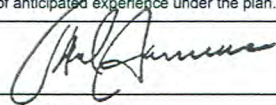
**1a** Enter the valuation date: Month 04 Day 01 Year 2024

**b** Assets

|  |                 |            |
|--|-----------------|------------|
| (1) Current value of assets .....  | <b>1b(1)</b>    | 8,464,334  |
| (2) Actuarial value of assets for funding standard account.....  | <b>1b(2)</b>    | 8,464,334  |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                   | <b>1c(1)</b>    | 10,481,539 |
| (2) Information for plans using spread gain methods:   |                 |            |
| (a) Unfunded liability for methods with bases .....  | <b>1c(2)(a)</b> | 0          |
| (b) Accrued liability under entry age normal method.....   | <b>1c(2)(b)</b> | 0          |
| (c) Normal cost under entry age normal method .....  | <b>1c(2)(c)</b> | 0          |
| (3) Accrued liability under unit credit cost method.....   | <b>1c(3)</b>    | 9,891,228  |
| <b>d</b> Information on current liabilities of the plan:   |                 |            |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions)..... | <b>1d(1)</b>    |            |
| (2) "RPA '94" information:   |                 |            |
| (a) Current liability .....  | <b>1d(2)(a)</b> | 16,746,010 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....               | <b>1d(2)(b)</b> | 36,675     |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                | <b>1d(2)(c)</b> | 0          |
| (3) Expected plan disbursements for the plan year .....  | <b>1d(3)</b>    | 805,906    |

**Statement by Enrolled Actuary**

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

|                               |   |  |
|-------------------------------|---|--|
| <b>SIGN<br/>HERE</b>          |  | 12/29/2025                             |
| FRANK IANNUCCI                | Signature of actuary  | Date                                   |
|                               | Type or print name of actuary   | 2302541                                |
| SUMMIT ACTUARIAL SERVICES LLC | Firm name   | Most recent enrollment number          |
|                               |   | 856-234-8801                           |
| 720 EAST MAIN STREET UNIT 2S  |   | Telephone number (including area code) |
| MOORESTOWN NJ 08057           | Address of the firm   |  |

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

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

Schedule MB (Form 5500) 2024  
v. 240311



- k** Has a change been made in funding method for this plan year? .....  Yes  No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....  Yes  No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method ..... 5m

**6** Checklist of certain actuarial assumptions:

|   |  |  |                              |
|---|--|--|------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability.....   | <b>6a</b>  | 3.49%  |                              |
| <b>b</b> Rates specified in insurance or annuity contracts .....  | Pre-retirement   |  | Post-retirement              |
|   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                     |                              |
| <b>c</b> Mortality table code for valuation purposes:   |  |  |                              |
| <b>(1)</b> Males.....   | <b>6c(1)</b>   | 2  | 2                            |
| <b>(2)</b> Females .....  | <b>6c(2)</b>   | 2  | 2                            |
| <b>d</b> Valuation liability interest rate.....   | <b>6d</b>  | 7.50%  | 7.50%                        |
| <b>e</b> Salary scale .....   | <b>6e</b>  | 0.00%  | <input type="checkbox"/> N/A |
| <b>f</b> Withdrawal liability interest rate:  |  |  |                              |
| <b>(1)</b> Type of interest rate.....   | <b>6f(1)</b>   | <input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |                              |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....   | <b>6f(2)</b>   | 7.50%  |                              |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....                  | <b>6g</b>  | 22.5%  |                              |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                   | <b>6h</b>  | 22.5%  |                              |
| <b>i</b> Expense load included in normal cost reported in line 9b .....   | <b>6i</b>  | <input type="checkbox"/> N/A   |                              |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....                    | <b>6i(1)</b>   | 5.6%   |                              |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b..... | <b>6i(2)</b>   |  |                              |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....   | <b>6i(3)</b>   | <input type="checkbox"/>   |                              |

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

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -1,254,282          | -132,181                       |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

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

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

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

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

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

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

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

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

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

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

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

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

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

|   |                     |   |
|---|---------------------|---|
| <b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s) ..... | <b>8e</b>           |   |
| <b>9</b> Funding standard account statement for this plan year:   |                     |   |
| <b>Charges to funding standard account:</b>   |                     |   |
| <b>a</b> Prior year funding deficiency, if any .....  | <b>9a</b>           | 1,637,690   |
| <b>b</b> Employer's normal cost for plan year as of valuation date .....  | <b>9b</b>           | 16,334  |
| <b>c</b> Amortization charges as of valuation date:   |                     |   |
|   | Outstanding balance |   |
| <b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended .....   | <b>9c(1)</b>        | 3,897,581   |
| <b>(2)</b> Funding waivers .....  | <b>9c(2)</b>        | 0   |
| <b>(3)</b> Certain bases for which the amortization period has been extended .....  | <b>9c(3)</b>        | 0   |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....   | <b>9d</b>           | 199,939   |
| <b>e</b> Total charges. Add lines 9a through 9d .....   | <b>9e</b>           | 2,865,789   |
| <b>Credits to funding standard account:</b>   |                     |   |
| <b>f</b> Prior year credit balance, if any .....  | <b>9f</b>           | 0   |
| <b>g</b> Employer contributions. Total from column (b) of line 3 .....  | <b>9g</b>           | 151,475   |
| <b>h</b> Amortization credits as of valuation date .....  |                     |   |
|   | Outstanding balance |   |
| <b>9h</b>   | <b>9h</b>           | 3,518,066   |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....   | <b>9i</b>           | 34,853  |
| <b>j</b> Full funding limitation (FFL) and credits:   |                     |   |
| <b>(1)</b> ERISA FFL (accrued liability FFL) .....  | <b>9j(1)</b>        | 425,538   |
| <b>(2)</b> "RPA '94" override (90% current liability FFL) .....   | <b>9j(2)</b>        | 6,532,401   |
| <b>(3)</b> FFL credit .....   | <b>9j(3)</b>        | 0   |
| <b>k (1)</b> Waived funding deficiency .....  | <b>9k(1)</b>        | 0   |
| <b>(2)</b> Other credits .....  | <b>9k(2)</b>        | 0   |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....  | <b>9l</b>           | 581,764   |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....   | <b>9m</b>           |   |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....   | <b>9n</b>           | 2,284,025   |
| <b>o</b> Current year's accumulated reconciliation account:   |                     |   |
| <b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year .....  | <b>9o(1)</b>        | 0   |
| <b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:  |                     |   |
| <b>(a)</b> Reconciliation outstanding balance as of valuation date .....  | <b>9o(2)(a)</b>     | 0   |
| <b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....   | <b>9o(2)(b)</b>     | 0   |
| <b>(3)</b> Total as of valuation date .....   | <b>9o(3)</b>        | 0   |
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.) .....  | <b>10</b>           | 2,284,025   |
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....   |                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Attachment to 2024 Form 5500**

**Schedule MB, line 4a - Illustration Supporting Actuarial Certification of Status**

**Plan Name** Graphic Arts Local 62B Industry Pension Plan **EIN:** 22-1689801

**Plan Sponsor's Name** Trustees Graphic Arts 62B Pension Fund **PN:** 001

Illustrate the details providing the actuarial certification of status. The Plan is in Critical and Declining status because it has funding or liquidity issues, or both.

**Attachment to 2024 Form 5500**

**Schedule MB, line 4c - Illustration Supporting Actuarial Certification of Status**

**Plan Name** Graphic Arts Local 62B Industry Pension Plan **EIN:** 22-1689801

**Plan Sponsor's Name** Trustees Graphic Arts 62B Pension Fund **PN:** 001

Compare the current status of the plan to the scheduled progress under the applicable funding improvement or rehabilitation plan to this Schedule MB. Based upon the actuarial and financial status of the Graphic Arts Local 62B pension Plan as well as current and expected contribution levels, the Pension Fund is expected to meet the Reasonable Measures Rehabilitation Plan as required under the Pension Protection Act.

**Schedule MB - Attachment for Both Line 4f and 8b(1) if applicable  
Cash Flow Projection and Projection of Benefits Paid for ten years**

**Graphic Arts Local 62B Pension Plan - Cash Flow Projection**

| <b>1-Apr</b> | <b><u>BOY Assets</u></b> | <b><u>Contributions</u></b> | <b><u>Benefits Paid</u></b> | <b><u>Administration</u></b> | <b><u>EOY Assets</u></b> |
|--------------|--------------------------|-----------------------------|-----------------------------|------------------------------|--------------------------|
| 2024         | \$8,464,334              | \$151,475                   | \$805,906                   | \$87,899                     | \$8,139,400              |
| 2025         | \$8,139,400              | \$149,200                   | \$817,995                   | \$88,778                     | \$7,925,070              |
| 2026         | \$7,925,070              | \$149,200                   | \$830,265                   | \$90,554                     | \$7,681,201              |
| 2027         | \$7,681,201              | \$149,200                   | \$842,718                   | \$92,365                     | \$7,405,496              |
| 2028         | \$7,405,496              | \$149,200                   | \$855,359                   | \$94,212                     | \$7,095,496              |
| 2029         | \$7,095,496              | \$149,200                   | \$868,190                   | \$95,154                     | \$6,749,542              |
| 2030         | \$6,749,542              | \$149,200                   | \$881,212                   | \$96,106                     | \$6,364,908              |
| 2031         | \$6,364,908              | \$149,200                   | \$894,431                   | \$97,067                     | \$5,938,674              |
| 2032         | \$5,938,674              | \$149,200                   | \$907,847                   | \$98,037                     | \$5,467,713              |
| 2033         | \$5,467,713              | \$149,200                   | \$921,465                   | \$99,018                     | \$4,948,675              |
| 2034         | \$4,948,675              | \$149,200                   | \$912,250                   | \$100,008                    | \$4,401,817              |
| 2035         | \$4,401,817              | \$149,200                   | \$903,128                   | \$101,008                    | \$3,825,086              |
| 2036         | \$3,825,086              | \$149,200                   | \$894,096                   | \$102,018                    | \$3,216,286              |
| 2037         | \$3,216,286              | \$149,200                   | \$885,155                   | \$103,038                    | \$2,573,067              |
| 2038         | \$2,573,067              | \$149,200                   | \$876,304                   | \$104,069                    | \$1,892,919              |
| 2039         | \$1,892,919              | \$149,200                   | \$867,541                   | \$105,109                    | \$1,173,152              |
| 2040         | \$1,173,152              | \$149,200                   | \$858,865                   | \$106,160                    | \$410,893                |
| 2041         | \$410,893                | \$149,200                   | \$850,277                   | \$107,222                    | -\$396,934               |

**Assumptions:**

1. Assets based on audit report as of March 31, 2024 and March 31, 2025  
and assumes Assets will earn 7.0% for solvency/cash flow projections per year thereafter
2. UP-1984 Mortality Table
3. Assumed rate of return for determining liabilities is 7.5%

Summit Actuarial Services, LLC

**SCHEDULE B ATTACHMENT LINE #7  
 GRAPHIC ARTS LOCAL 62B PENSION PLAN  
 E.I.N. 22-1689801 PLAN NUMBER 001  
 AMORTIZATION RECORD IN SUPPORT OF FUNDING STANDARD ACCOUNT FOR 2024**

| <b>AMORTIZATION CHARGES</b> | <b><u>DATE OF FIRST<br/>CHARGE OR CREDIT</u></b> | <b><u>YEARS<br/>REMAINING</u></b> | <b><u>OUTSTANDING<br/>BALANCE<br/>BEGINNING OF YEAR</u></b> | <b><u>AMORTIZATION<br/>CHARGE OR CREDIT</u></b> |
|-----------------------------|--|-----------------------------------|---|---|
| Combination of Bases        | 04/01/1997                                       | 3                                 | 1,050,716   | 375,852   |
| Assumption Change           | 04/01/2000                                       | 6                                 | 401,132   | 79,501  |
| Assumption Change           | 04/01/2002                                       | 8                                 | 71,025  | 11,283  |
| ENIL Loss                   | 04/01/2009                                       | 14                                | 261,954   | 28,704  |
| Actuarial Loss              | 04/01/2010                                       | 1                                 | 212,530   | 212,533   |
| Actuarial Loss              | 04/01/2012                                       | 3                                 | 15,132  | 5,416   |
| Actuarial Loss              | 04/01/2013                                       | 4                                 | 267,175   | 74,205  |
| Actuarial Loss              | 04/01/2015                                       | 6                                 | 26,142  | 5,181   |
| Actuarial Loss              | 04/01/2016                                       | 7                                 | 444,870   | 78,131  |
| Actuarial Loss              | 04/01/2019                                       | 10                                | 93,243  | 12,636  |
| Actuarial Loss              | 04/01/2020                                       | 11                                | 612,028   | 77,826  |
| Actuarial Loss              | 04/01/2022                                       | 13                                | 441,634   | 50,558  |
| Total Charges               |  |                                   | 3,897,581   | 1,011,826                                       |
| <b>AMORTIZATION CREDITS</b> |  |                                   |   |   |
| Actuarial Gain              | 04/01/2021                                       | 12                                | 1,422,505   | 171,068   |
| Actuarial Gain              | 04/01/2023                                       | 14                                | 841,279   | 92,187  |
| Actuarial Gain              | 04/01/2024                                       | 15                                | 1,254,282   | 132,181   |
| Total Credits               |  |                                   | 3,518,066   | 395,436   |

**Schedule MB, line 8b(3) - Contribution EWL Projection**

**Local 62B IBEW Pension Plan - Contributions and EWL Payments**

|      | <u>Contributions</u> | <u>EWL<br/>Payments</u> | <u>Total</u> |
|------|----------------------|-------------------------|--------------|
| 2024 | \$149,311            | \$2,164                 | \$151,475    |
| 2025 | \$149,311            | \$0                     | \$149,311    |
| 2026 | \$149,311            | \$0                     | \$149,311    |
| 2027 | \$149,311            | \$0                     | \$149,311    |
| 2028 | \$149,311            | \$0                     | \$149,311    |
| 2029 | \$149,311            | \$0                     | \$149,311    |
| 2030 | \$149,311            | \$0                     | \$149,311    |
| 2031 | \$149,311            | \$0                     | \$149,311    |
| 2032 | \$149,311            | \$0                     | \$149,311    |
| 2033 | \$149,311            | \$0                     | \$149,311    |
| 2034 | \$149,311            | \$0                     | \$149,311    |
| 2035 | \$149,311            | \$0                     | \$149,311    |
| 2036 | \$149,311            | \$0                     | \$149,311    |
| 2037 | \$149,311            | \$0                     | \$149,311    |
| 2038 | \$149,311            | \$0                     | \$149,311    |
| 2039 | \$149,311            | \$0                     | \$149,311    |
| 2040 | \$149,311            | \$0                     | \$149,311    |
| 2041 | \$149,311            | \$0                     | \$149,311    |
| 2042 | \$149,311            | \$0                     | \$149,311    |
| 2043 | \$149,311            | \$0                     | \$149,311    |
| 2044 | \$149,311            | \$0                     | \$149,311    |
| 2045 | \$149,311            | \$0                     | \$149,311    |
| 2046 | \$149,311            | \$0                     | \$149,311    |
| 2047 | \$149,311            | \$0                     | \$149,311    |
| 2048 | \$149,311            | \$0                     | \$149,311    |
| 2049 | \$149,311            | \$0                     | \$149,311    |
| 2050 | \$149,311            | \$0                     | \$149,311    |
| 2051 | \$149,311            | \$0                     | \$149,311    |
| 2052 | \$149,311            | \$0                     | \$149,311    |
| 2053 | \$149,311            | \$0                     | \$149,311    |

**Assumptions:**

1. Assumes no increases in contributions and that the current employers remain in the Fund
2. Assumes any future withdrawals will be basically equal to lost contributions
3. There is one employer currently responsible for making withdrawal liability payments

## SECTION 2. PLAN DESCRIPTION

### IN GENERAL

Coverage is afforded participants working in the jurisdiction of the Graphic Arts Local 62B - Industry Pension Plan for employers with agreements providing for pension contributions to the plan.

### PLAN PROVISIONS

An outline of the major plan provisions as of the date of this valuation are contained in Table 1.

TABLE 1.  
PLAN PROVISIONS

| ELIGIBILITY FOR BENEFITS:            |                 |                               |
|--------------------------------------|-----------------|-------------------------------|
| Type of Benefit                      | Age Requirement | Service Requirement           |
| Normal Pension                       | 65              | Five years of pension service |
| Early Pension                        | 62              | Five years of pension service |
| Disability Pension                   | none            | Ten years of pension service  |
| Lump Sum Death                       | none            | Two years of pension service  |
| Pre-Pension Surviving Spouse Pension | none            | Five years of vesting service |
| Vesting                              | none            | Five years of vesting service |

| BENEFITS:      |   |                            |
|----------------|---|----------------------------|
| Type           | Amount  | Duration                   |
| Normal Pension | Accrued benefit as of 12/31/97 (as calculated under the old Plan) plus, for participants working for employers contributing to the plan at a contribution rate of at least \$10.40 per shift, \$20. per year (reduced proportionately for partial years) of future calculation service earned after 1997. For contribution rates less than \$10.40 per shift during 1998, the benefit earned after 1997 is proportionately reduced but not below \$7.50. per year of future calculation service | Life, 36 months guaranteed |

**SECTION 2. PLAN DESCRIPTION (CONT'D)**

**TABLE 1. (CONT'D)  
PLAN PROVISIONS**

| BENEFITS (CONT'D):           |   |                            |
|------------------------------|---|----------------------------|
| Type                         | Amount  | Duration                   |
| Early Pension                | same as normal but reduced 3/4 of 1% for each month prior to normal | life, 36 months guaranteed |
| Disability Pension           | same as normal  | life, 36 months guaranteed |
| Deferred Pension Benefit     | same as normal  | Life                       |
| Pre- and Post-Pension Death: |   |                            |
| Surviving Spouse Pension     | 50% of married couple benefit                                       | life of spouse             |

| OPTIONS AT NORMAL AND EARLY PENSION AGE: |  |   |
|--|--|---|
| Type                                     | Amount   | Duration                                    |
| Normal                                   | same as normal, early disability or deferred             | life of pensioner with 36 months guaranteed |
| Married Couple                           | actuarially reduced with 50% payable to surviving spouse | life of both pensioner and spouse           |

**ADMINISTRATION**

Employer monies and employee work records are received, recorded and processed by the plan office. Expenses of operating the plan are paid out of that office and "investable" funds are forwarded to more than one investment medium.

**SECTION 2. PLAN DESCRIPTION (CONT'D)**

**CENSUS OF ACTIVE PARTICIPANTS**

Table 5. depicts the active participants as of 4/1/2024 and for comparison as of 4/1/2023.

**TABLE 3.  
CENSUS OF ACTIVE PARTICIPANTS**

| AGE GROUP         | NUMBER OF ACTIVE PARTICIPANTS AT |           |
|-------------------|----------------------------------|-----------|
|                   | 4/1/2024                         | 4/1/2023  |
| 20 – 25 .....     | 4                                | 2         |
| 25 – 30 .....     | 5                                | 2         |
| 30 – 35 .....     | 10                               | 8         |
| 35 – 40 .....     | 4                                | 1         |
| 40 – 45 .....     | 6                                | 3         |
| 45 – 50 .....     | 7                                | 5         |
| 50 – 55 .....     | 9                                | 9         |
| 55 – 60 .....     | 8                                | 9         |
| 60 – 65 .....     | 13                               | 16        |
| Over Age 65 ..... | 8                                | 4         |
| <b>Total</b>      | <b>74</b>                        | <b>59</b> |

## SECTION 4. ACTUARIAL STATUS (CONT'D)

### ASSUMPTIONS

We suggest and have used in this valuation the following assumptions:

1. **MORTALITY.** The mortality table we have employed in this valuation is the UP-1984 Mortality Table set forward one year for males and set back five years for females for post-pension experience and set forward one year for all participants for pre-pension experience.
2. **INVESTMENT YIELD.** We have assumed that the Plan's funds will earn 7.5% annual compound interest in the future. For Solvency Projections we have utilized 7% annual compound interest in the future.
3. **TURNOVER.** We have assumed no termination of employment for reasons other than death, disability or pension will occur in the future.
4. **DISABILITY.** We have employed the 1973 Disability Model, Transactions of Society of Actuaries, XXVI, in assuming the rate of disability in the future.
5. **FUTURE WORK YEAR.** We have assumed that each active participant will earn future pension service based on the actual pension service earned in the current year.
6. **AGE AT PENSION.** We have assumed that each active participant will elect pension as soon as eligible for normal pension but not before one year if already eligible.
7. **ADMINISTRATION EXPENSES.** We have assumed \$80,000 will be the annual cost of administration. Administration expenses are expressed as a present value and are included in the active participant liabilities for funding purposes. This represents the net administration and does not include investment management fees.
9. **NUMBER OF ACTIVE PARTICIPANTS.** We have assumed that the number of active participants will remain constant from here forward.
10. **AVERAGE CONTRIBUTION RATE AS OF 12/31/1997.** If not provided, we have assumed an average contribution rate \$5.39 per shift as of 12/31/1997.

**Schedule MB - Attachment for Both Line 4f and 8b(1) if applicable  
Cash Flow Projection and Projection of Benefits Paid for ten years**

**Graphic Arts Local 62B Pension Plan - Cash Flow Projection**

| <b>1-Apr</b> | <b><u>BOY Assets</u></b> | <b><u>Contributions</u></b> | <b><u>Benefits Paid</u></b> | <b><u>Administration</u></b> | <b><u>EOY Assets</u></b> |
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2. UP-1984 Mortality Table
3. Assumed rate of return for determining liabilities is 7.5%

Summit Actuarial Services, LLC

**Federal Statements**

FYE: 3/31/2025 **GRAPHIC ARTS LOCAL 62B INDUSTRY PENSION PLAN**

**Plan: 001**

**Progress Under Funding Improvement / Rehab Plan**

Description

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SEE ATTACHED