Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PRESSROOM UNIONS PENSION TRUST FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1957

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PRESSROOM UNIONS PENSION TRUST FUND

113 UNIVERSITY PLACE
NEW YORK, NY 10003

2b Employer Identification Number (EIN) 13-6152896

2c Plan Sponsor's telephone number 212-645-8377

2d Business code (see instructions) 323100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/30/2026	CYNTHIA HENDRICKSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

PRESSROOM UNIONS PENSION TRUST FUND

113 UNIVERSITY PLACE
NEW YORK, NY 10003-0031

3b Administrator's EIN: 13-6152896

3c Administrator's telephone number: 212-645-8377

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1200
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	17
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	18
b	Retired or separated participants receiving benefits	**6b**	702
c	Other retired or separated participants entitled to future benefits	**6c**	162
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	882
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	310
f	Total. Add lines **6d** and **6e**.	**6f**	1192
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	5

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:

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] 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) [X] **R** (Retirement Plan Information)
- (2) [X] **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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 1
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
PRESSROOM UNIONS PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRESSROOM UNIONS PENSION TRUST FUND

D Employer Identification Number (EIN)
13-6152896

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030224		10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	26298228

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 10/01/2024 and ending 09/30/2025

▶ **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.

A Name of plan
PRESSROOM UNIONS PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PRESSROOM UNIONS PENSION TRUST FUND

D Employer Identification Number (EIN)
13-6152896

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

1a	Enter the valuation date: Month 10 Day 01 Year 2024		
b	Assets		
(1)	Current value of assets	**1b(1)**	94283556
(2)	Actuarial value of assets for funding standard account	**1b(2)**	89290173
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	144916380
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	144089870
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	175405639
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	737635
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	13241033
(3)	Expected plan disbursements for the plan year	**1d(3)**	13225991

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.

SIGN HERE

Signature of actuary	Date: 07/08/2026
JAY K. EGELBERG, ASA, MAAA	26-04981
Type or print name of actuary	Most recent enrollment number
FIRST ACTUARIAL CONSULTING, INC	212-395-9555
Firm name	Telephone number (including area code)
1501 BROADWAY NEW YORK, NY 10036	
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 [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	94651223
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1043	141994446
(2) For terminated vested participants		176	27711767
(3) For active participants:			
(a) Non-vested benefits			1086443
(b) Vested benefits			4612983
(c) Total active		18	5699426
(4) Total		1237	175405639
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	53.96 %

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
04/01/2025	275587				
			Totals ► **3(b)**	275587	**3(c)**

(d) Total withdrawal liability amounts included in line 3(b) total — **3(d)** 130668

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	62.0 %
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	**4b**	C

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? [X] Yes [ ] No

d 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)? [ ] Yes [X] No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here [X] • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	2049

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

a [ ] Attained age normal **b** [X] Entry age normal **c** [ ] Accrued benefit (unit credit) **d** [ ] Aggregate

e [ ] Frozen initial liability **f** [ ] Individual level premium **g** [ ] Individual aggregate **h** [ ] Shortfall

i [ ] Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	3.85 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	7P	7P
(2) Females	**6c(2)**	7FP	7FP
d Valuation liability interest rate	**6d**	6.00 %	6.00 %
e Salary scale	**6e**	2.00 % ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	5.75 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	7.8 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	20.1 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	300000	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-2861489	-277950

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
e 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).	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	37976749
b Employer's normal cost for plan year as of valuation date	**9b**	459304

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	46513585		10385479
(2) Funding waivers	**9c(2)**	0		0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0		0
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	2929292
e Total charges. Add lines 9a through 9d			**9e**	51750824
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	0
g Employer contributions. Total from column (b) of line 3			**9g**	275587
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	28864127		5355809
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	329616
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	59450642		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	71489395		
(3) FFL credit			**9j(3)**	0
k (1) Waived funding deficiency			**9k(1)**	0
(2) Other credits			**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	5961012
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	45789812
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	45789812
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				[X] Yes [ ] No

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
PRESSROOM UNIONS PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRESSROOM UNIONS PENSION TRUST FUND

D Employer Identification Number (EIN)
13-6152896

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).. . . . . [X] 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

PRUDENTIAL INSURANCE CO

22-1211670

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

ENTRUST PARTNERS OFFSHORE LP

90-0644478

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

INVESCO TRUST COMPANY

46-3793325

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

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

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

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

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

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)

PRUDENTIAL TRUST CO

23-6994310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	140996	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALA LOCAL 1L

13-4926470

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 50	RELATED ORGANIZATION	135260	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRUDENTIAL INSURANCE CO

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	76033	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

QUAN-VEST CONSULTANTS INC

11-2559669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	61998	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST ACTUARIAL CONSULTING INC

26-3842522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	47500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COHEN, WEISS & SIMON

13-1592323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	36638	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ROGOFF & COMPANY PC

13-2688836

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	28043	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INVESCO

58-2287224

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	13719	Yes [X] No [ ]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

MBSII.NET LLC

06-1571655

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	13000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
PRESSROOM UNIONS PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PRESSROOM UNIONS PENSION TRUST FUND

D Employer Identification Number (EIN)
13-6152896

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA II SA

b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO

c EIN-PN 22-1211670-039 **d** Entity code P **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11953537

a Name of MTIA, CCT, PSA, or 103-12 IE: PRU CORE PLUS BOND FD

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO

c EIN-PN 22-6994310-165 **d** Entity code C **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26298228

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN **d** Entity code **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN **d** Entity code **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN **d** Entity code **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN **d** Entity code **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN **d** Entity code **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
PRESSROOM UNIONS PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRESSROOM UNIONS PENSION TRUST FUND

D Employer Identification Number (EIN)
13-6152896

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2776837	1433685
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	385338	332860
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16500	387704
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	62024	4268025
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	24965079	77909126
(10) Value of interest in pooled separate accounts	1c(10)	11934733	11953537
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	54531955	62388484
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	28639	39172

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	94701105	158712593
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	21738	56229
i Acquisition indebtedness	1i		
j Other liabilities	1j	28144	26431
k Total liabilities (add all amounts in lines 1g through1j)	1k	49882	82660
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	94651223	158629933

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	229434	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		229434
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	205338	
(B) U.S. Government securities	2b(1)(B)	1287672	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1493010
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	989051	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		989051
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1213434	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1213434

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1048177
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		716363
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		8227477
c Other income	2c		63703542
d Total income. Add all **income** amounts in column (b) and enter total	2d		77620488
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12945623	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12945623
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	28043	
(5) Investment advisory and investment management fees	2i(5)	339183	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	47500	
(8) Legal fees	2i(8)	36638	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	244791	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		696155
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13641778
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		63978710
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **(2)** EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 574971.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
PRESSROOM UNIONS PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRESSROOM UNIONS PENSION TRUST FUND

D Employer Identification Number (EIN)
13-6152896

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

Part II Funding Information (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.

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c 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)	**6c**	

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**

Part III Amendments

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**

Part IV ESOPs (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 OFFICIAL OFFSET COMPANY

b EIN 11-1844917 **c** Dollar amount contributed by employer 41651

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 02 Day 28 Year 2027

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): 8% OF WAGES PER WEEK

a Name of contributing employer WESTERLEIGH PRESS

b EIN 46-2340937 **c** Dollar amount contributed by employer 21751

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 2028

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): 8% OF WAGES PER WEEK

a Name of contributing employer H & H FINANCIAL PRINTING INC.

b EIN 27-0771521 **c** Dollar amount contributed by employer 20730

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 09 Day 30 Year 2027

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): 8% OF WAGES PER WEEK

a Name of contributing employer PAYBILL INC

b EIN 11-2316332 **c** Dollar amount contributed by employer 57195

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 03 Day 02 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) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 8% OF WAGES PER WEEK

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:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
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	**16b**	

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: 39.8 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 50.4 %
High-Yield Debt: 2.1 % Real Assets: 7.7 % Cash or Cash Equivalents: _____% Other: 0.0 %

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_____.

ROGOFF & COMPANY PC
CERTIFIED PUBLIC ACCOUNTANTS

801 Second Avenue, Sixth Floor
New York, NY 10017-4706
212-557-5666 F 212-557-9330

Independent Auditor's Report

Board of Trustees
Pressroom Unions' Pension Trust Fund
New York, NY

Opinion

We have audited the financial statements of Pressroom Unions' Pension Trust 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 September 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Pressroom Unions' Pension Trust Fund as of September 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Pressroom Unions' Pension Trust Fund ability to continue as a going concern for one year after the date that the financial statements are 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 judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Pressroom Unions' Pension Trust 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 Pressroom Unions' Pension Trust Fund's ability to continue as a going concern for a reasonable period of time.

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

Other Matter—Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes as of September 30, 2025 and reportable transactions for the year ended September 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 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.

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

Rogoff & Company PC

New York, New York
July 9, 2026

Schedule MB, line 6 – Summary of Plan Provisions

Effective Date The plan was effective December 1, 1957, and amended and restated in its entirety effective October 1, 2014. The Plan was most recently amended to reflect changes in benefits under the Rehabilitation Plan adopted on August 17, 2017.

Plan Year Period from October 1st to September 30th

Credited Shift One Credited Shift is equal to 8 hours of service.

Participation An employee of a contributing employer becomes a Participant of the Plan as of January 1 or July 1 following the completion of 12-consecutive month period in which he works at least 93 Credited Shifts.

Vesting Service A year of Vesting Service is granted for each calendar year in which a Participant works at least 93 Credited Shifts.

Pension Credit A Pension Credit is granted for each calendar year according to the following schedule:

Number of Credited Shifts in a Calendar Year	Pension Credit Granted
208 or more	1
From 161 to 207	¾
From 116 to 160	½
From 75 to 115	¼
Less than 75	No credit

Accrued Benefit For retirement after June 1, 2007, an annual Accrued Benefit is equal to the sum of (a) 4.00% of gross earnings accumulated after September 30, 2011, (b) 5.00% of gross earnings accumulated after December 31, 1972 but before October 1, 2011 and (c) $4.75 times 12 times Pension Credits earned before January 1, 1973 up to a maximum of 35 of which no more than 20 shall be for service before December 1, 1957.

Normal Retirement Benefit

Eligibility: Age 65 and completion of 5 years of Vesting Service.

Amount: Accrued Benefit

Early Retirement Benefit

Eligibility: Age 55 and completion of 10 years of Vesting Service.

Amount: Accrued Benefit reduced by three percent for each year by which the early retirement date precedes the attainment of age 65.

Deferred Vested Benefit

Eligibility: 5 years of Vesting Service.

Amount: Accrued Benefit payable at age 65 or Early Retirement Benefit payable at Early Retirement Date, if eligible.

Disability Benefit	Eligibility:	5 Pension Credits, at least 63 Credited Shifts in a 24-month period preceding disability, total and permanent disability for six months.
	Amount:	Accrued Benefit payable on the seventh month of disability.
Pre-Retirement Death Benefit	Eligibility:	5 years of Vesting Service.
	Amount:	An annuity payable to a surviving spouse had the participant terminated at the time of death, retired at the earliest eligibility date, selected a 75% joint-and-survivor option and died the next day.
Post-Retirement Death Benefit	(1)	A lump sum of $1,000 if a Participant started receiving pension after March 1, 1980, plus
	(2)	A lump sum of $100 times full Pension Credits up to a maximum of $3,500 less all payments made to a Participant or his/her surviving spouse.
	These benefits are no longer available for retirements on or after April 1, 2018.	
Normal Form of Benefit	Life Annuity for non-married Participants, and actuarially reduced 75% Joint-and-Survivor Annuity for married Participants.	

Changes in Plan Provisions since the Prior Valuation

There were no changes to the plan provisions since the last valuation.

Pressroom Unions' Pension Trust Fund
EIN - 13-6152896
Supplemental Schedule of Assets Held for Investment Purposes
(Form 5500, Schedule H, Part IV, Line 4i)
As of September 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Short-term obligations		
	Amalgamated	Money market	$ 171,502	$ 171,502
	JP Morgan	JP Morgan 100% US Treasury Money Market	1,967,102	1,967,102
			2,138,604	2,138,604
		U.S government and agency obligations		
	US Treasury	US TREAS BILLS 10/30/2025 1010000 Par	$ 976,872	$ 1,006,697
	US Treasury	US TREAS BILLS 11/28/2025 1130000 Par	1,089,647	1,122,723
	US Treasury	US TREAS NOTES 4.25 12/31/2025 1950000 Par	1,950,533	1,951,365
	US Treasury	US TREAS NOTES 4.00 2/15/2026 970000 Par	967,537	970,155
	US Treasury	US TREAS NOTES 4.5 3/31/2026 830000 Par	832,367	832,656
	US Treasury	US TREAS NOTES 4.875 4/30/2026 2130000 Par	2,146,557	2,142,482
	US Treasury	US TREAS NOTES 4.625 6/30/2026 870000 Par	874,656	875,203
	US Treasury	US TREAS NOTES 4.375 7/31/2026 1010000 Par	1,011,973	1,014,848
	US Treasury	US TREAS NOTES 0.75 8/31/2026 920000 Par	869,580	895,372
	US Treasury	US TREAS NOTES 3.5 9/30/2026 2120000 Par	2,093,666	2,115,527
	US Treasury	US TREAS NOTES 4.25 11/30/2026 900000 Par	899,684	905,310
	US Treasury	US TREAS NOTES 4.25 12/31/2026 2100000 Par	2,099,508	2,113,545
	US Treasury	US TREAS NOTES 4.125 2/15/2027 990000 Par	987,022	995,722
	US Treasury	US TREAS NOTES 2.5 3/31/2027 870000 Par	837,783	855,323
	US Treasury	US TREAS NOTES 0.5 4/30/2027 2140000 Par	1,963,868	2,037,430
	US Treasury	US TREAS NOTES 0.5 6/30/2027 2030000 Par	1,851,106	1,923,039
	US Treasury	US TREAS NOTES 3.125 8/31/2027 820000 Par	795,913	812,407
	US Treasury	US TREAS NOTES 0.375 9/30/2027 2140000 Par	1,925,916	2,007,513
	US Treasury	US TREAS NOTES 3.875 11/30/2027 910000 Par	898,945	914,796
	US Treasury	US TREAS NOTES 3.875 12/31/2027 1030000 Par	1,017,205	1,035,675
	US Treasury	US TREAS NOTES 3.5 1/31/2028 1000000 Par	976,172	997,340
	US Treasury	US TREAS NOTES 4.00 2/29/2028 920000 Par	910,620	928,124
	US Treasury	US TREAS NOTES 3.625 3/31/2028 2150000 Par	2,103,473	2,150,581
	US Treasury	US TREAS NOTES 1.25 5/31/2028 930000 Par	839,289	874,274
	US Treasury	US TREAS NOTES 4.00 6/30/2028 1050000 Par	1,037,654	1,060,301
	US Treasury	US TREAS NOTES 4.125 7/31/2028 1020000 Par	1,011,513	1,033,546
	US Treasury	US TREAS NOTES 4.375 8/31/2028 1980000 Par	1,978,453	2,020,293
	US Treasury	US TREAS NOTES 4.875 10/31/2028 980000 Par	996,002	1,014,917
	US Treasury	US TREAS NOTES 4.375 11/30/2028 2010000 Par	2,007,566	2,053,416
	US Treasury	US TREAS NOTES 4.00 1/31/2029 970000 Par	955,071	980,495
	US Treasury	US TREAS NOTES 4.25 2/28/2029 1980000 Par	1,967,316	2,017,660
	US Treasury	US TREAS NOTES 4.625 4/30/2029 1010000 Par	1,017,654	1,042,229

Pressroom Unions' Pension Trust Fund
EIN - 13-6152896
Supplemental Schedule of Assets Held for Investment Purposes
(Form 5500, Schedule H, Part IV, Line 4i)
As of September 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		U.S government and agency obligations - continued		
	US Treasury	US TREAS NOTES 2.75 5/31/2029 2050000 Par	$ 1,913,227	$ 1,985,548
	US Treasury	US TREAS NOTES 4.00 7/31/2029 990000 Par	972,327	1,000,949
	US Treasury	US TREAS NOTES 3.125 8/31/2029 2000000 Par	1,890,391	1,959,060
	US Treasury	US TREAS NOTES 4.125 10/31/2029 1010000 Par	995,994	1,026,059
	US Treasury	US TREAS NOTES 3.875 11/30/2029 1010000 Par	984,671	1,016,515
	US Treasury	US TREAS NOTES 3.875 12/31/2029 1010000 Par	983,961	1,016,474
	US Treasury	US TREAS NOTES 3.5 1/31/2030 1010000 Par	966,483	1,001,435
	US Treasury	US TREAS NOTES 4.00 2/28/2030 2010000 Par	1,967,523	2,033,316
			52,565,697	53,740,318
		Mutual Fund (Registered Investment Company)		
	Vanguard	Vanguard Total Stock Market Idx I, 370,231.473 Shares	$ 39,456,906	$ 59,159,287
	Vanguard	Vanguard Total Intl Stock Index, 81,772.522 Shares	3,031,362	3,229,197
			$ 42,488,268	$ 62,388,484
		Common Trust Funds		
	Prudential	Prudential Core Plus Bond Fund, 129,064.725 Units	$ 26,890,776	$ 26,298,228
		Pooled Separate Accounts		
	Prudential	Prisa II Separate Account, 251.55257 Units	$ 10,266,987	$ 11,953,537
		Other investments		
	EnTrust Capital Diversified Fund, Ltd	Entrust Capital Diversified Fund QP Ltd, Class X, Series 12/31/2016, 3,810.9651 Shares	$ 562,068	$ 39,172
		Total Investments	$134,912,400	$156,558,343

Schedule MB, line 8b(2) – Schedule of Active Participant Data

	Pension Credits										
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up	Total
Under 25											
25 to 29											
30 to 34		1									1
35 to 39		1									1
40 to 44			1	1							2
45 to 49					2						2
50 to 54					1		1	1			3
55 to 59		1	1	1				1			4
60 to 64		1	2		1						4
65 & up		1									1
Total		5	4	2	4		1	2			18

Schedule MB, line 4b – Actuarial Certification of Status

Form **15315** (December 2022)	Department of the Treasury - Internal Revenue Service **Annual Certification for Multiemployer Defined Benefit Plans**	OMB Number 1545-2111

This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3)
Complete all entries in accordance with the instructions

For calendar plan year _____ or fiscal plan year beginning October 1, 2024 and ending September 30, 2025

Part I – Basic Plan Information

1a. Name of plan	1b. Three-digit plan number (PN)
Pressroom Unions' Pension Trust Fund	001
1c. Plan sponsor's name	**1d. Employer identification number (EIN)**
Board of Trustees of the Pressroom Unions' Pension Trust Fund	13-6152896
1e. Plan sponsor's telephone number	**1f. Plan sponsor's address, city, state, ZIP code**
(212) 460-0823	113 University Place, 3rd Floor, New York NY, 10003

Part II – Plan Actuary's Information

2a. Plan actuary's name	2b. Plan actuary's firm name
Jay K. Egelberg	First Actuarial Consulting, Inc.

2c. Plan actuary's firm address, city, state, ZIP code
1501 Broadway, Suite 1728, New York NY 10036

2d. Plan actuary's enrollment number	2e. Plan actuary's telephone number
23-04981	(212) 395-9555 x111

Part III – Plan Status

3. Check the appropriate box to indicate the plan's IRC Section 432 status

- ☐ Neither endangered nor critical
- ☐ Endangered
- ☐ Seriously endangered
- ☒ Critical
- ☐ Critical and declining
- ☐ Not endangered due to special rule in IRC Section 432(b)(5)
- ☐ Critical due to election under IRC Section 432(b)(4)
- ☐ Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v)

Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan

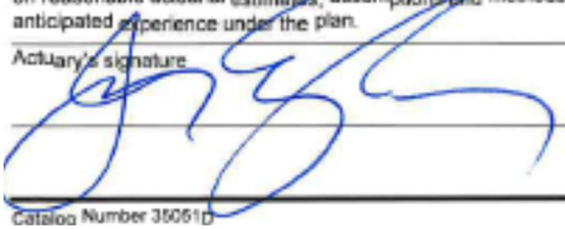
4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)

	Yes	No	N/A
Funding Improvement Plan	☐	☐	☒
Rehabilitation Plan	☒	☐	☐

Part V – Sign Here

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(ii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.

Actuary's signature	Date
	12·27·2024

Catalog Number 35061D www.irs.gov Form **15315** (12-2022)

First Actuarial Consulting, Inc.

Telephone: (212) 395-9555
Facsimile: (212) 869-2233
E-Mail: jegelberg@factuarial.com

1501 Broadway
Suite 1728
New York, NY 10036

MEMORANDUM

To: Secretary of the Treasury

From: Jay K. Egelberg

CC: Ms. Cynthia Hendrickson
Plan Administrator, Pressroom Unions' Pension Trust Fund

Date: December 27, 2024

Subject: Pressroom Unions' Pension Trust Fund – Status as of 10/1/2024

Plan Identification:

Name of the Plan:	Pressroom Unions' Pension Trust Fund
EIN/Plan Number:	13-6152896/001
Plan Sponsor:	Pressroom Unions' Pension Trust Fund Phone: (212) 460-0823
Plan Year:	2024 (beginning 10/1/2024 and ending 9/30/2025)

The above-captioned pension fund was approved to receive special financial assistance (SFA) under Section 4262 of the Employee Retirement Income Security Act of 1974 (ERISA) on December 6, 2024.

As called for under Section 4262 of ERISA, a plan that receives SFA shall be deemed to be in critical status for plan years beginning with the plan year in which the effective date for such assistance occurs and ending with the last plan year ending in 2051. Accordingly, I certify that the above-captioned pension fund is in critical status for the plan year beginning October 1, 2024.

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Schedule MB, line 3(d) – Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
10/02/2024	$6,545	$0	$6,545
12/06/2024	22,889	0	22,889
12/10/2024	3,233	0	3,233
01/15/2025	6,545	0	6,545
02/12/2025	22,889	0	22,889
03/13/2025	3,233	0	3,233
04/02/2025	6,545	0	6,545
05/29/2025	22,889	0	22,889
06/12/2025	3,233	0	3,233
07/16/2025	6,545	0	6,545
08/27/2025	22,889	0	22,889
09/19/2025	3,233	0	3,233

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases

	Date of First Charge or Credit	Remaining Period (years)	Outstanding Balance (beginning of year)	Amortization Charge or Credit
1. Amortization Charges				
(a) Actuarial Loss	10/1/2011	2.00	$6,295,289	$3,239,323
(b) Assumption Change	10/1/2011	2.00	1,195,875	615,353
(c) Actuarial Loss	10/1/2013	4.00	2,026,924	551,841
(d) Actuarial Loss	10/1/2014	5.00	2,123,391	475,551
(e) Actuarial Loss	10/1/2015	6.00	3,580,767	686,977
(f) Actuarial Loss	10/1/2016	7.00	2,841,520	480,204
(g) Assumption Change	10/1/2016	7.00	12,343,641	2,086,018
(h) Actuarial Loss	10/1/2017	8.00	3,985,407	605,467
(i) Assumption Change	10/1/2017	8.00	989,484	150,322
(j) Actuarial Loss	10/1/2018	9.00	128,139	17,773
(k) Assumption Change	10/1/2018	9.00	9,672,977	1,341,644
(l) Actuarial Loss	10/1/2023	14.00	1,330,171	135,006
Total Charges			$46,513,585	$10,385,479
2. Amortization Credits				
(a) Plan Change	10/1/2011	2.00	$158,576	$81,598
(b) Actuarial Gain	10/1/2012	3.00	2,804,987	989,976
(c) Assumption Change	10/1/2012	3.00	2,191,963	773,618
(d) Assumption Change	10/1/2013	4.00	3,277,527	892,326
(e) Assumption Change	10/1/2014	5.00	861,105	192,853
(f) Plan Change	10/1/2016	7.00	3,434,392	580,396
(g) Actuarial Gain	10/1/2019	10.00	2,955,295	378,802
(h) Actuarial Gain	10/1/2020	11.00	4,584,734	548,408
(i) Actuarial Gain	10/1/2021	12.00	4,836,967	544,282
(j) Actuarial Gain	10/1/2022	13.00	897,092	95,600
(k) Actuarial Gain	10/1/2024	15.00	2,861,489	277,950
Total Credits			$28,864,127	$5,355,809
3. Net Amortization Charges and Credits				
(a) Total amortization charges			$46,513,585	$10,385,479
(b) Total amortization credits			(28,864,127)	(5,355,809)
(c) Net amortization charges and credits			$17,649,458	$5,029,670
4. Credit Balance / (Funding Deficiency) on October 1, 2023			(37,976,749)	
5. Unfunded Actuarial Accrued Liability: (3) – (4)			$55,626,207	

6. Unfunded Actuarial Accrued Liability

(a)	Actuarial accrued liability	$144,916,380
(b)	Actuarial value of assets	89,290,173
(c)	Unfunded liability	$55,626,207
(d)	Unfunded liability with balance equation minimum	$55,626,207

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

1. Current liability interest rate and mortality table.

   The interest rate and mortality table used to determine the RPA ’94 current liability were changed to comply with the requirements of Code Section 431(c).

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Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Interest Rate

Valuation	6.00% per annum
RPA '94 Current liability	3.85% per annum
Withdrawal Liability	5.75% per annum

Salary Scale 2.00% per year

Mortality RP-2014 Blue Collar Mortality Table adjusted to 2006 by removing projection under scale MP-2014, then projected generationally using scale MP-2017. For disabled members, RP-2014 disabled mortality table adjusted to 2006 by removing projection under scale MP-2014, then projected generationally using scale MP-2017.

For RPA'94 Current Liability, the IRS 2024 Small Plan Combined Static Mortality table.

Retirement Rates Rates for active participants:

Age	Rate	Age	Rate
55-59	10%	62	40%
60	30	63-64	30
61	20	65	100

Active participants eligible to retire before January 1, 2019, are assumed to elect to receive their benefits at first eligibility.

Rates for terminated vested participants:

Age	Rate	Age	Rate
55	10%	62	20%
56-59	5	63-64	10
60-61	10	65	100

Termination Rates Termination rates are assumed to follow the Sarason T9 standard table. Sample rates:

Age	Rate	Age	Rate
20	17.94%	45	8.43%
25	17.22	50	5.06
30	15.83	55	1.73
35	13.70	60	0.16
40	11.25		

Disability Rates Sample rates:

Age	Rate	Age	Rate
20	0.10%	45	0.36%
25	0.10	50	0.80
30	0.10	55	1.70
35	0.12	60	3.48
40	0.18		

Administrative Expenses $300,000 payable at the beginning of the year.

Marriage 60% of participants are assumed to be married. Husbands are assumed to be three years older than wives.

Form of Payment For retirements on or after April 1, 2018, participants who worked after January 1, 1998, are assumed to elect payment forms as follows:

Form	Married Members	Single Members
Single Life Annuity	55%	100%
75% Joint-and-Survivor Annuity	20	N/A
50% Joint-and-Survivor Annuity	25	N/A

For retirements on or after April 1, 2018, participants who did not work after January 1, 1998 are assumed to elect payment forms as follows:

Form	Married Members	Single Members
Single Life Annuity	55%	100%
75% Joint-and-Survivor Annuity	20	N/A
50% Joint-and-Survivor Annuity	15	N/A
50% Joint-and-Survivor Annuity with pop-up feature	10	N/A

Benefits Not Included in Valuation None.

Actuarial Methods

Cost Method The Entry Age Normal Cost Method is employed in this valuation. Under this method the normal cost is the level percentage of pay contribution that would have been required from the age of plan entry in order to fund the participant's retirement, termination and ancillary benefits if the current plan provisions had always been in effect. The actuarial accrued liability is the present value of all future benefits for inactive participants and is the excess of the present value of all future benefits over the present value of future normal costs for active participants. The present value of all future benefits is determined by discounting to the valuation date, the total future

expected cash flow from the plan using the aforementioned actuarial assumptions. The present value of future normal costs is determined by discounting to the valuation date, all of the normal costs anticipated to result from future valuations using the aforementioned actuarial assumptions. The normal cost and actuarial accrued liability for the entire plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all current plan participants.

Asset Method The Five-Year Weighted Average of Asset Gains Method is employed in this valuation. This method was initialized at market value as of October 1, 2004. For subsequent years, the value is determined by adjusting the market value of assets to reflect the asset gains and losses (the difference between expected investment return and actual investment return) during each of the last 5 years at the rate of 20% per year. The actuarial value is subject to a restriction that it not be less than 80% or more than 120% of market value.

Changes in Assumptions and Methods since the Prior Valuation

Current liability determined as of October 1, 2024 was based on 3.85% interest and 2024 IRS Static Mortality. These assumptions were updated from 3.07% interest and the IRS 2023 Combined Static Mortality table utilized as of October 1, 2023, to comply with the requirements of Code section 431(c).

There were no other changes in actuarial assumptions or methods since the last valuation.

Modeling Disclosure in Accordance with Actuarial Standards of Practice No. 56

FACT utilizes ProVal, an actuarial valuation program leased from Winklevoss Technologies, to calculate liabilities, normal costs and projected benefit payments. Winklevoss Technologies employs actuaries who are experts in the development of actuarial software and ProVal is utilized by many actuarial consulting firms worldwide.

We have used ProVal in accordance with its original intended purpose. Our staff customizes the ProVal software to value the benefits described in this report. The results from ProVal are reviewed as they relate to the Plan, and we have not identified any material inconsistencies in the results that would affect the contents of this actuarial valuation report.

Pressroom Unions' Pension Trust Fund

Financial Statements

September 30, 2025 and 2024

Pressroom Unions' Pension Trust Fund

Table of Contents

September 30, 2025 and 2024

ROGOFF & COMPANY PC
CERTIFIED PUBLIC ACCOUNTANTS

801 Second Avenue, Sixth Floor
New York, NY 10017-4706
212-557-5666 F 212-557-9330

Independent Auditor's Report

Board of Trustees
Pressroom Unions' Pension Trust Fund
New York, NY

Opinion

We have audited the financial statements of Pressroom Unions' Pension Trust 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 September 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Pressroom Unions' Pension Trust Fund as of September 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Pressroom Unions' Pension Trust Fund ability to continue as a going concern for one year after the date that the financial statements are 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 judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Pressroom Unions' Pension Trust 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 Pressroom Unions' Pension Trust Fund's ability to continue as a going concern for a reasonable period of time.

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

Other Matter—Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes as of September 30, 2025 and reportable transactions for the year ended September 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 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.

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

Rogoff & Company PC

New York, New York
July 9, 2026

Pressroom Unions' Pension Trust Fund
Statements of Net Assets Available for Benefits
As of September 30, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value	$ 156,558,343	$ 91,460,406
Receivables		
Accrued interest and dividends	370,384	-
Employer contributions, net	11,275	17,671
Withdrawal liability, net	321,585	367,667
Due from affiliates	7,890	7,890
Total receivables	711,134	393,228
Cash and cash equivalents	1,433,686	2,838,861
Prepaid expenses	9,431	8,610
Total Assets	158,712,593	94,701,105
Liabilities		
Accrued expenses	52,046	21,738
Due to affiliates	30,614	28,144
Total Liabilities	82,660	49,882
Net Assets Available for Benefits	$ 158,629,933	$ 94,651,223

The accompanying notes are an integral part of these financial statements

Pressroom Unions' Pension Trust Fund
Statements of Changes in Net Assets Available for Benefits
For the Years Ended September 30, 2025 and 2024

	2025	2024
Additions to Net Assets Attributed to:		
Investment Income:		
Net appreciation in fair value of investments	$ 9,554,527	$ 14,589,707
Interest and Dividends	4,132,985	2,570,478
	13,687,512	17,160,185
Less: investment expenses	(339,183)	(311,777)
Net investment income	13,348,329	16,848,408
Employer contributions	144,848	142,043
Withdrawal liability income	84,586	84,587
SFA Funding: Financial assistance income	63,694,307	-
Other income	9,235	3,817
	63,932,976	230,447
Total additions	77,281,305	17,078,855
Deductions to Net Assets Attributed to:		
Benefits paid to participants	12,945,623	13,169,362
Administrative expenses	356,972	335,018
Total deductions	13,302,595	13,504,380
Net increase	63,978,710	3,574,475
Net assets available for benefits		
Beginning of Year	94,651,223	91,076,748
End of Year	$ 158,629,933	$ 94,651,223

The accompanying notes are an integral part of these financial statements

Note 1. Description of Plan

The following brief description of the Pressroom Unions' Pension Trust Fund (the "Plan" or "Fund") is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General. The Plan is a multiemployer defined benefit pension plan and was established effective December 1, 1957 as a result of a collective bargaining agreements ("CBA") with GCC/IBT-Local One-L, ("Local One-L") and affiliated unions which represent pressroom workers employed in the New York metropolitan area. The purpose of the Plan is to provide retirement and death benefits for eligible employees of participating employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Administration of the Plan is the responsibility of the Board of Trustees ("the Trustees") and is governed by a joint board consisting of representation from the participating employers and the Local One-L.

Funding Policy. The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA. Contributions by participants are not permitted under the Plan.

Pension Protection Act Funding Status. As required by ERISA under the Pension Protection Act of 2006 (PPA), the Plan's actuary has completed the Plan's actuarial funding status certification as of October 1, 2025, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated benefit obligations as of October 1, 2024, and audited financial information as of September 30, 2024, as well as other financial information, including estimated cash flows for the year ended September 30, 2025, and the rate of market value return as reported by the investment consultant. The funded (zone) status provides an indication of the financial health of the Plan.

For the plan year beginning October 1, 2025, the Plan's actuary certified the Plan as "Critical and Declining" status under the Pension Protection Act (PPA) as amended by the Multiemployer Pension Reforms Act of 2014 (MPRA) for the 2024-2025 Plan year because the current it has funding deficiency. This is the same status as last year. The PPA status is re-determined annually.

Pension Benefits. The Plan provides the following types of pension benefits: (1) normal retirement, (2) early retirement, and (3) disability retirement.

The type and amount of the pension benefit is based on several factors, including the participant's age, work history (years of service and number of hours worked), and disability. Generally, participants are 100% vested in the Plan after five years of credited service.

Normal pensions are granted at the age of 65 to participants with vested status. Early retirement pensions are granted between the age of 55 and completion of 10 years of vesting service. The normal or early retirement benefits, to which a married participant (with a qualifying spouse) is entitled, is automatically paid in the form of a qualified joint and 50% survivor benefit unless the participant and his spouse elect another benefit option. The Plan also offers 75% and 100% joint and survivor options.

Death and Disability Benefits. The plan provides death and disability benefits to certain eligible participants. Beneficiaries of participants are eligible to receive a death benefit.

Note 2. Summary of Significant Accounting Principles

The following are the significant accounting policies followed by the Plan:

Basis of Accounting. The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investments Valuation and Income Recognition. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Trustees determines the Plan's valuation policies by using information provided by its investment advisers and custodians. 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 (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Administrative Expenses. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with a related plan. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plan (see note 7). Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Cash and Cash Equivalents. The Plan considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash and cash equivalents.

Employer Contributions and Related Receivable. The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on a percentage of the participating employers' monthly payroll for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of September 30, 2025 and 2024 no allowance was recorded.

Assessed Withdrawal Liability Receivable. The Plan's policy is to recognize a receivable at its present value, net of any allowance for collectability once a withdrawal liability has been actuarially determined and formally assessed by the Plan.

Note 2. Summary of Accounting Policies (continued)

Operating Leases - The Plan has elected, for all underlying classes of assets, to not recognize right of use assets and lease liabilities for leases obligations that are not material to the financial statements and therefore related disclosures under Accounting Standards Codification Topic 842 for these leases are not included in the financial statements. The Plan recognizes lease expenses associated with immaterial leases as incurred over the lease term.

Subsequent Events. The Plan has evaluated events and transactions that occurred through July 9, 2026, the date the financial statements were available to be issued.

New Accounting Pronouncements Adopted - Effective January 1, 2023, the Plan adopted ASU No. 2016-13, *Financial Instruments – Credit Losses* (Topic 326): Measurement of Credit Losses on Financial Instruments. This ASU provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other documents to extend credit held by a reporting entity.

Upon evaluation, the management has determined that this standard has no impact on its financial statements.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

The present values of plan benefits, as determined by an independent actuary, are summarized as follows:

	October 1, 2024
Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving benefits	$ 121,829,240
Participants entitled to deferred benefits	21,108,848
Other participants	3,362,441
	146,300,529
Nonvested benefits	837,711
Total actuarial present value of accumulated plan benefits	$ 147,138,240

Note 3. Actuarial Present Value of Accumulated Plan Benefits (continued)

Changes in the actuarial present value of accumulated plan benefits are as follows:

	Year Ended September 30, 2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 152,456,338
Increase (decrease) during the year attributable to:	
Decrease in discount period at 5.75%	8,392,912
Benefits paid	(13,169,362)
Additional benefits earned, including experience gains and losses	(541,648)
Net Change	(5,318,098)
Actuarial present value of accumulated plan benefits at end of year	$ 147,138,240

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

Benefits under the Plan are accumulated based on contributions made on behalf of the employees. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. 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 the independent actuary 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 October 1, 2024 were as follows:

Mortality rates	RP-2014 Blue Collar Mortality Table adjusted to 2006 by removing projection under scale MP-2014, then projected generationally using scale MP-2017.
Disability mortality Rates	RP-2014 disabled mortality table adjusted to 2006 by removing projection under scale MP-2014, then projected generationally using scale MP-2017.
Retirement age	Age 65 and completion of 5 years of vesting service, or if eligible early retirement age 55 and completion of 10 year of vesting service.
Net investment return	5.75%

Note 3. Actuarial Present Value of Accumulated Plan Benefits (continued)
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 October 1, 2024. Had the valuations been performed as of September 30, there would be no material differences.

Note 4. Plan Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved by the Trustees. During termination, the Plan's assets should not be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (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 the time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Note 5. Fair Value Measurements

The framework for measuring fair values 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 and liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

Note 5. Fair Value Measurements (continued)

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2025 and 2024.

Short term obligations: The carrying amount approximates fair value because of the short-term maturity of these instruments.

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

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded, and are considered a Level I investment.

Common *Trust Funds and Pooled Separate Accounts*: Valued based on the NAV of units (or equivalent). The NAV, as provided by the trustee or fund manager, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The trustee or fund manager determines, in good faith, the fair value of the fund's underlying investments, for which market values are not readily determinable.

Other Investments: Valued at the net asset value of shares held by the funds, which are composed of various real estate investment funds, and other diversified funds. Net asset value is based upon the fair values of the underlying investments in the funds.

Net Asset Value: As a practical expedient, fair value of certain investments may be estimated using their net asset value (NAV) if such investments are redeemable at NAV. In the fair value hierarchy, such investments that are redeemable at NAV are reported separately instead of the levels within the fair value hierarchy.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of September 30, 2025 and 2024:

	Fair Value Measurements at September 30, 2025			
	Level 1	Level 2	Level 3	Total
Short-term obligations	$ 2,138,604	$ -	$ -	$ 2,138,604
U.S. Treasury securities	53,740,318	-	-	53,740,318
Mutual funds	62,388,484	-	-	62,388,484
Total Investments in the fair value hierarchy	118,267,406	-	-	118,267,406
Investments measured at NAV	-	-	-	38,290,937
Total Investments, at fair value	$ 118,267,406	$ -	$ -	$ 156,558,343

Note 5. Fair Value Measurements (continued)

	Fair Value Measurements at September 30, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 54,531,955	$ -	$ -	$ 54,531,955
Total Investments in the fair value hierarchy	54,531,955	-	-	54,531,955
Investments measured at NAV	-	-	-	36,928,451
Total Investments, at fair value	$ 54,531,955	$ -	$ -	$ 91,460,406

In Managements opinion, the Plan did not hold any Level 2 or 3 investments as of September 30, 2025 and 2024. During the years ended September 30, 2025 and 2024, there were no transfers from in or out of Level 1, 2 or 3.

Fair Value of Investments that Calculates Net Asset Value

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as follows:

	Fair Value September 30,		*Unfunded*	*Redemption*	*Redemption*
Description	***2025***	***2024***	***Commitment***	***Frequency***	***Notice Perioa***
Common Trust Funds					
Prudential Core Plus Bond Fund	$ 26,298,228	$ 24,965,078	n/a	Daily	None
Pooled Separate Accounts					
Prisa II Separate Account	11,953,538	11,934,733	n/a	Quarterly	90 days
Other investment					
Entrust Capital Diversified Fund	39,171	28,640	n/a	{a}	{a}
	$ 38,290,937	$ 36,928,451			

{a} – The investment is subject to various restrictions on redemption and frequency.

Prudential Core Plus Bond Fund – To outperform the Bloomberg Barclays Capital U.S. Aggregate Bond Index by 150 basis points over a full market cycle by investing primarily in fixed income securities in the U.S. investment grade sectors, as well as U.S. fixed income securities rated below investment grade, the debt of developed international markets and debt of emerging markets.

Note 5. Fair Value Measurements (continued)

Prisa II Separate Account – It is an open-ended, commingled insurance company separate account designed for use as a funding vehicle for tax-qualified pension plans. Its investments are comprised primarily of real estate investments either directly owned or through partnership interest and mortgage and other loans on income producing real estate.

Entrust Capital Diversified Fund, Ltd ("Entrust Fund") - The Entrust Fund's objective is to seek above-average rates of return and long-term capital growth through investment in or with a diversified portfolio of private investment entities and/or separately managed accounts. The Entrust Fund is under liquidation.

Note 6. Assessed Withdrawal Liability

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980 (MPPAA), which requires imposition of a withdrawal liability on a participating employer that partially or totally withdraws from the Plan. Under the provisions of MPPAA, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer. A withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. The Plan entered into various settlement agreements with participating employers who withdrew from the Plan and were subject to withdrawal liability assessments. Quarterly assessments are being paid through September 2024. The Trustees, at times, approve settlements and payment plan arrangements for assessment amounts owed to the Plan.

During 2025 and 2024, the Plan recognized withdrawal liability income of $84,586 and $84,587 respectively.

At September 30, 2025 and 2024, the Plan was receiving withdrawal assessment payments under payment plan arrangements from former participating employers. The receivable amount represents the present value of the remaining payments using a discount rate, and net of an allowance for uncollectible accounts of approximately $583,000 and $668,000 as of September 30, 2025 and 2024, respectively.

Note 7. Related Party and Party-In-Interest Transactions

Identification of Related Organizations

The Plan has the following related entities:

- Graphic Communications Union Local 51 Bindery Employers Pension Fund ("Bindery Fund")
- Sickness and Accident Fund of Local One,
Amalgamated Lithographers of America, For Lithographic Employees ("S&A Fund")
- GCC/IBT - Local One – L ("Local One-L")
- Local 447 Pension Fund ("Pension 447")
- Amalithone Corporation.

Note 7. Related Party and Party-In-Interest Transactions (continued)

All of the above entities qualify as tax-exempt organizations. The entities listed above share common trustees with the Plan as well as facilities and staff.

Fees paid during the years ended September 30, 2025 and 2024 for services rendered by parties-in-interest were based on customary and reasonable rates for such services.

Common Administrative Expenses

Administrative service was performed by Local One-L pursuant to an agreement between Local One-L and the Plan.

The Plan reimburses the Local One-L for allocated expenses which includes payroll and related, rent and common expenses pursuant to an allocation study. The allocation of common expenses includes: payroll and related expenses, office, electric, telephone, postage, insurance and other sundry expenses. The amount charged for payroll and related, rent and common expenses for the year ended September 30, 2025 were $127,168, $8,289 and $8,092, respectively. The amount charged for payroll and related, rent and common expenses for the year ended September 30, 2024 were $119,124, $5,404 and $8,190, respectively.

Amounts due from and due to affiliates at September 30, 2025 and 2024 are as follows:

	September 30,	
	2025	2024
Due From:		
Bindery Fund	$ 2,183	$ 2,183
S&A Fund	5,708	5,708
	$ 7,890	$ 7,890
Due To:		
Amalithone Corporation	$ 8,746	$ 3,809
Local One-L	17,685	24,335
	$ 26,431	$ 28,144

The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

Note 8. Plan Amendments

There were no significant plan amendments for the plan year ended 2025 and 2024.

Note 9. Tax Status

The Plan obtained its latest determination in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

Note 10. Risks and Uncertainties

Investments

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

The majority of the Plan's net assets are invested in mutual funds and U.S. Treasury securities. At September 30, 2025 and 2024, approximately 39% and 0% of the Plan's net assets available for benefits were invested in mutual funds, and approximately 34% and 58%, respectively, were invested in U.S. Treasury securities.

Accumulated plan benefits

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

Concentration of Cash

Cash consists of monies held in noninterest bearing accounts. The Plan places its cash with a financial institution deemed to be creditworthy. Balances are insured by the Federal Deposit Insurance Corporation up to $250,000. At September 30, 2025 and 2024, the Plan's cash exceeded federally insured limits by approximately $1,356,000 and $2,591,000, respectively. The management performs ongoing evaluations of the commercial banks to limit its concentration of risk exposure. The Plan has not experienced any loss in such accounts. Management believes that the Plan is not exposed to any significant risk on its cash.

Note 11. PBGC Special Financial Assistance Program

On March 11, 2021, the American Rescue Plan Act of 2021 became law and included the Emergency Pension Plan Relief Act of 2021. This legislation creates a Special Financial Assistance (SFA) program under which cash payments would be made by the PBGC to financially troubled multiemployer pension plans. A multiemployer plan must satisfy certain criteria to be eligible for financial assistance. One of those criteria is those plans that are certified in Critical and Declining Status. Once approved, the funding is disbursed in a single, lump-sum payment in an amount sufficient to guarantee benefits, without reductions, through 2051. This funding is not a loan and there is no requirement to pay back any financial assistance received.

On August 20, 2024, the Plan submitted a revised application to the PBGC for SFA. On December 6, 2024, the Plan received a letter from the PBGC approving the SFA in the amount of $63,694,307. The Plan received funding in January 2025.

Note 12. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the total additions per the financial statements to total income per Form 5500:

	Year ended September 30, 2025
Total additions per the financial statements	$ 77,281,305
Add: investment expenses	339,183
Total additions available per Form 5500	$ 77,620,488

The following is a reconciliation of the total deductions per the financial statements to total expenses per Form 5500:

	Year ended September 30, 2025
Total deductions per the financial statements	$ 13,302,595
Add: investment expenses	339,183
Total expenses available per Form 5500	$ 13,641,778

The following is a reconciliation of administrative expenses per the financial statements to administrative expenses per Form 5500:

	Year ended September 30, 2025
Administrative expenses per the financial statements	$ 356,972
Add: investment expenses	339,183
Total admin expenses available per Form 5500	$ 696,155

Note 12. Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of net depreciation in fair value of investments per the financial statements to the net appreciation (depreciation) of assets Form 5500:

	Year ended September 30, 2025
Total net appreciation in fair value of investments per the financial statements	$ 9,554,527
Unrealized appreciation (depreciation) of assets on Form 5500	1,213,434
Net investment gain (loss) from common collective trust Form 5500	1,048,177
Net investment gain (loss) from pooled separate accounts	716,363
Net investment gain (loss) from registered investment companies Form 5500	8,227,477
Total net appreciation in fair value of investments available per the Form 5500	$ 11,205,450

Supplemental Schedule

Pressroom Unions' Pension Trust Fund
EIN - 13-6152896
Supplemental Schedule of Assets Held for Investment Purposes
(Form 5500, Schedule H, Part IV, Line 4i)
As of September 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Short-term obligations		
	Amalgamated	Money market	$ 171,502	$ 171,502
	JP Morgan	JP Morgan 100% US Treasury Money Market	1,967,102	1,967,102
			2,138,604	2,138,604
		U.S government and agency obligations		
	US Treasury	US TREAS BILLS 10/30/2025 1010000 Par	$ 976,872	$ 1,006,697
	US Treasury	US TREAS BILLS 11/28/2025 1130000 Par	1,089,647	1,122,723
	US Treasury	US TREAS NOTES 4.25 12/31/2025 1950000 Par	1,950,533	1,951,365
	US Treasury	US TREAS NOTES 4.00 2/15/2026 970000 Par	967,537	970,155
	US Treasury	US TREAS NOTES 4.5 3/31/2026 830000 Par	832,367	832,656
	US Treasury	US TREAS NOTES 4.875 4/30/2026 2130000 Par	2,146,557	2,142,482
	US Treasury	US TREAS NOTES 4.625 6/30/2026 870000 Par	874,656	875,203
	US Treasury	US TREAS NOTES 4.375 7/31/2026 1010000 Par	1,011,973	1,014,848
	US Treasury	US TREAS NOTES 0.75 8/31/2026 920000 Par	869,580	895,372
	US Treasury	US TREAS NOTES 3.5 9/30/2026 2120000 Par	2,093,666	2,115,527
	US Treasury	US TREAS NOTES 4.25 11/30/2026 900000 Par	899,684	905,310
	US Treasury	US TREAS NOTES 4.25 12/31/2026 2100000 Par	2,099,508	2,113,545
	US Treasury	US TREAS NOTES 4.125 2/15/2027 990000 Par	987,022	995,722
	US Treasury	US TREAS NOTES 2.5 3/31/2027 870000 Par	837,783	855,323
	US Treasury	US TREAS NOTES 0.5 4/30/2027 2140000 Par	1,963,868	2,037,430
	US Treasury	US TREAS NOTES 0.5 6/30/2027 2030000 Par	1,851,106	1,923,039
	US Treasury	US TREAS NOTES 3.125 8/31/2027 820000 Par	795,913	812,407
	US Treasury	US TREAS NOTES 0.375 9/30/2027 2140000 Par	1,925,916	2,007,513
	US Treasury	US TREAS NOTES 3.875 11/30/2027 910000 Par	898,945	914,796
	US Treasury	US TREAS NOTES 3.875 12/31/2027 1030000 Par	1,017,205	1,035,675
	US Treasury	US TREAS NOTES 3.5 1/31/2028 1000000 Par	976,172	997,340
	US Treasury	US TREAS NOTES 4.00 2/29/2028 920000 Par	910,620	928,124
	US Treasury	US TREAS NOTES 3.625 3/31/2028 2150000 Par	2,103,473	2,150,581
	US Treasury	US TREAS NOTES 1.25 5/31/2028 930000 Par	839,289	874,274
	US Treasury	US TREAS NOTES 4.00 6/30/2028 1050000 Par	1,037,654	1,060,301
	US Treasury	US TREAS NOTES 4.125 7/31/2028 1020000 Par	1,011,513	1,033,546
	US Treasury	US TREAS NOTES 4.375 8/31/2028 1980000 Par	1,978,453	2,020,293
	US Treasury	US TREAS NOTES 4.875 10/31/2028 980000 Par	996,002	1,014,917
	US Treasury	US TREAS NOTES 4.375 11/30/2028 2010000 Par	2,007,566	2,053,416
	US Treasury	US TREAS NOTES 4.00 1/31/2029 970000 Par	955,071	980,495
	US Treasury	US TREAS NOTES 4.25 2/28/2029 1980000 Par	1,967,316	2,017,660
	US Treasury	US TREAS NOTES 4.625 4/30/2029 1010000 Par	1,017,654	1,042,229

Pressroom Unions' Pension Trust Fund
EIN - 13-6152896
Supplemental Schedule of Assets Held for Investment Purposes
(Form 5500, Schedule H, Part IV, Line 4i)
As of September 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		U.S government and agency obligations - continued		
	US Treasury	US TREAS NOTES 2.75 5/31/2029 2050000 Par	$ 1,913,227	$ 1,985,548
	US Treasury	US TREAS NOTES 4.00 7/31/2029 990000 Par	972,327	1,000,949
	US Treasury	US TREAS NOTES 3.125 8/31/2029 2000000 Par	1,890,391	1,959,060
	US Treasury	US TREAS NOTES 4.125 10/31/2029 1010000 Par	995,994	1,026,059
	US Treasury	US TREAS NOTES 3.875 11/30/2029 1010000 Par	984,671	1,016,515
	US Treasury	US TREAS NOTES 3.875 12/31/2029 1010000 Par	983,961	1,016,474
	US Treasury	US TREAS NOTES 3.5 1/31/2030 1010000 Par	966,483	1,001,435
	US Treasury	US TREAS NOTES 4.00 2/28/2030 2010000 Par	1,967,523	2,033,316
			52,565,697	53,740,318
		Mutual Fund (Registered Investment Company)		
	Vanguard	Vanguard Total Stock Market Idx I, 370,231.473 Shares	$ 39,456,906	$ 59,159,287
	Vanguard	Vanguard Total Intl Stock Index, 81,772.522 Shares	3,031,362	3,229,197
			$ 42,488,268	$ 62,388,484
		Common Trust Funds		
	Prudential	Prudential Core Plus Bond Fund, 129,064.725 Units	$ 26,890,776	$ 26,298,228
		Pooled Separate Accounts		
	Prudential	Prisa II Separate Account, 251.55257 Units	$ 10,266,987	$ 11,953,537
		Other investments		
	EnTrust Capital Diversified Fund, Ltd	Entrust Capital Diversified Fund QP Ltd, Class X, Series 12/31/2016, 3,810.9651 Shares	$ 562,068	$ 39,172
		Total Investments	$134,912,400	$156,558,343

See independent auditor's report

Pressroom Unions' Pension Trust Fund
EIN - 13-6152896
Supplemental Schedule of Reportable Transactions
(Form 5500, Schedule H, Part IV, Line 4j)
For the Year Ended September 30, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
			Single Transactions					
	JP Morgan 100% US Treasury Money Market							
		$ 1.00				$62,550,000	$ 62,550,000	
	JP Morgan 100% US Treasury Money Market							
			$ 1.00			62,475,234	62,475,234	-
			Series of Transactions					
	Vanguard Total Stock Market Idx I		139.12			$ 500,721	$ 660,000	$ 159,279
			144.40			482,412	660,000	177,588
			144.68			481,478	660,000	178,522
		139.82				800,000	800,000	
			149.50			3,015,932	3,015,932	-
		149.50				3,015,932	3,015,932	
	Purchases							
	US TREASURY NOTE 4.25 12/31/2025 1950000 Par					$ 1,950,533	$ 1,950,533	-
	US TREASURY NOTE 4.00 2/15/2026 970000 Par					967,537	967,537	-
	US TREASURY NOTE 4.5 3/31/2026 830000 Par					832,367	832,367	-
	US TREASUTY NOTE 4.875 4/30/2026 2130000 Par					2,146,557	2,146,557	-
	US TREASURY NOTE 4.625 6/30/2026 870000 Par					874,656	874,656	-
	US TREASURY NOTE 4.375 7/31/2026 1010000 Par					1,011,973	1,011,973	-
	US TREASURY NOTE 0.75 8/31/2026 920000 Par					869,580	869,580	-
	US TREASURY NOTE 3.5 9/30/2026 2120000 Par					2,093,666	2,093,666	-
	US TREASURY NOTE 4.25 11/30/2026 900000 Par					899,684	899,684	-
	US TREASURY NOTE 4.25 12/31/2026 2100000 Par					2,099,508	2,099,508	-
	US TREASURY NOTE 4.125 2/15/2027 990000 Par					987,022	987,022	-
	US TREASURY NOTES 2.5 3/31/2027 870000 Par					837,783	837,783	-
	US TREASURY NTS 0.5 4/30/2027 2140000 Par					1,963,868	1,963,868	-
	US TREASURY NOTES 0.5 6/30/2027 2030000 Par					1,851,106	1,851,106	-
	US TREASURY NTS 3.125 8/31/2027 820000 Par					795,913	795,913	-
	US TREASURY NOTES 0.375 9/30/2027 2140000 Par					1,925,916	1,925,916	-
	US TREASURY NOTES 3.875 11/30/2027 910000 Par					898,945	898,945	-
	US TREASURY NOTE 3.875 12/31/2027 1030000 Par					1,017,205	1,017,205	-
	US TREASURY NOTE 3.5 1/31/2028 1000000 Par					976,172	976,172	-
	US TREASURY NOTES 4.00 2/29/2028 920000 Par					910,620	910,620	-
	US TREASURY NOTES 3.625 3/31/2028 2150000 Par					2,103,473	2,103,473	-
	US TREASURY NOTE 1.25 5/31/2028 930000 Par					839,289	839,289	-

Pressroom Unions' Pension Trust Fund
EIN - 13-6152896
Supplemental Schedule of Reportable Transactions
(Form 5500, Schedule H, Part IV, Line 4j)
For the Year Ended September 30, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Series of Transactions - continued							
	US TREASURY NOTE 4.00 6/30/2028 1050000 Par					$ 1,037,654	$ 1,037,654	-
	US TREASURY NOTES 4.125 7/31/2028 1020000 Par					1,011,513	1,011,513	-
	US TREASURY NOTE 4.375 8/31/2028 1980000 Par					1,978,453	1,978,453	-
	US TREASURY NOTE 4.875 10/31/2028 980000 Par					996,002	996,002	-
	US TREASURY NOTE 4.375 11/30/2028 2010000 Par					2,007,566	2,007,566	-
	US TREASURY NOTES 4.00 1/31/2029 970000 Par					955,071	955,071	-
	US TREASURY NOTE 4.25 2/28/2029 1980000 Par					1,967,316	1,967,316	-
	US TREASURY NOTE 4.625 4/30/2029 1010000 Par					1,017,654	1,017,654	-
	US TREASURY NOTE 2.75 5/31/2029 2050000 Par					1,913,227	1,913,227	-
	US TREASURY NOTE 4.00 7/31/2029 990000 Par					972,327	972,327	-
	US TREASURY NOTE 3.125 8/31/2029 2000000 Par					1,890,391	1,890,391	-
	US TREASURY NOTE 4.125 10/31/2029 1010000 Par					995,994	995,994	-
	US TREASURY NOTE 3.875 11/30/2029 1010000 Par					984,671	984,671	-
	USTREASURY NOTE 3.875 12/31/2029 1010000 Par					983,961	983,961	-
	US TREASURY NOTE 3.5 1/31/2030 1010000 Par					966,483	966,483	-
	US TREASURY NOTE 4.00 2/28/2030 2010000 Par					1,967,523	1,967,523	-
	US TREASURY BILL 2/18/2025 1800000 Par					1,791,800	1,791,800	-
	US TREASURY BILL 2/27/2025 900000 Par					894,933	894,933	-
	US TREASURY BILL 3/18/2025 1900000 Par					1,897,535	1,897,535	-
	US TREASURY BILL 3/27/2025 1020000 Par					1,010,962	1,010,962	-
	US TREASURY BILL 4/15/2025 1990000 Par					1,988,126	1,988,126	-
	US TREASURY BILL 4/29/2025 1010000 Par					997,204	997,204	-
	US TREASURY BILL 5/15/2025 1900000 Par					1,898,231	1,898,231	-
	US TREASURY BILL 5/29/2025 1130000 Par					1,111,874	1,111,874	-
	US TREASURY BILL 6/17/2025 2100000 Par					2,097,069	2,097,069	-
	US TREASURY BILL 6/26/2025 1840000 Par					1,804,766	1,804,766	-
	US TREASURY BILL 7/17/2025 2900000 Par					2,895,318	2,895,318	-
	US TREASURY BILL 8/7/2025 1090000 Par					1,064,087	1,064,087	-
	US TREASURY BILL 8/19/2025 1900000 Par					1,896,848	1,896,848	-
	US TREASURY BILL 9/4/2025 830000 Par					807,777	807,777	-
	US TREASURY BILL 9/18/2025 2000000 Par					1,996,724	1,996,724	-
	US TREASURY BILL 10/30/2025 1010000 Par					976,872	976,872	-
	US TREASURY BILL 11/28/2025 1130000 Par					1,089,647	1,089,647	-

Pressroom Unions' Pension Trust Fund
EIN - 13-6152896
Supplemental Schedule of Reportable Transactions
(Form 5500, Schedule H, Part IV, Line 4j)
For the Year Ended September 30, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Series of Transactions - continued							
	JP Morgan 100% US Treasury Money Market					$ 62,550,000	$ 62,550,000	-
	JP Morgan 100% US Treasury Money Market					117,506	117,506	-
	JP Morgan 100% US Treasury Money Market					7,340	7,340	-
	JP Morgan 100% US Treasury Money Market					1,839,819	1,839,819	-
	JP Morgan 100% US Treasury Money Market					900,000	900,000	-
	JP Morgan 100% US Treasury Money Market					191,500	191,500	-
	JP Morgan 100% US Treasury Money Market					1,973	1,973	-
	JP Morgan 100% US Treasury Money Market					1,900,000	1,900,000	-
	JP Morgan 100% US Treasury Money Market					1,020,000	1,020,000	-
	JP Morgan 100% US Treasury Money Market					109,631	109,631	-
	JP Morgan 100% US Treasury Money Market					3,646	3,646	-
	JP Morgan 100% US Treasury Money Market					1,990,000	1,990,000	-
	JP Morgan 100% US Treasury Money Market					1,010,000	1,010,000	-
	JP Morgan 100% US Treasury Money Market					125,344	125,344	-
	JP Morgan 100% US Treasury Money Market					3,364	3,364	-
	JP Morgan 100% US Treasury Money Market					1,900,000	1,900,000	-
	JP Morgan 100% US Treasury Money Market					1,130,000	1,130,000	-
	JP Morgan 100% US Treasury Money Market					138,351	138,351	-
	JP Morgan 100% US Treasury Money Market					2,054,000	2,054,000	-
	JP Morgan 100% US Treasury Money Market					1,840,000	1,840,000	-
	JP Morgan 100% US Treasury Money Market					130,228	130,228	-
	JP Morgan 100% US Treasury Money Market					21,000	21,000	-
	JP Morgan 100% US Treasury Money Market					41,438	41,438	-
	JP Morgan 100% US Treasury Money Market					2,900,000	2,900,000	-
	JP Morgan 100% US Treasury Money Market					117,506	117,506	-
	JP Morgan 100% US Treasury Money Market					3,925	3,925	-
	JP Morgan 100% US Treasury Money Market					1	1	-
	JP Morgan 100% US Treasury Money Market					1,090,000	1,090,000	-
	JP Morgan 100% US Treasury Money Market					39,819	39,819	-
	JP Morgan 100% US Treasury Money Market					1,900,000	1,900,000	-
	JP Morgan 100% US Treasury Money Market					31,250	31,250	-
	JP Morgan 100% US Treasury Money Market					165,617	165,617	-
	JP Morgan 100% US Treasury Money Market					2,000,000	2,000,000	-
	JP Morgan 100% US Treasury Money Market					109,631	109,631	-

Pressroom Unions' Pension Trust Fund
EIN - 13-6152896
Supplemental Schedule of Reportable Transactions
(Form 5500, Schedule H, Part IV, Line 4j)
For the Year Ended September 30, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Series of Transactions - continued							
	Sales							
	US TREASURY BILL 2/18/2025 1800000 Par					$ 1,791,800	$ 1,791,800	-
	US TREASURY BILL 2/27/2025 900000 Par					894,933	894,933	-
	US TREASURY BILL 3/18/2025 1900000 Par					1,897,535	1,897,535	-
	US TREASURY BILL 3/27/2025 1020000 Par					1,010,962	1,010,962	-
	US TREASURY BILL 4/15/2025 1990000 Par					1,988,126	1,988,126	-
	US TREASURY BILL 4/29/2025 1010000 Par					997,204	997,204	-
	US TREASURY BILL 5/15/2025 1900000 Par					1,898,231	1,898,231	-
	US TREASURY BILL 5/29/2025 1130000 Par					1,111,874	1,111,874	-
	US TREASURY BILL 6/17/2025 2100000 Par					2,097,069	2,097,069	-
	US TREASURY BILL 6/26/2025 1840000 Par					1,804,766	1,804,766	-
	US TREASURY BILL 7/17/2025 2900000 Par					2,895,318	2,895,318	-
	US TREASURY BILL 8/7/2025 1090000 Par					1,064,087	1,064,087	-
	US TREASURY BILL 8/19/2025 1900000 Par					1,896,848	1,896,848	-
	US TREASURY BILL 9/4/2025 830000 Par					807,777	807,777	-
	US TREASURY BILL 9/18/2025 2000000 Par					1,996,724	1,996,724	-
	JP Morgan 100% US Treasury Money Market					62,475,234	62,475,234	-
	JP Morgan 100% US Treasury Money Market					1,134,000	1,134,000	-
	JP Morgan 100% US Treasury Money Market					1,897,535	1,897,535	-
	JP Morgan 100% US Treasury Money Market					1,134,000	1,134,000	-
	JP Morgan 100% US Treasury Money Market					1,988,126	1,988,126	-
	JP Morgan 100% US Treasury Money Market					1,134,000	1,134,000	-
	JP Morgan 100% US Treasury Money Market					5,701	5,701	-
	JP Morgan 100% US Treasury Money Market					1,898,231	1,898,231	-
	JP Morgan 100% US Treasury Money Market					1,134,000	1,134,000	-
	JP Morgan 100% US Treasury Money Market					2,097,069	2,097,069	-
	JP Morgan 100% US Treasury Money Market					1,134,000	1,134,000	-
	JP Morgan 100% US Treasury Money Market					17,025	17,025	-
	JP Morgan 100% US Treasury Money Market					2,895,318	2,895,318	-
	JP Morgan 100% US Treasury Money Market					1,134,000	1,134,000	-
	JP Morgan 100% US Treasury Money Market					5,978	5,978	-
	JP Morgan 100% US Treasury Money Market					1,896,848	1,896,848	-
	JP Morgan 100% US Treasury Money Market					1,134,000	1,134,000	-
	JP Morgan 100% US Treasury Money Market					1,166,724	1,166,724	-
	JP Morgan 100% US Treasury Money Market					1,134,000	1,134,000	-

Pressroom Unions' Pension Trust Fund
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Supplemental Schedule of Reportable Transactions
(Form 5500, Schedule H, Part IV, Line 4j)
For the Year Ended September 30, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
			Single Transactions					
	JP Morgan 100% US Treasury Money Market							
		$ 1.00				$62,550,000	$ 62,550,000	
	JP Morgan 100% US Treasury Money Market							
			$ 1.00			62,475,234	62,475,234	-
			Series of Transactions					
	Vanguard Total Stock Market Idx I		139.12			$ 500,721	$ 660,000	$ 159,279
			144.40			482,412	660,000	177,588
			144.68			481,478	660,000	178,522
		139.82				800,000	800,000	
			149.50			3,015,932	3,015,932	-
		149.50				3,015,932	3,015,932	
	Purchases							
	US TREASURY NOTE 4.25 12/31/2025 1950000 Par					$ 1,950,533	$ 1,950,533	-
	US TREASURY NOTE 4.00 2/15/2026 970000 Par					967,537	967,537	-
	US TREASURY NOTE 4.5 3/31/2026 830000 Par					832,367	832,367	-
	US TREASUTY NOTE 4.875 4/30/2026 2130000 Par					2,146,557	2,146,557	-
	US TREASURY NOTE 4.625 6/30/2026 870000 Par					874,656	874,656	-
	US TREASURY NOTE 4.375 7/31/2026 1010000 Par					1,011,973	1,011,973	-
	US TREASURY NOTE 0.75 8/31/2026 920000 Par					869,580	869,580	-
	US TREASURY NOTE 3.5 9/30/2026 2120000 Par					2,093,666	2,093,666	-
	US TREASURY NOTE 4.25 11/30/2026 900000 Par					899,684	899,684	-
	US TREASURY NOTE 4.25 12/31/2026 2100000 Par					2,099,508	2,099,508	-
	US TREASURY NOTE 4.125 2/15/2027 990000 Par					987,022	987,022	-
	US TREASURY NOTES 2.5 3/31/2027 870000 Par					837,783	837,783	-
	US TREASURY NTS 0.5 4/30/2027 2140000 Par					1,963,868	1,963,868	-
	US TREASURY NOTES 0.5 6/30/2027 2030000 Par					1,851,106	1,851,106	-
	US TREASURY NTS 3.125 8/31/2027 820000 Par					795,913	795,913	-
	US TREASURY NOTES 0.375 9/30/2027 2140000 Par					1,925,916	1,925,916	-
	US TREASURY NOTES 3.875 11/30/2027 910000 Par					898,945	898,945	-
	US TREASURY NOTE 3.875 12/31/2027 1030000 Par					1,017,205	1,017,205	-
	US TREASURY NOTE 3.5 1/31/2028 1000000 Par					976,172	976,172	-
	US TREASURY NOTES 4.00 2/29/2028 920000 Par					910,620	910,620	-
	US TREASURY NOTES 3.625 3/31/2028 2150000 Par					2,103,473	2,103,473	-
	US TREASURY NOTE 1.25 5/31/2028 930000 Par					839,289	839,289	-

Pressroom Unions' Pension Trust Fund
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(Form 5500, Schedule H, Part IV, Line 4j)
For the Year Ended September 30, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Series of Transactions - continued							
	US TREASURY NOTE 4.00 6/30/2028 1050000 Par					$ 1,037,654	$ 1,037,654	-
	US TREASURY NOTES 4.125 7/31/2028 1020000 Par					1,011,513	1,011,513	-
	US TREASURY NOTE 4.375 8/31/2028 1980000 Par					1,978,453	1,978,453	-
	US TREASURY NOTE 4.875 10/31/2028 980000 Par					996,002	996,002	-
	US TREASURY NOTE 4.375 11/30/2028 2010000 Par					2,007,566	2,007,566	-
	US TREASURY NOTES 4.00 1/31/2029 970000 Par					955,071	955,071	-
	US TREASURY NOTE 4.25 2/28/2029 1980000 Par					1,967,316	1,967,316	-
	US TREASURY NOTE 4.625 4/30/2029 1010000 Par					1,017,654	1,017,654	-
	US TREASURY NOTE 2.75 5/31/2029 2050000 Par					1,913,227	1,913,227	-
	US TREASURY NOTE 4.00 7/31/2029 990000 Par					972,327	972,327	-
	US TREASURY NOTE 3.125 8/31/2029 2000000 Par					1,890,391	1,890,391	-
	US TREASURY NOTE 4.125 10/31/2029 1010000 Par					995,994	995,994	-
	US TREASURY NOTE 3.875 11/30/2029 1010000 Par					984,671	984,671	-
	USTREASURY NOTE 3.875 12/31/2029 1010000 Par					983,961	983,961	-
	US TREASURY NOTE 3.5 1/31/2030 1010000 Par					966,483	966,483	-
	US TREASURY NOTE 4.00 2/28/2030 2010000 Par					1,967,523	1,967,523	-
	US TREASURY BILL 2/18/2025 1800000 Par					1,791,800	1,791,800	-
	US TREASURY BILL 2/27/2025 900000 Par					894,933	894,933	-
	US TREASURY BILL 3/18/2025 1900000 Par					1,897,535	1,897,535	-
	US TREASURY BILL 3/27/2025 1020000 Par					1,010,962	1,010,962	-
	US TREASURY BILL 4/15/2025 1990000 Par					1,988,126	1,988,126	-
	US TREASURY BILL 4/29/2025 1010000 Par					997,204	997,204	-
	US TREASURY BILL 5/15/2025 1900000 Par					1,898,231	1,898,231	-
	US TREASURY BILL 5/29/2025 1130000 Par					1,111,874	1,111,874	-
	US TREASURY BILL 6/17/2025 2100000 Par					2,097,069	2,097,069	-
	US TREASURY BILL 6/26/2025 1840000 Par					1,804,766	1,804,766	-
	US TREASURY BILL 7/17/2025 2900000 Par					2,895,318	2,895,318	-
	US TREASURY BILL 8/7/2025 1090000 Par					1,064,087	1,064,087	-
	US TREASURY BILL 8/19/2025 1900000 Par					1,896,848	1,896,848	-
	US TREASURY BILL 9/4/2025 830000 Par					807,777	807,777	-
	US TREASURY BILL 9/18/2025 2000000 Par					1,996,724	1,996,724	-
	US TREASURY BILL 10/30/2025 1010000 Par					976,872	976,872	-
	US TREASURY BILL 11/28/2025 1130000 Par					1,089,647	1,089,647	-

Pressroom Unions' Pension Trust Fund
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(Form 5500, Schedule H, Part IV, Line 4j)
For the Year Ended September 30, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Series of Transactions - continued							
	JP Morgan 100% US Treasury Money Market					$ 62,550,000	$ 62,550,000	-
	JP Morgan 100% US Treasury Money Market					117,506	117,506	-
	JP Morgan 100% US Treasury Money Market					7,340	7,340	-
	JP Morgan 100% US Treasury Money Market					1,839,819	1,839,819	-
	JP Morgan 100% US Treasury Money Market					900,000	900,000	-
	JP Morgan 100% US Treasury Money Market					191,500	191,500	-
	JP Morgan 100% US Treasury Money Market					1,973	1,973	-
	JP Morgan 100% US Treasury Money Market					1,900,000	1,900,000	-
	JP Morgan 100% US Treasury Money Market					1,020,000	1,020,000	-
	JP Morgan 100% US Treasury Money Market					109,631	109,631	-
	JP Morgan 100% US Treasury Money Market					3,646	3,646	-
	JP Morgan 100% US Treasury Money Market					1,990,000	1,990,000	-
	JP Morgan 100% US Treasury Money Market					1,010,000	1,010,000	-
	JP Morgan 100% US Treasury Money Market					125,344	125,344	-
	JP Morgan 100% US Treasury Money Market					3,364	3,364	-
	JP Morgan 100% US Treasury Money Market					1,900,000	1,900,000	-
	JP Morgan 100% US Treasury Money Market					1,130,000	1,130,000	-
	JP Morgan 100% US Treasury Money Market					138,351	138,351	-
	JP Morgan 100% US Treasury Money Market					2,054,000	2,054,000	-
	JP Morgan 100% US Treasury Money Market					1,840,000	1,840,000	-
	JP Morgan 100% US Treasury Money Market					130,228	130,228	-
	JP Morgan 100% US Treasury Money Market					21,000	21,000	-
	JP Morgan 100% US Treasury Money Market					41,438	41,438	-
	JP Morgan 100% US Treasury Money Market					2,900,000	2,900,000	-
	JP Morgan 100% US Treasury Money Market					117,506	117,506	-
	JP Morgan 100% US Treasury Money Market					3,925	3,925	-
	JP Morgan 100% US Treasury Money Market					1	1	-
	JP Morgan 100% US Treasury Money Market					1,090,000	1,090,000	-
	JP Morgan 100% US Treasury Money Market					39,819	39,819	-
	JP Morgan 100% US Treasury Money Market					1,900,000	1,900,000	-
	JP Morgan 100% US Treasury Money Market					31,250	31,250	-
	JP Morgan 100% US Treasury Money Market					165,617	165,617	-
	JP Morgan 100% US Treasury Money Market					2,000,000	2,000,000	-
	JP Morgan 100% US Treasury Money Market					109,631	109,631	-

Pressroom Unions' Pension Trust Fund
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For the Year Ended September 30, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Series of Transactions - continued							
	Sales							
	US TREASURY BILL 2/18/2025 1800000 Par					$ 1,791,800	$ 1,791,800	-
	US TREASURY BILL 2/27/2025 900000 Par					894,933	894,933	-
	US TREASURY BILL 3/18/2025 1900000 Par					1,897,535	1,897,535	-
	US TREASURY BILL 3/27/2025 1020000 Par					1,010,962	1,010,962	-
	US TREASURY BILL 4/15/2025 1990000 Par					1,988,126	1,988,126	-
	US TREASURY BILL 4/29/2025 1010000 Par					997,204	997,204	-
	US TREASURY BILL 5/15/2025 1900000 Par					1,898,231	1,898,231	-
	US TREASURY BILL 5/29/2025 1130000 Par					1,111,874	1,111,874	-
	US TREASURY BILL 6/17/2025 2100000 Par					2,097,069	2,097,069	-
	US TREASURY BILL 6/26/2025 1840000 Par					1,804,766	1,804,766	-
	US TREASURY BILL 7/17/2025 2900000 Par					2,895,318	2,895,318	-
	US TREASURY BILL 8/7/2025 1090000 Par					1,064,087	1,064,087	-
	US TREASURY BILL 8/19/2025 1900000 Par					1,896,848	1,896,848	-
	US TREASURY BILL 9/4/2025 830000 Par					807,777	807,777	-
	US TREASURY BILL 9/18/2025 2000000 Par					1,996,724	1,996,724	-
	JP Morgan 100% US Treasury Money Market					62,475,234	62,475,234	-
	JP Morgan 100% US Treasury Money Market					1,134,000	1,134,000	-
	JP Morgan 100% US Treasury Money Market					1,897,535	1,897,535	-
	JP Morgan 100% US Treasury Money Market					1,134,000	1,134,000	-
	JP Morgan 100% US Treasury Money Market					1,988,126	1,988,126	-
	JP Morgan 100% US Treasury Money Market					1,134,000	1,134,000	-
	JP Morgan 100% US Treasury Money Market					5,701	5,701	-
	JP Morgan 100% US Treasury Money Market					1,898,231	1,898,231	-
	JP Morgan 100% US Treasury Money Market					1,134,000	1,134,000	-
	JP Morgan 100% US Treasury Money Market					2,097,069	2,097,069	-
	JP Morgan 100% US Treasury Money Market					1,134,000	1,134,000	-
	JP Morgan 100% US Treasury Money Market					17,025	17,025	-
	JP Morgan 100% US Treasury Money Market					2,895,318	2,895,318	-
	JP Morgan 100% US Treasury Money Market					1,134,000	1,134,000	-
	JP Morgan 100% US Treasury Money Market					5,978	5,978	-
	JP Morgan 100% US Treasury Money Market					1,896,848	1,896,848	-
	JP Morgan 100% US Treasury Money Market					1,134,000	1,134,000	-
	JP Morgan 100% US Treasury Money Market					1,166,724	1,166,724	-
	JP Morgan 100% US Treasury Money Market					1,134,000	1,134,000	-

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 10/01/2024 and ending 09/30/2025

▶ **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.

A Name of plan
Pressroom Unions Pension Trust Fund

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Pressroom Unions Pension Trust Fund

D Employer Identification Number (EIN)
13-6152896

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

1a	Enter the valuation date: Month 10 Day 1 Year 2024		
b	Assets		
	(1) Current value of assets	1b(1)	94,283,556
	(2) Actuarial value of assets for funding standard account	1b(2)	89,290,173
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	144,916,380
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	1c(2)(a)	
	(b) Accrued liability under entry age normal method	1c(2)(b)	
	(c) Normal cost under entry age normal method	1c(2)(c)	
	(3) Accrued liability under unit credit cost method	1c(3)	144,089,870
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
	(2) "RPA '94" information:		
	(a) Current liability	1d(2)(a)	175,405,639
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	737,635
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	13,241,033
	(3) Expected plan disbursements for the plan year	1d(3)	13,225,991

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.

SIGN HERE

Signature of actuary

7.8.2026
Date

Jay K. Egelberg, ASA, MAAA
Type or print name of actuary

26-04981
Most recent enrollment number

First Actuarial Consulting, Inc.
Firm name

(212)395-9555
Telephone number (including area code)

1501 Broadway, Suite 1728

New York NY 10036-5601
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 [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	94,651,223
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		1,043	141,994,446
(2) For terminated vested participants		176	27,711,767
(3) For active participants:			
(a) Non-vested benefits			1,086,443
(b) Vested benefits			4,612,983
(c) Total active		18	5,699,426
(4) Total		1,237	175,405,639
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	53.96 %

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	
04/01/2025	275,587							
			Totals ►	3(b)	275,587	3(c)		0
(d) Total withdrawal liability amounts included in line 3(b) total						3(d)	130,668	

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	62.0 %
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	**4b**	C

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☒ Yes ☐ No

d 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)? ☐ Yes ☒ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☒ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	2049

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

a ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.85 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	7P	7P
(2) Females	6c(2)	7FP	7FP
d Valuation liability interest rate	6d	6.00 %	6.00%
e Salary scale	6e	2.00% ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	5.75%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.8%	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	20.1%	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	300,000	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-2,861,489	-277,950

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
e 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).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	37,976,749
b Employer's normal cost for plan year as of valuation date	9b	459,304

			Outstanding balance	
c Amortization charges as of valuation date:				
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)		46,513,585	10,385,479
(2) Funding waivers	9c(2)		0	0
(3) Certain bases for which the amortization period has been extended	9c(3)		0	0
d Interest as applicable on lines 9a, 9b, and 9c		9d		2,929,292
e Total charges. Add lines 9a through 9d		9e		51,750,824
Credits to funding standard account:				
f Prior year credit balance, if any		9f		0
g Employer contributions. Total from column (b) of line 3		9g		275,587
			Outstanding balance	
h Amortization credits as of valuation date	9h		28,864,127	5,355,809
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i		329,616
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)		59,450,642	
(2) "RPA '94" override (90% current liability FFL)	9j(2)		71,489,395	
(3) FFL credit		9j(3)		0
k (1) Waived funding deficiency		9k(1)		0
(2) Other credits		9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l		5,961,012
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n		45,789,812
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year		9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date		9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		9o(2)(b)		0
(3) Total as of valuation date		9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		10		45,789,812
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				☒ Yes ☐ No