

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☒ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>THE WFMJ TELEVISION, INC. PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>005</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1973</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-1396336</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>330-744-8611</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>515100</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>005</u>	1c Effective date of plan <u>01/01/1973</u>		2b Employer Identification Number (EIN) <u>34-1396336</u>		2c Sponsor's telephone number <u>330-744-8611</u>		2d Business code (see instructions) <u>515100</u>	
1b Three-digit plan number (PN) ▶	<u>005</u>										
1c Effective date of plan <u>01/01/1973</u>											
2b Employer Identification Number (EIN) <u>34-1396336</u>											
2c Sponsor's telephone number <u>330-744-8611</u>											
2d Business code (see instructions) <u>515100</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>WFMJ TELEVISION, INC.</u> <u>101 W. BOARDMAN STREET</u> <u>YOUNGSTOWN, OH 44503</u>	<u>101 W. BOARDMAN STREET</u> <u>YOUNGSTOWN, OH 44503</u>										

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.	10/15/2014	BETTY H. BROWN JAGNOW, PRESIDENT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	BETTY H. BROWN JAGNOW, PRESIDENT
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	160
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	78
b Retired or separated participants receiving benefits		6b	30
c Other retired or separated participants entitled to future benefits.....		6c	51
d Subtotal. Add lines 6a , 6b , and 6c		6d	159
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	7
f Total. Add lines 6d and 6e		6f	166
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A			
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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit 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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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 <u>THE WFMJ TELEVISION, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WFMJ TELEVISION, INC.</u>	D Employer Identification Number (EIN) <u>34-1396336</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>2220062</u>
b Actuarial value	2b <u>2245687</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>34</u> <u>928834</u>
b For terminated vested participants.....	3b <u>47</u> <u>680578</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>12981</u>
(2) Vested benefits	3c(2) <u>1589885</u>
(3) Total active.....	3c(3) <u>79</u> <u>1602866</u>
d Total.....	3d <u>160</u> <u>3212278</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☒	
a Funding target disregarding prescribed at-risk assumptions	4a <u>3046476</u>
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b <u>3460982</u>
5 Effective interest rate	5 <u>6.86</u> %
6 Target normal cost.....	6 <u>94653</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/13/2014</u>
Signature of actuary		Date
<u>MATTHEW C. KAISER</u>		<u>14-05784</u>
Type or print name of actuary		Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>		<u>216-937-4000</u>
Firm name		Telephone number (including area code)
<u>1001 LAKESIDE AVENUE</u> <u>SUITE 1900</u> <u>CLEVELAND, OH 44114-1172</u>		
Address of the firm		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	140073	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	121963	0
9 Amount remaining (line 7 minus line 8)	18110	0
10 Interest on line 9 using prior year's actual return of <u>12.63</u> %	2287	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>7.21</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	20397	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	73.04 %
15 Adjusted funding target attainment percentage	15	69.02 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	82.44 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	69.11 %

Part IV Contributions and Liquidity Shortfalls					
18 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
04/15/2013	33463		09/15/2014	74705	
07/12/2013	33463				
10/15/2013	13066				
01/15/2014	33463				
04/15/2014	7576				
07/14/2014	7576				
			Totals ►	18(b)	203312
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 189277
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.23%	2nd segment: 6.51%	3rd segment: 7.16 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	94653	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	986988	115021	
b Waiver amortization installment		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	209674	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	20397	0	20397
36 Additional cash requirement (line 34 minus line 35).....	36	189277	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	189277	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan THE WFMJ TELEVISION, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 WFMJ TELEVISION, INC.	D Employer Identification Number (EIN) 34-1396336	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

TOWERS WATSON DELAWARE INC.

53-0181291

(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	NONE	59408	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUNTRUST BANK

59-3482833

(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?
21	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>THE WFMJ TELEVISION, INC. PENSION PLAN</u>		B Three-digit plan number (PN) ► <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WFMJ TELEVISION, INC.</u>		D Employer Identification Number (EIN) <u>34-1396336</u>

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	13387	123320
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	58405	20860
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2148912	2400657
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2220704	2544837

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2220704	2544837
---	-----------	---------	---------

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)	203312	
(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)		203312
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(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)		0
(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)	36611	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		36611
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1862277	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1717494	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		144783
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		148136
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		532842

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	110958	
(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)		110958
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	59408	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	15000	
(4) Other	2i(4)	23343	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		97751
j Total expenses. Add all expense amounts in column (b) and enter total	2j		208709

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		324133
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: WM G. BARTH & ASSOCIATES, INC.

(2) EIN: 20-3926686

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		225000
4e	X		225000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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			

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

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 section 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 2013 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>THE WFMJ TELEVISION, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WFMJ TELEVISION, INC.</u>	D Employer Identification Number (EIN) <u>34-1396336</u>

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	<u>0</u>
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	<u>0</u>

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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

AUDITED FINANCIAL STATEMENTS

**THE WFMJ TELEVISION, INC.
PENSION PLAN (005)**

December 31, 2013 and 2012

AUDITED FINANCIAL STATEMENTS

THE WFMJ TELEVISION, INC.
PENSION PLAN (005)

December 31, 2013 and 2012

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Wm G. Barth & Associates, Inc.

Established
1976

A CERTIFIED PUBLIC
ACCOUNTING FIRM

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YOUNGSTOWN, OHIO 44503

TELEPHONE (330) 746-7434 • FAX (330) 746-4401

www.wmbarthcpas.com

October 13, 2014

INDEPENDENT AUDITOR'S REPORT

Plan Administration Committee
WFMJ Television, Inc.
Youngstown, Ohio

Report of the Financial Statements

We were engaged to audit the accompanying financial statements of The WFMJ Television, Inc. Pension Plan (005), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Suntrust Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of Assets and Reportable Transactions, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wm G. Barth & Associates, Inc.
A Certified Public Accounting Firm
Youngstown, Ohio

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

THE WFMJ TELEVISION, INC.
PENSION PLAN (005)

		DECEMBER 31	
		2013	2012
<u>ASSETS</u>			
Assets in trust at fair market value - Notes A and D:			
Money market funds	\$	20,860	\$ 58,405
Equity securities		168,439	-
Mutual funds		2,232,218	1,957,444
Proprietary funds		-	191,468
Employer contribution receivable		123,320	13,387
TOTAL ASSETS		\$ 2,544,837	\$ 2,220,704
<u>LIABILITIES</u>			
Payables		-	-
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR		\$ 2,544,837	\$ 2,220,704

See accompanying notes to financial statements

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

THE WFMJ TELEVISION, INC.
PENSION PLAN (005)

	YEAR ENDED DECEMBER 31	
	2013	2012
<u>ADDITIONS</u>		
Employer contributions	\$ 203,312	\$ 13,387
Investment income:		
Net appreciation in fair value of investments	148,136	229,579
Earnings from investments	36,611	46,111
Realized gain-(loss) on sale of investments	144,783	(18,734)
NET INVESTMENT INCOME	\$ 329,530	\$ 256,956
TOTAL ADDITIONS	\$ 532,842	\$ 270,343
<u>DEDUCTIONS</u>		
Retirement and disability benefits paid	\$ 110,958	\$ 106,115
Administrative expense	97,751	62,685
TOTAL DEDUCTIONS	\$ 208,709	\$ 168,800
NET ADDITIONS DURING YEAR	\$ 324,133	\$ 101,543
<u>BALANCE AT BEGINNING OF YEAR</u>		
Net assets available for benefits	2,220,704	2,119,161
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	\$ 2,544,837	\$ 2,220,704

See accompanying notes to financial statements

NOTES TO FINANCIAL STATEMENTS

THE WFMJ TELEVISION, INC. PENSION PLAN (005)

December 31, 2013 and 2012

NOTE A - SIGNIFICANT ACCOUNTING POLICIES

Investments:

Investments are stated at fair market value as determined and certified by the trustee. In accordance with the policy of stating investments at fair market value, net unrealized appreciation or depreciation for the year is reflected in the statements of changes in net assets available for benefits. All securities are Level 1 inputs and are measured based on the current market value.

Reclassifications:

Certain minor reclassifications were made to the December 31, 2012 financial statements in order to conform them to December 31, 2013 presentation.

NOTE B - DESCRIPTION OF PLAN

The plan is a defined benefit pension plan incident to a pension agreement and amendments between WFMJ Television, Inc. and the employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants should refer to the Summary Plan Booklet available from the Company for a description of the plan. The administrator of the plan is the Plan Administration Committee as designated by the Company. The Company bears the total cost of the plan. Required contributions are determined by consulting actuaries (see Note C).

While the Company has not expressed any intent to discontinue contributions or terminate the plan, it has the right to do so under the plan. In the event of a termination of the plan, the net assets are to be allocated in accordance with the plan documents.

NOTE C - FUNDING AND ACTUARIAL DATA

		AS OF JANUARY 1	
		2014	2013
Actuarial present value of accumulated benefits:			
Vested benefits -			
Retired participants and beneficiaries receiving payments		\$ 1,017,959	\$ 864,476
Other participants		1,937,575	1,894,698
	TOTAL VESTED BENEFITS	\$ 2,955,534	\$ 2,759,174
Non-vested benefits		10,903	12,832
		\$ 2,966,437	\$ 2,772,006
Unfunded actuarial liability		\$ 388,362	\$ 551,302

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE WFMJ TELEVISION, INC.
PENSION PLAN (005)

December 31, 2013 and 2012

NOTE C - FUNDING AND ACTUARIAL DATA (CONTINUED)

Reconciliation of Present Value of Accumulated Benefits

1.)	Present value of accumulated benefits as of December 31, 2012	\$ 2,772,006
2.)	Changes during the year due to:	
	a. Benefits accumulated	\$ 27,140
	b. Actuarial (gains)-losses	72,474
	c. Decrease in the discount period	205,775
	d. Actual benefits paid	(110,958)
	e. Assumption changes	-
	f. Plan amendments	-
	g. Net increase-(decrease)	\$ 194,431
3.)	Present value of accumulated benefits as of December 31, 2013	\$ 2,966,437

The actuarial present value of accumulated benefits and the unfunded actuarial liability were calculated by Towers Watson, consulting actuaries, as of January 1, 2014 and 2013. The actuary's method and assumptions include the entry age normal actuarial cost method, life expectancy of participants (the UP-1983 Mortality Table, set forward one year for males and set back four years for females), assumed retirement age 65, or attained age, if later, and asset values at the amount reported by Suntrust Bank in their pension plan account. The interest rate used to calculate the present value of benefits shown above was 7.50% for January 1, 2014 and 2013, respectively. The rate used to calculate the actuarial liability was 5.96% and 6.49% for January 1, 2014 and 2013, respectively. The foregoing actuarial assumptions are based on the presumption that the plan will continue; if the plan was terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits. For the plan years ended December 31, 2013 and 2012, the company contributions have been in compliance with the minimum funding requirements of ERISA.

NOTE D - FAIR VALUE MEASUREMENT

The plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There are only Level 1 investments in the plan.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE WFMJ TELEVISION, INC.
PENSION PLAN (005)

December 31, 2013 and 2012

NOTE D – FAIR VALUE MEASUREMENT (CONTINUED)

The fair values of the pension plan assets at December 31, 2013 and 2012, by asset category are as follows:

Fair Value Measurements at December 31, 2013

<u>Asset Category</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	
	Total	
Cash - federated money market	\$ 20,860	\$ 20,860
Equity securities	168,439	168,439
Mutual funds	2,232,218	2,232,218
TOTALS	\$ 2,421,517	\$ 2,421,517

Fair Value Measurements at December 31, 2012

<u>Asset Category</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	
	Total	
Cash - federated money market	\$ 58,405	\$ 58,405
Mutual funds	1,957,444	1,957,444
Proprietary funds	191,468	191,468
TOTALS	\$ 2,207,317	\$ 2,207,317

NOTE E - INCOME TAX STATUS

The plan obtained its latest determination letter in 2012, in which the Internal Revenue Service stated that the plan, as designed at that time, was in compliance with the applicable requirements of the Internal Revenue Code. The federal tax returns of the plan for 2010 and subsequent plan years are open for examination by the Department of Labor.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE WFMJ TELEVISION, INC.
PENSION PLAN (005)

December 31, 2013 and 2012

NOTE F - RELATED PARTY TRANSACTIONS

During 2013 and 2012 annual administrative expenses of approximately \$3,800 were paid by the plan sponsor on behalf of the plan.

NOTE G - ESTIMATES AND ASSUMPTIONS

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses.

NOTE H - MANAGEMENT'S ASSESSMENT OF SUBSEQUENT EVENTS

In May 2009, the FASB issued ASC 855, Subsequent Events, to provide authoritative accounting guidance on management's assessment of subsequent events. ASC 855 incorporates existing U.S. auditing literature and clarifies that management is responsible for evaluating, as of each reporting period, events or transactions that occur after the balance sheet date through the date that the financial statements are issued or are available to be issued. ASC 855 is effective for the plan as of December 31, 2009. The adoption of ASC 855 did not have a significant impact on the plan's financial statements. The plan evaluated its December 31, 2013 financial statements for subsequent events through October 13, 2014, the filing date of this report. The plan is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

* * * * *

SUPPLEMENTAL SCHEDULES

* * * * *

SUPPLEMENTAL SCHEDULE

THE WFMJ TELEVISION, INC.
PENSION PLAN (005)
EIN #34-1396336

December 31, 2013

FORM 5500 – SCHEDULE H, PART IV, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

a.	b. ISSUER OR SIMILAR PARTY	c. DESCRIPTION OF INVESTMENT	d. COST	e. CURRENT VALUE
1.	<u>MONEY MARKET FUNDS</u>			
	a. Federated Money Market - Treasury Obligations	20,860.050 shares	\$ 20,860	\$ 20,860
		TOTAL MONEY MARKET FUNDS	\$ 20,860	\$ 20,860
2.	<u>EQUITY SECURITIES</u>			
	a. Ishares Barclays 3-7 Year ETF	800.000 shares	\$ 96,857	\$ 96,024
	b. Pimco 1-5 Year U.S. Tips Index ETF	1,369.000 shares	72,624	72,415
		TOTAL EQUITY SECURITIES	\$ 169,481	\$ 168,439
3.	<u>MUTUAL FUNDS</u>			
	a. Aberdeen Equity Long Short Fund	3,892.219 shares	\$ 43,686	\$ 48,225
	b. Absolute Strategies Fund	10,598.507 shares	117,659	116,266
	c. Cambiar Small Cap Fund	1,124,706 shares	21,386	25,891
	d. DoubleLine Total Return Fund	11,208.767 shares	125,623	120,830
	e. Eaton Vance Atlanta Capital SMID Cap Fund	4,114.777 shares	91,060	101,594
	f. Eaton Vance Floating-Rate Fund	6,696.307 shares	61,412	61,539
	g. Federated Strategic Value Fund	21,369.445 shares	101,151	124,798
	h. Goldman Sachs Emerging Markets Fund	5,593.781 shares	54,045	47,379
	i. John Hancock Funds III Disciplined Value Fund	14,281.594 shares	223,194	256,926
	j. J P Morgan U.S. Equity Fund	11,893.055 shares	148,611	167,692
	k. Mainstay Icap International Fund	3,139.861 shares	106,563	112,909
	l. Manning and Napier Fund	24,257.442 shares	189,707	219,530
	m. Oppenheimer Developing Markets Fund	3,176.169 shares	102,388	119,297
	n. Osterweis Strategic Income Fund	5,215.438 shares	61,804	61,751
	o. Pimco Emerging Local Bond Fund	5,041.558 shares	53,627	47,038
	p. Pimco Investment Grade Corporate Bond Fund	9,528.438 shares	102,022	97,571
	q. T. Rowe Price Diversified Small-Cap Growth Fund	1,011.678 shares	21,877	25,282
	r. T. Rowe Price Institutional Large-Cap Growth Fund	9,547.151 shares	163,505	260,255
	s. Vanguard Mortgage-Backed Securities Fund	4,730.481 shares	98,380	96,643
	t. Wasatch Long/Short Fund	2,988.109 shares	40,199	48,497
	u. Western Asset Mortgage Backed Securities Fund	6,757.507 shares	74,546	72,305
		TOTAL MUTUAL FUNDS	\$ 2,002,445	\$ 2,232,218
4.	<u>EMPLOYER CONTRIBUTION RECEIVABLE</u>			
	a. WFMJ Television, Inc.	Employer contribution receivable	\$ 123,320	\$ 123,320
		TOTAL EMPLOYER CONTRIBUTION RECEIVABLE	\$ 123,320	\$ 123,320
		TOTAL INVESTMENTS	\$ 2,316,106	\$ 2,544,837

SUPPLEMENTAL SCHEDULE - (CONTINUED)

THE WFMJ TELEVISION, INC.
PENSION PLAN (005)
EIN 34-1396336

Year ended December 31, 2013

FORM 5500 - SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF REPORTABLE TRANSACTIONS

a. IDENTITY OF PARTY INVOLVED	b. DESCRIPTION OF ASSETS	c. PURCHASE PRICE	d. SELLING PRICE	e. COST OF ASSETS	h. CURRENT VALUE OF ASSETS ON TRANSACTION DATE	i. NET GAIN OR (LOSS)
Suntrust Bank	4,798.7430 shares Harbor Cap Appreciation	\$ -	\$ 217,527	\$ 204,043	\$ -	\$ 13,484
Suntrust Bank	7,489.4880 shares Hartford Dividend & Growth	-	172,408	156,605	-	15,803
Suntrust Bank	15,967.1600 shares John Hancock III Disciplined Value	247,970	-	247,970	247,970	-
Suntrust Bank	12,787.6010 shares JPMorgan U.S. Equity	157,799	-	157,799	157,799	-
Suntrust Bank	212,601.3300 shares Federated Money Market	212,601	-	212,601	212,601	-
Suntrust Bank	175,150.2800 shares Federated Money Market	-	175,150	175,150	-	-
Suntrust Bank	17,165.2160 shares Ridgeworth Total Return Bond	-	179,377	186,563	-	(7,186)

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit 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

2013**This Form is Open to Public
Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ 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

The WFMJ Television, Inc. Pension Plan

**B Three-digit
plan number (PN)**

005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

WFMJ Television, Inc.

D Employer Identification Number (EIN)

34-1396336

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F Prior year plan size:** ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1 Enter the valuation date:** Month 1 Day 1 Year 2013**2 Assets:**

	2a	2b
a Market value	2,220,062	
b Actuarial value		2,245,687

3 Funding target/participant count breakdown:

	(1) Number of participants	(2) Funding target
a For retired participants and beneficiaries receiving payment	3a 34	928,834
b For terminated vested participants	3b 47	680,578
c For active participants:		
(1) Non-vested benefits	3c(1)	12,981
(2) Vested benefits	3c(2)	1,589,885
(3) Total active	3c(3) 79	1,602,866
d Total	3d 160	3,212,278

4 If the plan is in at-risk status, check the box and complete lines (a) and (b). ☒

	4a	4b
a Funding target disregarding prescribed at-risk assumptions	3,046,476	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		3,460,982

5 Effective interest rate 6.86 %**6 Target normal cost** 94,653**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**

Matthew C. Kaiser

MCK

Signature of actuary

Date

10/13/2014

14-05784

Matthew C. Kaiser

Type or print name of actuary

Most recent enrollment number

Towers Watson Delaware Inc.

Firm name

(216) 937-4000

Telephone number (including area code)

1001 Lakeside Avenue
Suite 1900
Cleveland

OH 44114-1172

Address of the firm

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	140,073	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	121,963	0
9 Amount remaining (line 7 minus line 8).....	18,110	0
10 Interest on line 9 using prior year's actual return of <u>12.63</u> %.....	2,287	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b Interest on (a) using prior year's effective interest rate of <u>7.21</u> % except as otherwise provided (see instructions).....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	20,397	0

Part III Funding Percentages

14 Funding target attainment percentage.....	14	73.04 %
15 Adjusted funding target attainment percentage.....	15	69.02 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	82.44 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	69.11 %

Part IV Contributions and Liquidity Shortfalls

18 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
04/15/2013	33,463		09/15/2014	74,705	
07/12/2013	33,463				
10/15/2013	13,066				
01/15/2014	33,463				
04/15/2014	7,576				
07/14/2014	7,576				
Totals ▶			18(b)	203,312	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	189,277

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 5.23 %	2nd segment: 6.51 %	3rd segment: 7.16 %
			☐ N/A, full yield curve used
b Applicable month (enter code):			21b 4
22 Weighted average retirement age			22 66
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	94,653	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	986,988		115,021
b Waiver amortization installment			0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	209,674	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	20,397	0	20,397
36 Additional cash requirement (line 34 minus line 35)	36	189,277	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	189,277	
38 Present value of excess contributions for current year (see instructions):			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	WFMJ Television, Inc.
EIN/PN	34-1396336/005
Plan Name	The WFMJ Television, Inc. Pension Plan
Valuation Date	January 1, 2013
Enrolled Actuary	Matthew C. Kaiser
Enrollment Number	14-05784

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 4

Additional Information for Plans in At-risk Status

Description of At-risk Assumption for Assumed Form of Payment

As defined in the PPA, the plan is in at-risk status for the 2013 plan year, because the plan's FTAP for the 2012 plan year was less than 80%, and the plan's FTAP measured using "at-risk assumptions" was less than 70%.

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the 50% Joint & Survivor form of payment.

Plan Name: The WFMJ Television, Inc. Pension Plan
EIN / PN: 34-1396336 / 005
Plan Sponsor: WFMJ Television, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2013

See Schedule SB, Part V for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

<u>Age at Retirement</u>	<u>Rates of Retirement</u>	<u>Percent Retiring</u>	<u>Weighted Ages</u>
(1)	(2)	(3)	(1) x (3)
55	0.00%	0.00%	0.0000
56	0.00%	0.00%	0.0000
57	0.00%	0.00%	0.0000
58	0.00%	0.00%	0.0000
59	0.00%	0.00%	0.0000
60	0.00%	0.00%	0.0000
61	0.00%	0.00%	0.0000
62	5.00%	5.00%	3.1000
63	5.00%	4.75%	2.9925
64	5.00%	4.51%	2.8880
65	37.50%	32.15%	20.8985
66	25.00%	13.40%	8.8417
67	50.00%	20.09%	13.4635
68	50.00%	10.05%	6.8322
69	50.00%	5.02%	3.4663
70	100.00%	5.02%	3.5166
Weighted Average Retirement Age			66.0

Plan Name: The WFMJ Television, Inc. Pension Plan
EIN / PN: 34-1396336 / 005
Plan Sponsor: WFMJ Television, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2013

Attained Age	Years of Credited Service													
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	1		2		0		0		0		0		0	
25 - 29	0		6		0		0		0		0		0	
30 - 34	0		1		1		0		0		0		0	
35 - 39	0		1		3		4		1		0		0	
40 - 44	0		0		1		6		7		1		0	
45 - 49	0		1		1		3		1		5		4	
50 - 54	0		1		0		0		2		2		5	
55 - 59	0		0		1		3		0		1		1	
60 - 64	0		0		2		2		1		0		0	
65 - 69	0		0		0		1		0		0		0	
70 & Over	0		0		0		0		0		0		0	

Plan Name: The WFMJ Television, Inc. Pension Plan
 EIN / PN: 34-1396336 / 005
 Plan Sponsor: WFMJ Television, Inc.
 Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2013

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1 Shortfall	01/01/2013	275,298	7	275,298	46,334
2 Shortfall	01/01/2012	(150,387)	6	(134,170)	(25,524)
3 Shortfall	01/01/2011	396,364	13	355,260	38,380
4 Shortfall	01/01/2010	559,669	12	490,600	55,831
Total				986,988	115,021

Plan Name: The WFMJ Television, Inc. Pension Plan
 EIN / PN: 34-1396336 / 005
 Plan Sponsor: WFMJ Television, Inc.
 Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Yield curve basis: 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
• First segment rate:	5.23%	1.75%
• Second segment rate:	6.51%	4.62%
• Third segment rate:	7.16%	5.72%
• Effective interest rate:	6.86%	5.26%

Annual rates of increase

- Compensation 1.00%
- Future Social Security wage bases N/A
- Statutory limits on compensation: Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefits or compensation limit.

Plan Name: The WFMJ Television, Inc. Pension Plan
EIN / PN: 34-1396336 / 005
Plan Sponsor: WFMJ Television, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

• **Healthy** The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

• **Disabled** The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Termination Rates varying by age and gender

Representative Termination Rates

Percentage leaving during the year		
Attained Age	Males	Females
20	14.95%	24.96%
25	9.94	14.95
30	6.91	9.94
35	4.88	6.91
40	2.82	4.88
45	1.67	2.82
50	0.40	1.67
55	0.00	0.40
60 and over	0.00	0.00

Disability None.

Plan Name: The WFMJ Television, Inc. Pension Plan
 EIN / PN: 34-1396336 / 005
 Plan Sponsor: WFMJ Television, Inc.
 Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Retirement Rate
Under 62	0.0%
62-64	5.0
65	37.5
66	25.0
67-69	50.0
70	100.0

Benefit commencement date:

- * Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- * Deferred vested benefit The later of age 65 or termination of employment
- * Disability benefit Upon disablement
- * Retirement benefit Upon termination of employment

Form of payment

Participants are assumed to elect the normal form which is single life annuity.

Percent married

85% of males; 50% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement

Spouse age

Female spouses are assumed to be three years younger than male spouses.

Covered pay

Assumed plan compensation for the year beginning on the valuation date was determined as the current annual hourly rate of pay as of January 1, 2013 multiplied by 2,080 hours plus 50% of actual 2012 commissions.

Plan Name: The WFMJ Television, Inc. Pension Plan
EIN / PN: 34-1396336 / 005
Plan Sponsor: WFMJ Television, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Administrative expenses

The amount included this year for administrative expenses is \$62,685.

At-risk assumptions

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the 50% Joint & Survivor form of payment.

Suspension of benefits

It is assumed that suspension of benefits notices have been issued to participants who are working past normal retirement age. Therefore, no actuarial increased benefit has been included in the valuation.

Plan Name: The WFMJ Television, Inc. Pension Plan
EIN / PN: 34-1396336 / 005
Plan Sponsor: WFMJ Television, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.

Plan Name: The WFMJ Television, Inc. Pension Plan
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SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 7.75% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

We believe that we have reflected all significant Plan provisions in this valuation.

Change in assumptions and methods since prior valuation

Other than the prescribed changes in interest rate and mortality, there were no other changes made since the prior valuation.

Plan Name: The WFMJ Television, Inc. Pension Plan
EIN / PN: 34-1396336 / 005
Plan Sponsor: WFMJ Television, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Effective Date and Most Recent Amendment

January 1, 1973, as amended, restated and renamed effective January 1, 2006, including changes through November 2, 2011.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

Employees become participants on the next July 1 or January 1 following completion of 1 Year of Eligibility Service and attainment of age 21.

Normal Retirement Benefit

Normal Retirement Date: Eligible upon attaining age 65.

Benefit Formula: For each year of Benefit Accrual Service on and after January 1, 1994, 1.2% of monthly earnings not in excess of \$850 plus 1-2/3% of monthly earnings in excess of \$850. (For each year of Benefit Accrual Service after December 29, 1973, and prior to January 1, 1994, 1% of monthly earnings plus 2/3% of monthly earnings in excess of \$610 based on earnings class). However, the monthly benefit cannot be greater than \$550 (\$500 for "Reporters" and \$500 for "Engineers") including benefits payable under the Prior Plan. Effective January 1, 2004, monthly earnings will include 50% of commissions.

Plan benefits guaranteed by The Equitable under Group Annuity Contract AC 4336 (which was converted to a non-participating basis as of September 1, 1991) are not included in the actuarial valuation of Plan benefits.

Early Retirement Benefit

Eligibility: Eligible upon attaining age 55 with a vested benefit.

Benefit: The accrued normal retirement benefit commencing at age 65 or, alternatively, the accrued benefit reduced 6-2/3% per year for the first 5 years and 3-1/3% per year for each additional year for early retirement commencing prior to age 65.

Plan Name: The WFMJ Television, Inc. Pension Plan
EIN / PN: 34-1396336 / 005
Plan Sponsor: WFMJ Television, Inc.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Vested Benefits Upon Termination of Service

Eligibility: Eligible upon attaining 5 years of vesting service.

Benefit: A benefit determined for early retirement but payable at age 65 or a benefit reduced as in the Early Retirement Benefit payable between age 55 and 65.

Pre-Retirement Death Benefit

Eligibility: Benefit payable to spouse of an active or terminated employee who dies after becoming eligible for a Termination Benefit.

Benefit: The benefit is calculated as if the employee had terminated his employment the day of his death (if he was in active status), had elected to have his pension commence on his earliest retirement date, had elected the 50% joint and survivor option, had survived to his earliest retirement date and died the following day.

Special Provisions for Top-Heavy Plans

Not applicable; the plan has never been top-heavy.

Plan Participants' Contributions

They are not required or permitted.

Changes in Plan Provisions since Last Actuarial Valuation

No changes in plan provisions have been made since the last actuarial valuation.

Substantive Commitments

No substantive commitments other than the above plan provisions have been included in this valuation.

Plan Name:	The WFMJ Television, Inc. Pension Plan
EIN / PN:	34-1396336 / 005
Plan Sponsor:	WFMJ Television, Inc.
Valuation Date	January 1, 2013

SUPPLEMENTAL SCHEDULE

THE WFMJ TELEVISION, INC.

PENSION PLAN (005)

EIN #34-1396336

December 31, 2013

FORM 5500 – SCHEDULE H, PART IV, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

a.	b. ISSUER OR SIMILAR PARTY	c. DESCRIPTION OF INVESTMENT	d. COST	e. CURRENT VALUE
1.	<u>MONEY MARKET FUNDS</u>			
	a. Federated Money Market - Treasury Obligations	20,860.050 shares	\$ 20,860	\$ 20,860
		TOTAL MONEY MARKET FUNDS	\$ 20,860	\$ 20,860
2.	<u>EQUITY SECURITIES</u>			
	a. Ishares Barclays 3-7 Year ETF	800.000 shares	\$ 96,857	\$ 96,024
	b. Pimco 1-5 Year U.S. Tips Index ETF	1,369.000 shares	72,624	72,415
		TOTAL EQUITY SECURITIES	\$ 169,481	\$ 168,439
3.	<u>MUTUAL FUNDS</u>			
	a. Aberdeen Equity Long Short Fund	3,892.219 shares	\$ 43,686	\$ 48,225
	b. Absolute Strategies Fund	10,598.507 shares	117,659	116,266
	c. Cambiar Small Cap Fund	1,124,706 shares	21,386	25,891
	d. DoubleLine Total Return Fund	11,208.767 shares	125,623	120,830
	e. Eaton Vance Atlanta Capital SMID Cap Fund	4,114.777 shares	91,060	101,594
	f. Eaton Vance Floating-Rate Fund	6,696.307 shares	61,412	61,539
	g. Federated Strategic Value Fund	21,369.445 shares	101,151	124,798
	h. Goldman Sachs Emerging Markets Fund	5,593.781 shares	54,045	47,379
	i. John Hancock Funds III Disciplined Value Fund	14,281.594 shares	223,194	256,926
	j. J P Morgan U.S. Equity Fund	11,893.055 shares	148,611	167,692
	k. Mainstay Icap International Fund	3,139.861 shares	106,563	112,909
	l. Manning and Napier Fund	24,257.442 shares	189,707	219,530
	m. Oppenheimer Developing Markets Fund	3,176,169 shares	102,388	119,297
	n. Osterweis Strategic Income Fund	5,215.438 shares	61,804	61,751
	o. Pimco Emerging Local Bond Fund	5,041.558 shares	53,627	47,038
	p. Pimco Investment Grade Corporate Bond Fund	9,528.438 shares	102,022	97,571
	q. T. Rowe Price Diversified Small-Cap Growth Fund	1,011.678 shares	21,877	25,282
	r. T. Rowe Price Institutional Large-Cap Growth Fund	9,547.151 shares	163,505	260,255
	s. Vanguard Mortgage-Backed Securities Fund	4,730.481 shares	98,380	96,643
	t. Wasatch Long/Short Fund	2,988.109 shares	40,199	48,497
	u. Western Asset Mortgage Backed Securities Fund	6,757.507 shares	74,546	72,305
		TOTAL MUTUAL FUNDS	\$ 2,002,445	\$ 2,232,218
4.	<u>EMPLOYER CONTRIBUTION RECEIVABLE</u>			
	a. WFMJ Television, Inc.	Employer contribution receivable	\$ 123,320	\$ 123,320
		TOTAL EMPLOYER CONTRIBUTION RECEIVABLE	\$ 123,320	\$ 123,320
		TOTAL INVESTMENTS	\$ 2,316,106	\$ 2,544,837

SUPPLEMENTAL SCHEDULE - (CONTINUED)

THE WFMI TELEVISION, INC.
PENSION PLAN (005)
EIN 34-1396336

Year ended December 31, 2013

FORM 5500 - SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF REPORTABLE TRANSACTIONS

a. IDENTITY OF PARTY INVOLVED	b. DESCRIPTION OF ASSETS	c. PURCHASE PRICE	d. SELLING PRICE	e. COST OF ASSETS	h. CURRENT VALUE OF ASSETS ON TRANSACTION DATE	i. NET GAIN OR (LOSS)
Suntrust Bank	4,798,7430 shares Harbor Cap Appreciation	\$ -	\$ 217,527	\$ 204,043	\$ -	\$ 13,484
Suntrust Bank	7,489,4880 shares Hartford Dividend & Growth	-	172,408	156,605	-	15,803
Suntrust Bank	15,967,1600 shares John Hancock III Disciplined Value	247,970	-	247,970	247,970	-
Suntrust Bank	12,787,6010 shares JPMorgan U.S. Equity	157,799	-	157,799	157,799	-
Suntrust Bank	212,601,3300 shares Federated Money Market	212,601	-	212,601	212,601	-
Suntrust Bank	175,150,2800 shares Federated Money Market	-	175,150	175,150	-	-
Suntrust Bank	17,165,2160 shares Ridgeworth Total Return Bond	-	179,377	186,563	-	(7,186)