

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

- A** This return/report is for:
- a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
- a one-participant plan a foreign plan
- 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** Check box if filing under:
- Form 5558 automatic extension DFVC program
- special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>VICKSBURG PRINTING & PUBLISHING COMPANY RETIREMENT PLAN</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
		1c Effective date of plan <u>12/01/1957</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>VICKSBURG PRINTING & PUBLISHING COMPANY</u>		2b Employer Identification Number (EIN) <u>46-2626181</u>
<u>PO BOX 821668</u> <u>VICKSBURG, MS 39182</u>		2c Sponsor's telephone number <u>601-636-4545</u>
		2d Business code (see instructions) <u>511110</u>
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		3b Administrator's EIN
		3c Administrator's telephone number
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.		4b EIN
a Sponsor's name		4c PN
5a Total number of participants at the beginning of the plan year		5a <u>106</u>
b Total number of participants at the end of the plan year.....		5b <u>105</u>
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)		5c
d(1) Total number of active participants at the beginning of the plan year.....		5d(1) <u>23</u>
d(2) Total number of active participants at the end of the plan year.....		5d(2) <u>18</u>
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		5e <u>0</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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/15/2015	JAMES COOPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	JAMES COOPER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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 III | Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	3183809	3358743
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	3183809	3358743
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	164388	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	123808	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		288196
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	112362	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	900	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		113262
i Net income (loss) (subtract line 8h from line 8c)	8i		174934
j Transfers to (from) the plan (see instructions)	8j		

Part IV | Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V | Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		350000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		33436
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI | Pension Funding Compliance

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 **11a** 0
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- a** 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c 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.)		

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

**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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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>VICKSBURG PRINTING & PUBLISHING COMPANY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>VICKSBURG PRINTING & PUBLISHING COMPANY</u>	D Employer Identification Number (EIN) <u>46-2626181</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>		
2	Assets:		
	a Market value	2a	3183370
	b Actuarial value	2b	3183370
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	24	1798604
	b For terminated vested participants.....	60	1512039
	c For active participants.....	23	509120
	d Total.....	107	3819763
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	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	
5	Effective interest rate	5	6.49%
6	Target normal cost	6	

Statement by Enrolled Actuary

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

SIGN HERE			
	Signature of actuary	<u>10/05/2015</u>	Date
	<u>GLEN ARCHINAL, EA, MSPA</u>	<u>14-02853</u>	Most recent enrollment number
	Type or print name of actuary	<u>330-644-2044</u>	Telephone number (including area code)
	<u>CBIZ RETIREMENT PLAN SERVICES</u>		
	Firm name		
	<u>13680 CLEVELAND AVENUE NW UNIONTOWN, OH 44685</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) 2014
v. 140124**

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)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.17</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		100
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.33</u> %		6
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		106
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	83.33 %
15	Adjusted funding target attainment percentage	15	83.33 %
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	75.98 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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
04/15/2014	39388				
07/21/2014	50000				
09/22/2014	50000				
10/29/2014	25000				
			Totals ▶	18(b)	164388
				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 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 158486
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
0	0	0
		(4) 4th
		0

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

21 Discount rate:

a Segment rates:

1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 65

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** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

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** 0

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment.....	636394	133207
b Waiver amortization installment		

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**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).. **34** 133207

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....			133207
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			158486
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			25279
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			0
40 Unpaid minimum required contributions for all years			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**

43 Excess installment acceleration amount to be carried over to future plan years **43**

VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN
Schedule SB, line 26 - Schedule of Active Participant Data
Plan Name: VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN
Plan EIN: 64-0258940
Plan Number: 001

Age	Years of Credited Service																			
	< 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40+	
	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.
<25																				
25-29					1															
30-34					3		1													
35-39					2				2											
40-44					1								1							
45-49									1		1									
50-54										1		1		1		1		1		
55-59										1		1								
60-64								1												1
65-69					1															
70+					1															

Age is attained age as of the valuation date.

indicates the number of active participants in an age and service category.

**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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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 VICKSBURG PRINTING & PUBLISHING COMPANY RETIREMENT PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF VICKSBURG PRINTING AND PUBLISHING COMPANY		D Employer Identification Number (EIN) 64-0258940	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value.....		2a	3183370
b Actuarial value.....		2b	3183370
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	24	1798604	1798604
b For terminated vested participants.....	60	1512039	1512039
c For active participants.....	23	509120	509121
d Total.....	107	3819763	3819764
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
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	
5 Effective interest rate.....		5	6.49%
6 Target normal cost.....		6	0

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	GLEN ARCHINAL, EA, MSPA <i>GA</i>	10/05/2015
	Signature of actuary	Date
GLEN ARCHINAL, EA, MSPA		1402853
	Type or print name of actuary	Most recent enrollment number
CBIZ RETIREMENT PLAN SERVICES		330-644-2044
	Firm name	Telephone number (including area code)
13680 CLEVELAND AVENUE NW		
UNIONTOWN OH 44685		
	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

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

21 Discount rate:

a Segment rates:

1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 65

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** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0

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** 0

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	636394	133207
b Waiver amortization installment	0	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**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ... **34** 133207

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)			133207
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			158486
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			25279
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			0
40 Unpaid minimum required contributions for all years			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**

43 Excess installment acceleration amount to be carried over to future plan years **43**

VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN
Schedule SB, line 19 - Discounted Employer Contributions
Plan Name: VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN
Plan EIN: 64-0258940
Plan Number: 001

Date	Amount	Plan Year	Effective		Penalty		Additional	Value
			Rate of Interest	Discounted Amount	Rate of Interest	Discounted Amount	As of Valuation Date	
04/15/2014	39388.00	2014	6.49%	38689.00	11.49%	0.00	38689.00	
07/21/2014	50000.00	2014	6.49%	48298.00	11.49%	-14.97	48283.03	
09/22/2014	50000.00	2014	6.49%	47777.00	11.49%	0.00	47777.00	
10/29/2014	25000.00	2014	6.49%	23737.00	11.49%	0.00	23737.00	
Total for Minimum Required Co	164388.00			158501.00		-14.97	158486.03	

VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN
Plan EIN: 64-0258940
Plan Number: 001

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment:	4.99%
Second Segment:	6.32%
Third Segment:	6.99%

IRC404 Funding Yield Curve Segmented Rates

First Segment:	1.25%
Second Segment:	4.06%
Third Segment:	5.08%

PBGC Segmented Rates

First Segment:	1.25%
Second Segment:	4.06%
Third Segment:	5.08%

Pre-Retirement Valuation Assumptions

Mortality Table	2014 430(h)(3)(A)-Optional combined
Probability of Turnover	Crocker-Sarason-Straight T-3

Retirement Valuation Assumptions

Mortality Table	2014 430(h)(3)(A)-Optional combined
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IRC417(e)(3) Interest Assumption

Segment Rate	same as Funding Yield Curve Segmented Rates
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IRC417(e)(3) Pre-retirement Mortality

Mortality Table	2014 417(e)(3) Applicable Mortality Table
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IRC417(e)(3) Retirement Mortality

Mortality Table	2014 417(e)(3) Applicable Mortality Table
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Optional Forms Assumption

0% of participants will elect the Plan Normal Form
0% of participants will elect a Lump Sum (single payment)
100% of participants will elect a Single Life annuity with 5 years certain
0% of participants will elect a Single Life annuity with 10 years certain
0% of participants will elect a 50% Joint & Survivor annuity
0% of participants will elect a 100% Joint & Survivor annuity

VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN
Plan EIN: 64-0258940
Plan Number: 001

Retirement Incidence

Participants are assumed to retire on the Normal Retirement Date

Disability Benefit

Disability Benefit Liability not explicitly funded

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings	7% Effective annual rate
Mortality Table	1984 Unisex Pension (UP-84)
	1 Year Setback for Males
	1 Year Setback for Females

Retirement Actuarial Equivalence Assumptions

Investment Earnings	7% Effective annual rate
Mortality Table	1984 Unisex Pension (UP-84)
	1 Year Setback for Males
	1 Year Setback for Females

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings	5% Effective annual rate
Mortality Table	2014 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings	5.5% Effective annual rate
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VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN

Plan EIN: 64-0258940

Plan Number: 001

Plan Effective Date	December 1, 1957
Plan Anniversary Date	January 1, 2014
Participation Eligibility	Minimum age: 21 and Minimum months of service: 12 Minimum hours worked: 1,000
Plan Entry Date	01/01 or 07/01 coincident with or following the satisfaction of the requirements
Normal Retirement Date	First day of the month coincident with or following age 65 and first day of the month coincident with or following 5 years of participation
Normal Form of Benefit	Single Life Annuity with 5 years certain (Qualified Joint and Survivor annuity is the required standard option)
Retirement Benefit Optional Forms	Lump Sum (single payment) Single Life Annuity with 5 years certain Single Life Annuity with 10 years certain 50% Monthly Joint and Survivor Annuity 100% Monthly Joint and Survivor Annuity
Normal Retirement Benefit	Benefit Formula:
Plan Frozen 3/31/2009	Maximum total years of service: 30 Maximum years of past service: 0 IRC415 maximum annual benefit: \$210,000 Actuarially adjusted under IRC415(b) for benefit commencement age and benefit form Benefit limited to 100% of compensation
Compensation Definition	Highest consecutive 5 year average salary over all service Annual salary up to \$260,000 considered
Pre-Retirement Death Benefit	Lump sum payable on death of participant Qualified pre-retirement survivor annuity is payable to the surviving spouse, unless waived with spousal consent.
Benefit Amount	1 times the accrued retirement benefit
Vested Retirement Benefit	Vesting Schedule: Cliff vesting (100% after 5 years) Computation Period: Years Beginning 1/1 Based on Hours Worked Records
Accrued Retirement Benefit	Units accrued to date

VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN

Plan EIN: 64-0258940

Plan Number: 001

Early Retirement Benefit

Accrued retirement benefit

Eligibility requirements:

Minimum years of service: 10

Minimum age: 55

Benefit Adjustment: The benefit is reduced by 1/15th for the 1st 5 years and 1/30th for each subsequent year by which retirement age precedes normal retirement age, or if retirement is after normal retirement, the benefit is the greater of the in-service benefit as of the retirement date and the normal retirement benefit actuarially increased to the retirement date.

Disability Benefit

Annuity certain for 5 years

Benefit Amount: 1 times the current monthly accrued retirement benefit

Employee Contributions

Employees are required to contribute:

0% of total compensation

VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN
Schedule SB, line 26 - Schedule of Active Participant Data
Plan Name: VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN
Plan EIN: 64-0258940
Plan Number: 001

Age	Years of Credited Service																			
	< 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40+	
	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.
<25																				
25-29					1															
30-34					3		1													
35-39					2				2											
40-44					1								1							
45-49									1		1									
50-54										1		1		1		1				
55-59										1		1								
60-64								1												1
65-69					1															
70+					1															

Age is attained age as of the valuation date.

indicates the number of active participants in an age and service category.

VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN

Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name: VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN

Plan EIN: 64-0258940

Plan Number: 001

Type of Base	Present Value	Date Established	Years Remaining	Amount of Installment
Shortfall Base	311,190	01/01/2010	5	68,442
Shortfall Base	234,986	01/01/2011	6	44,481
Shortfall Base	518	01/01/2012	5	114
Shortfall Base	235,161	01/01/2013	6	44,514
Shortfall Base	-145,461	01/01/2014	7	-24,344

VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN
Schedule SB, line 22 - Description of Weighted Average Retirement Age
Plan Name: VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN
Plan EIN: 64-0258940
Plan Number: 001

The weighted average retirement age of 65 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN
Schedule SB, line 19 - Discounted Employer Contributions
Plan Name: VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN
Plan EIN: 64-0258940
Plan Number: 001

Date	Amount	Plan Year	Effective		Penalty		Additional	Value
			Rate of Interest	Discounted Amount	Rate of Interest	Discounted Amount	As of Valuation Date	
04/15/2014	39388.00	2014	6.49%	38689.00	11.49%	0.00	38689.00	
07/21/2014	50000.00	2014	6.49%	48298.00	11.49%	-14.97	48283.03	
09/22/2014	50000.00	2014	6.49%	47777.00	11.49%	0.00	47777.00	
10/29/2014	25000.00	2014	6.49%	23737.00	11.49%	0.00	23737.00	
Total for Minimum Required Co	164388.00			158501.00		-14.97	158486.03	

VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: VICKSBURG PRINTING AND PUBLISHING COMPANY RETIREMENT PLAN
Plan EIN: 64-0258940
Plan Number: 001

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment:	4.99%
Second Segment:	6.32%
Third Segment:	6.99%

IRC404 Funding Yield Curve Segmented Rates

First Segment:	1.25%
Second Segment:	4.06%
Third Segment:	5.08%

PBGC Segmented Rates

First Segment:	1.25%
Second Segment:	4.06%
Third Segment:	5.08%

Pre-Retirement Valuation Assumptions

Mortality Table	2014 430(h)(3)(A)-Optional combined
Probability of Turnover	Crocker-Sarason-Straight T-3

Retirement Valuation Assumptions

Mortality Table	2014 430(h)(3)(A)-Optional combined
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IRC417(e)(3) Interest Assumption

Segment Rate	same as Funding Yield Curve Segmented Rates
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IRC417(e)(3) Pre-retirement Mortality

Mortality Table	2014 417(e)(3) Applicable Mortality Table
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IRC417(e)(3) Retirement Mortality

Mortality Table	2014 417(e)(3) Applicable Mortality Table
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Optional Forms Assumption

0% of participants will elect the Plan Normal Form
0% of participants will elect a Lump Sum (single payment)
100% of participants will elect a Single Life annuity with 5 years certain
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