Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/25/1942

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

SCHURZ COMMUNICATIONS, INC.

1301 E. DOUGLAS ROAD
MISHAWAKA, IN 46545

2b Employer Identification Number (EIN) 35-0670960

2c Plan Sponsor's telephone number 574-247-7237

2d Business code (see instructions) 511110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2018	SCOTT SCHURZ JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1131
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	299
a(2) Total number of active participants at the end of the plan year	**6a(2)**	219
b Retired or separated participants receiving benefits	**6b**	578
c Other retired or separated participants entitled to future benefits	**6c**	201
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	998
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	103
f Total. Add lines **6d** and **6e**.	**6f**	1101
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 3H

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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[X]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **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
SCHURZ COMMUNICATIONS, INC. 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
SCHURZ COMMUNICATIONS, INC.

D Employer Identification Number (EIN)
35-0670960

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	85181321
b Actuarial value	**2b**	87483509

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	671	64543753	64543753
b For terminated vested participants	161	5148254	5148254
c For active participants	299	12098994	12098994
d Total	1131	81791001	81791001

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**	
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**	5.80 %
6 Target normal cost	**6**	530000

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

09/04/2018
Date

CINDY FRATERRIGO
Type or print name of actuary

17-06229
Most recent enrollment number

PRICEWATERHOUSECOOPERS LLP
Firm name

312-298-4320
Telephone number (including area code)

ONE NORTH WACKER
CHICAGO, IL 60606
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 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)	0	2567533
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	840000
9	Amount remaining (line 7 minus line 8)	0	1727533
10	Interest on line 9 using prior year's actual return of 7.78 %	0	134402
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		9065871
	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 6.02%		545765
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		9611636
	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)	0	1861935

Part III Funding Percentages

14	Funding target attainment percentage	14	104.68%
15	Adjusted funding target attainment percentage	15	106.95%
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	96.63%
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
4.16%	5.72%	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
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**	530000
b Excess assets, if applicable, but not greater than line 31a	**31b**	530000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	240750	240750

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
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**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCHURZ COMMUNICATIONS, INC.

D Employer Identification Number (EIN)
35-0670960

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

BANK OF NEW YORK MELLON

13-5160382

(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?
19 21 28 99	TRUSTEE	476200	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(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	ACTUARY	42855	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FINDLEY DAVIES

475 N MARTINGALE ROAD
SUITE 900
SCHAUMBURG, IL 60173

(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?
17	CONSULTANT	25309	Yes [ ] No [X]	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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SCHURZ COMMUNICATIONS, INC.

D Employer Identification Number (EIN)
35-0670960

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-023	C	649886

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE TRUST HIGH YIELD FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-026	C	2590406

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV STOCK INDEX FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-010	C	24382289

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV INTERNATIONAL SIF

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-034	C	5841555

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON LONG DURATION FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-329	C	11033302

a Name of MTIA, CCT, PSA, or 103-12 IE: EB NCML GLOBAL REAL RETURN FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-231	C	2657933

a Name of MTIA, CCT, PSA, or 103-12 IE: EB NCML INTERNATIONAL FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-108	C	6173895

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV EMERGING MARKETS SIF

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 25-6078093-189	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6495134

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV MID CAP SIF

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 25-6078093-124	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5545042

a Name of MTIA, CCT, PSA, or 103-12 IE: EB US REAL ESTATE SECURITIES FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 25-6078093-230	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2688289

a Name of MTIA, CCT, PSA, or 103-12 IE: EB LONG TERM GOVT BIF

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 25-6078093-063	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9219108

a Name of MTIA, CCT, PSA, or 103-12 IE: EB US INVEST GRADE CORP LONG DURATI

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 25-6078093-220	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11088584

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCHURZ COMMUNICATIONS, INC.

D Employer Identification Number (EIN)
35-0670960

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1389	417
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	62827	0
(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)	73336143	88365423
(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)	2169326	2866043
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	75569685	91231883
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	75569685	91231883

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)	10000000	
	(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)		10000000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2	
	(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)		2
	(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)	24093	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		24093
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(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)		13150474
(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)		255420
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		23429989
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6781562	
(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)		6781562
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)	44511	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	941718	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		986229
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7767791
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		15662198
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: CROWE LLP **(2)** EIN: 35-0921680

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4080433. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCHURZ COMMUNICATIONS, INC.

D Employer Identification Number (EIN)
35-0670960

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** 0

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): 13-5160382 34-6542451

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** 6

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): _____

---

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: 56.0 % Investment-Grade Debt: 35.0 % High-Yield Debt: 3.0 % Real Estate: 3.0 % Other: 3.0 %

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):

SCHURZ COMMUNICATIONS, INC.
RETIREMENT PLAN

Mishawaka, Indiana

FINANCIAL STATEMENTS

December 31, 2017 and 2016

SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN
Mishawaka, Indiana

FINANCIAL STATEMENTS
December 31, 2017 and 2016

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Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Schurz Communications, Inc. Retirement Plan
Mishawaka, Indiana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Schurz Communications, Inc. Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2016, and the related statement of changes in accumulated plan benefits for the year 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 audits 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 4, which was certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. 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 certification from the trustee as of December 31, 2017 and 2016 and for the years then ended that the information provided to the plan administrator by the trustee is complete and accurate.

(Continued)

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 Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) – Schedule of Reportable Transactions as of and for the year ended December 31, 2017 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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.

Crowe LLP

South Bend, Indiana
October 3, 2018

SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2017 and 2016

	2017	2016
ASSETS		
Collective Trust Funds	$ 88,365,423	$ 73,398,970
Registered Investment Companies	2,866,043	2,169,326
Total investments	91,231,466	75,568,296
Receivables		
Accrued income	417	1,389
NET ASSETS AVAILABLE FOR BENEFITS	$ 91,231,883	$ 75,569,685

See accompanying notes to financial statements.

SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2017 and 2016

	2017	2016
Additions to net assets attributed to:		
Investment income (Note 4)		
Net appreciation in fair value of investments	$ 13,410,722	$ 5,717,459
Interest and dividend income	33,752	1,036,232
Employer contributions	10,000,000	5,000,000
Total additions	23,444,474	11,753,691
Deductions from net assets attributed to:		
Retirement benefit payments	6,796,047	10,241,601
Administrative expenses	546,464	275,037
Pension Benefit Guaranty Corporation premiums	439,765	669,272
Total deductions	7,782,276	11,185,910
Net increase	15,662,198	567,781
Net assets available for plan benefits:		
Beginning of period	75,569,685	75,001,904
End of period	$ 91,231,883	$ 75,569,685

See accompanying notes to financial statements.

SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31, 2016

	2016
Actuarial present value of accumulated plan benefits (Note 3):	
Vested benefits:	
Participants receiving benefit payments	$ 59,785,118
Terminated participants	4,092,481
Active participants	10,492,018
Total vested benefits	74,369,617
Total actuarial present value of accumulated plan benefits	$ 74,369,617

See accompanying notes to financial statements.

SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year ended December 31, 2016

	2016
Actuarial present value of accumulated plan benefits at beginning of year	$ 78,606,519
Decrease during the plan year attributable to:	
Change in assumptions	(449,552)
Benefits paid	(10,241,601)
Increase for interest due to the decrease in the discount period	5,328,742
Benefits accumulated including actuarial gains and losses	1,125,509
Net decrease	(4,236,902)
Actuarial present value of accumulated plan benefits at end of year	$ 74,369,617

See accompanying notes to financial statements.

NOTE 1 - PLAN DESCRIPTION

The following description of Schurz Communications, Inc. Retirement Plan ("the Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General: The Plan was established effective September 25, 1942, amended and restated effective October 1, 2001. The Plan was amended effective August 22, 2006 to freeze the Plan to new entrants. Each eligible employee hired prior to August 23, 2006, shall become a participant in January or July immediately following their completion of eligibility requirements. Effective January 1, 2009, the Plan was frozen to future accruals for all participants with respect for service and compensation. The Plan is a noncontributory defined benefit pension plan covering substantially all employees of Schurz Communications, Inc. and the following wholly owned subsidiaries: Antietam Cable Television, Inc.; Associated Desert Newspapers, Inc.; South Bend Tribune Corporation; Hoosier Times, Inc.; The Herald-Mail Company (except employees of the Daily American Division); and Schurz Management, Inc. (individually and collectively referred to as "the Company" or "the Employer"). The Plan is administered by the Schurz Communications, Inc. Retirement Plan Administrative Committee (the “Committee”), which is appointed by the Board of Directors of Schurz Communications, Inc. The Bank of New York Mellon/BNY Mellon, N.A. (Bank of New York Mellon) serves as trustee of the Plan, holds the Plan’s assets, and distributes benefits as directed by the Committee. Independent investment advisors are hired by the Committee to invest the Plan’s assets. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

On February 15, 2016, Schurz Communications, Inc. completed the sale of all of its television and radio stations to Gray Television. The sale resulted in the termination of approximately 40% of employees.

Vesting and Benefits: Employees with five or more years of vesting service are entitled to annual pension benefits beginning at normal retirement age (65). An employee receives a year of vesting service upon completion of 12 or more months of service during an employment year. The employment year is a 12-month period beginning on the date the employee is first hired by the Company. Employee benefits are vested after five years of service or upon reaching retirement age while still an active employee. Annual pension benefits are determined using a formula that is based on (a) a percentage of the employee's average annual compensation during the 60 consecutive months in which he or she received the highest compensation; (b) integration level (the average monthly compensation in excess of the integration level); and (c) years of benefit service. Benefits begin on the first day of the month coinciding with or following retirement. The Plan permits early retirement if the employee is at least 55 years of age and has completed at least 15 years of vested service. The amount of benefit would equal the accrued retirement benefit at the date of normal retirement reduced by a percentage based on the age of the participant.

The Plan also has a disability benefit provision. To be eligible for disability benefits, the employee must be completely or partially disabled. The accrued retirement benefit due to total disability is payable commencing immediately without reduction for early commencement.

The accrued retirement benefit for partial disability is payable on a reduced basis after attainment of age 50.

The Plan offers normal and optional forms of benefit payments. Normal payment methods consist of a life annuity if the employee is single or a 50% joint and survivor annuity if the employee is married. Optional payment methods include a single life annuity, a life annuity with a five-year period certain, and a joint and survivor annuity. If the value of an employee's benefit is $1,000 or less, the full amount is automatically paid in a single lump sum.

(Continued)

NOTE 1 - PLAN DESCRIPTION (Continued)

On April 21, 2016, the Plan was amended to offer a temporary election period, conducted May 1, 2016 through May 31, 2016, during which certain participants were permitted to elect an immediate lump sum optional form of payment. Total disbursements for these optional lump sum payments were made on July 1, 2016, and were approximately $3,500,000.

Death Benefits: If an employee dies after benefits begin, payments will continue to the spouse or beneficiary if the employee (a) was receiving a joint and survivor annuity, or (b) had not received all of the payments from a life annuity with a five-year period certain. If the employee was receiving a single life annuity, no benefits would be paid after his or her death. If an employee dies before retirement benefits begin, the employee's spouse may be eligible to receive a qualified pre-retirement survivor annuity ("QPSA") if the employee had a vested benefit.

If an unmarried vested participant dies while employed by the Employer, a death benefit is payable to the participant's beneficiary. If an unmarried vested participant has terminated his or her employment and not yet commenced his or her retirement benefit as of their date of death, no death benefit is payable under the Plan.

Administrative Expenses: All costs and expenses with regard to the purchase, sale transfer of investments or other assets, or other administrative expense, including insurance premiums paid to the Pension Benefit Guaranty Corporation ("PBGC"), are paid by the Plan.

Funding Policy: The Company has established a policy of contributing to the Plan an amount that falls between the minimum and maximum allowable contribution, as determined by the actuary for the Plan, and as set forth in Internal Revenue Service ("IRS") regulations. The normal maximum tax-deductible contribution is the amount equal to the normal cost plus the amount necessary to amortize over a 10-year term the unfunded accrued liability. The minimum contribution is equal to the normal cost plus an amount necessary to amortize over a 30-year term the initial unfunded liability for certain employees and a 5-year term amortization of actuarial experience bases plus interest. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2017 and 2016.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value as further described in Note 5. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. Gain or loss on sales of securities is based on the specific cost identification method.

(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits: Benefits are recorded when paid.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the present value of accumulated plan benefits.

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

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

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service the employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' average yearly compensation rate on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability or termination of employment) are included to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits as of December 31, 2016 was determined by the Plan's consulting actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. It is at least reasonably possible that the actuarial assumptions used to calculate accumulated plan benefits will change in the near term and that the effect of such change could be significant. The January 1, 2017 valuation is the most recently completed valuation. Had the valuation been completed as of December 31, there would be no material differences. The significant actuarial assumptions used in the December 31, 2016 valuation was:

(Continued)

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

Investment return 2016:	7.25% compounded annually
Mortality basis 2016:	RP-2014 Fully Generational Adjusted Back to 2006 and Projected with Scale MP-2017
Disability rate:	75% of the 1964 OASDI Table

At December 31, 2016, the change in assumptions line item in the Statement of Changes in Accumulated Benefits totaling $449,552 represents the impact of updating the mortality table assumption from RP-2015 Fully Generational Adjusted Back to 2006 and Projected with Scale MP-2016 to RP-2015 Fully Generational Adjusted Back to 2006 and Projected with Scale MP-2017

Retirement Rates: Ages 60 to 70 for all employees as follows:

Age	2017 Rate of Retirement
60	5%
61	5
62	15
63	10
64	10
65	50
66	30
67	50
68	30
69	30
70	100

These actuarial assumptions are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 4 - INVESTMENTS - UNAUDITED INFORMATION

The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, holds investment assets and executes transactions therein. Substantially all information pertaining to investments included in the financial statements has been certified by them. This information has not been audited by independent accountants.

(Continued)

NOTE 5 - FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following description of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Registered Investment Companies: The fair values of participation units held in these funds are based on the net asset values reported by the fund managers as of the financial statement dates and recent transaction prices (level 1 inputs).

Collective Trusts: The fair values of participation units held in collective trusts are based on the net asset values reported by the fund managers as of the financial statement dates and recent transaction prices. The investment objectives and underlying investments of the funds vary, with some holding diversified portfolios of securities traded in foreign countries, common stocks of companies included in the S&P 500, short-term and/or medium-term corporate, government and government agency bonds, and others holding bonds and mutual funds. Each fund provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

(Continued)

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

Investments measured at fair value on a recurring basis are summarized below:

		Fair Value Measurements at December 31, 2017 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments				
Registered Investment Companies	$ 2,866,043	$ 2,866,043	$ -	$ -
Collective Trust Funds*	88,365,423	-	-	-
	$ 91,231,466	$ 2,866,043	$ -	$ -

		Fair Value Measurements at December 31, 2016 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments				
Registered Investment Companies	$ 2,169,326	$ 2,169,356	$ -	$ -
Collective Trust Funds*	73,398,970	-	-	-
	$ 75,568,296	$ 2,169,356	$ -	$ -

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

(Continued)

NOTE 6 - INCOME TAX STATUS

The IRS has determined and informed the Company by a letter dated October 27, 2016 that the Plan constitutes a qualified plan under Section 401 of the Internal Revenue Code (IRC) and that the trust established under the Plan is therefore exempt from federal income taxes. The Plan has been amended since receiving the determination letter, however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

NOTE 7 - TERMINATION PRIORITIES

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

(Continued)

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. The Short-Term Investment Trust sponsored by The Bank of New York Mellon is considered a party-in-interest investment. The Company pays certain administrative expenses on behalf of the Plan. The difference between the total amount of fees below and the administrative expenses line item on the statement of changes of net assets available for benefits is due to some of the administration fees being insignificant in value. For the years ended December 31, 2017 and 2016, the Plan paid administrative expenses to the following parties in interest:

Name of Party-in-Interest	Relationship	2017	2016
PricewaterhouseCoopers LLP	Actuary	$ 42,855	$ 41,540
The BNY Mellon	Trustee	476,200	176,192
Automatic Data Processing, Inc.	Distribution Processor	201	10,704
Findley Davies	Misc. Plan Administration	25,309	39,656
Ogletree Deakins	Misc. Plan Administration	1,656	6,557
Pension Benefit Guaranty Corporation	Misc. Plan Administration	439,765	669,272

NOTE 9 - SUBSEQUENT EVENT

Plan management has evaluated subsequent events for recognition and disclosure through October 3, 2018, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2017

Name of Plan Sponsor: Schurz Communications, Inc.
Employer Identification Number: 35-0670960
Three-Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
		Collective Trust		
*	Bank of New York Mellon	EB US Real Estate FD (79,067.332 shares)	$ 1,683,599	$ 2,688,289
*	Bank of New York Mellon	EB DV International SIF (12,295.541 shares)	3,736,514	5,841,555
*	Bank of New York Mellon	EB DV Stock Index Fund (6,438.261 shares)	17,066,575	24,382,289
*	Bank of New York Mellon	EB Long Term Govt BIF (15,988.994 shares)	8,589,866	9,219,108
*	Bank of New York Mellon	BNY Mellon Newton International Equity Fund (377,377.459 shares)	4,470,209	6,173,895
*	Bank of New York Mellon	EB DV Mid Cap SIF (11,702.891 shares)	4,877,314	5,545,042
*	Bank of New York Mellon	EB US Invest Grade Corp Long Duration FD (493,703.634 shares)	9,830,669	11,088,584
*	Bank of New York Mellon	Collective Trust High Yield Fund (114,417.204 shares)	2,241,433	2,590,406
*	Bank of New York Mellon	EB Emerging Markets Core Fund (475,137.827 shares)	4,938,532	6,495,134
*	Bank of New York Mellon	BNY Mellon Long Dura (970,387.174 shares)	9,789,450	11,033,302
*	Bank of New York Mellon	BNY Mellon Newton Real Return Fund (199,544.540 shares)	2,454,329	2,657,933
*	Bank of New York Mellon	EB Temp INV FD VAR RT 12/31/49 (649,885.940 shares)	649,886	649,886
		Total Common/Collective Trust	70,328,376	88,365,423
		Registered Investment Companies		
	AQR	AQR Small Cap Multi-Style-R6 (193,129.574 shares)	2,984,512	2,866,043
		Total Registered Investment Companies	2,984,512	2,866,043
		Total	$ 73,312,888	$ 91,231,466

* - Denotes party-in-interest.

See independent auditor's report.

SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2017

Name of Plan Sponsor: Schurz Communications, Inc.
Employer Identification Number: 35-0670960
Three-Digit Plan Number: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) Single transactions in excess of 5% of the current value of the plan assets:								
BNY Mellon	EB TEMP INV FD VAR RT 12/31/49 FEE CL 00 10,000,000 shares purchased	$ 10,000,000	$ -	$ -	$ -	$ 10,000,000	$10,000,000	$ -
BNY Mellon	EB TEMP INV FD VAR RT 12/31/49 FEE CL 00 4,656,489 shares sold	-	4,656,489	-	-	4,656,489	4,656,489	-

(Continued)

SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2017

Name of Plan Sponsor: Schurz Communications, Inc.
Employer Identification Number: 35-0670960
Three-Digit Plan Number: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) Series of transactions in excess of 5% of the current value of the plan assets:								
BNY Mellon	EB TEMP INV FD VAR RT 12/13/49 FEE CL 00 16,249,853 shares purchased	$ 16,249,853	$ -	$ -	$ -	$ 16,249,853	$ 16,249,853	$ -
BNY Mellon	EB TEMP INV FD VAR RT 12/31/49 FEE CL 00 16,703,665 shares sold	-	16,703,665	-	-	16,703,665	16,703,665	-
BNY Mellon	EB DV STOCK INDEX FUND 807 shares purchased	2,800,000	-	-	-	2,800,000	2,800,000	-
BNY Mellon	BNY Mellon Long Dura 690 shares sold	-	2,450,002	-	-	1,800,813	2,450,002	649,189

See independent auditor's report.

B. Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2017[1]

Attained	Under 1 year		1 to 4 years		5 to 9 years		10 to 14 years		15 to 19 years		20 to 24 years		25 to 29 years		30 to 34 years		35 to 39 years		Over 40 years		Total	
Age	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit
<25																						
25-29					1																1	
30-34					1		2														3	
35-39							8		6												14	
40-44					2		13		13		3										31	2,824
45-49							16		13		10		9								48	5,759
50-54					2		16		17		9		20	8,735	8						72	5,569
55-59					1		13		13		4		18		16		1				66	8,573
60-64					1		7		11		6		6		5		9		2		47	7,493
65-69					1		4		5		1		2				2				15	
70&Up									2												2	
Total					9		79	1,528	80	3,737	33	6,932	55	10,568	29	11,661	12		2		299	5,985

[1]Credited Service. Note that as the Plan is frozen, the average accrued benefit shown is based upon accrued benefit as of the date of the freeze.

A. Actuarial Assumptions for Funding Purposes

Valuation Interest Rate

Adjusted 24-Month Average Segment Rates for 2017 under HATFA (4.16%, 5.72%, 6.48%)

September 2016 IRC 430(h) Funding Segment Rates under Pre MAP-21 (1.52%, 3.80%, 4.79%)

Mortality

IRS 2017 Static Mortality Table with Scale AA

Administrative Expenses

$530,000 (included in normal cost)

Salary Scale

N/A

Withdrawal

Select rates are used for service up to 5 years then the T-3 table is used. Illustrative rates of termination are as follows:

Years of Service	Withdrawal Rates
0 - 1	25%
1 - 2	20%
2 - 3	15%
3 - 4	10%
4 - 5	5%

Ultimate based on age:

Age	Withdrawal Rates
25	5.27%
40	3.84%
55	0.33%

Retirement Rates (Not-at-risk funding target)

Ages 60 to 70 for all employees as follows:

Age	Rate of Retirement
60	5%
61	5%
62	15%
63	10%
64	10%
65	50%
66	30%
67	50%
68	30%
69	30%
70	100%

A. Actuarial Assumptions for Funding Purposes (continued)

Disability	Rates are 75% of the 1964 OASDI Table.
Covered Compensation	Age 66 (or Social Security Normal Retirement Age for Plan Year) covered compensation rounded to the nearest $3,000 is used for all employees. This limit is assumed to be $54,000.
IRS Section 415(b) Limits	$215,000 in 2017. This limit is not assumed to increase in the future.
Annual Compensation Limit	N/A
Marital Status	
Percentage Married	Percentage Married: 100%
Age Difference	Age Difference: Spouses are assumed to be the same age as the participant.
Changes Since Last Year	The discount rate used for funding purposes was changed from the Adjusted 24-Month Average Segment Rates for 2016 under HATFA to 2017 under HATFA. The discount rate used in determining the maximum tax deductible contribution was changed from the September 2015 Segment Rates to the September 2016 Segment Rates. The administrative expenses decreased from $840,000 in 2016 to $530,000 in 2017.

B. Actuarial Methods for Funding Purposes

1. Actuarial Cost Method

The actuarial cost method is the Unit Credit Actuarial Cost Method.

Under this cost method, the actuarial accrued liability is defined as the present value of the accrued benefits on the valuation date. The unfunded actuarial accrued liability is the excess, if any, of the amount by which the accrued liability exceeds the actuarial value of plan assets.

The normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year.

2. Asset Valuation Method

Smoothed value method. Under this method the Plan Assets is equal to the average of the fair market value on the valuation date and the adjusted fair market value on each of the preceding two valuation dates, but not less than 90% nor more than 110% of the Fair Value of Assets. The adjusted fair market value as of any preceding valuation date is equal to the fair market value as of such date increased for contributions reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, decreased for benefit payments and expenses reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, and adjusted for expected earnings (not in excess of the third segment rate, with no phase-in, applicable to the corresponding valuation date).

C. Actuarial Assumptions Rationale

Valuation Interest Rates	The interest rate assumptions used are prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Mortality	The mortality assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Expected Return on Assets	This assumption is based on Schurz's long-term earnings expectations for existing plan assets considering the underlying asset mix.
Administrative Expenses	This assumption is set based on the plan sponsor's historical experience and expectations for future expenses to be paid from the trust.
Retirement Rates	Retirement rates are set based on the plan sponsor's historical experience and future expectations with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Disability Rates	Disability rates are set based on the plan sponsor's historical experience and future expectations with periodic monitoring of observed gains and losses caused by disability patterns different than assumed.
Salary Scale	The salary scale assumption is no longer applicable as the Plan was frozen to future accruals for all participants effective December 31, 2008.
Withdrawal	Withdrawal rates are based on the Standard T-3 table for companies experiencing relatively lower turnover at all ages. They are the best estimate of experience for the future. PwC monitors gains and losses caused by withdrawal patterns different than assumed, which have not been significant.
Marital Status	Marital rates are set based on the plan sponsor's historical experience and future expectations. This assumption is not significant as optional forms are actuarially equivalent to the normal form.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ___

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/25/1942

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

SCHURZ COMMUNICATIONS, INC.

1301 E. DOUGLAS ROAD

MISHAWAKA IN 46545

2b Employer Identification Number (EIN) 35-0670960

2c Plan Sponsor's telephone number 574-247-7237

2d Business code (see instructions) 511110

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

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

SIGN HERE	S. J.	10/8/18	SCOTT SCHURZ JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	S. J.	10/8/18	SCOTT SCHURZ JR.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

See attachment

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	1,131
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	299
a(2) Total number of active participants at the end of the plan year	**6a(2)**	219
b Retired or separated participants receiving benefits	**6b**	578
c Other retired or separated participants entitled to future benefits	**6c**	201
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	998
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	103
f Total. Add lines **6d** and **6e**	**6f**	1,101
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 3H

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)	**9b** Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(4) [ ] General assets of the sponsor

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2017

Name of Plan Sponsor: Schurz Communications, Inc.
Employer Identification Number: 35-0670960
Three-Digit Plan Number: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) Single transactions in excess of 5% of the current value of the plan assets:								
BNY Mellon	EB TEMP INV FD VAR RT 12/31/49 FEE CL 00 10,000,000 shares purchased	$ 10,000,000	$ -	$ -	$ -	$ 10,000,000	$10,000,000	$ -
BNY Mellon	EB TEMP INV FD VAR RT 12/31/49 FEE CL 00 4,656,489 shares sold	-	4,656,489	-	-	4,656,489	4,656,489	-

(Continued)

SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2017

Name of Plan Sponsor: Schurz Communications, Inc.
Employer Identification Number: 35-0670960
Three-Digit Plan Number: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) Series of transactions in excess of 5% of the current value of the plan assets:								
BNY Mellon	EB TEMP INV FD VAR RT 12/13/49 FEE CL 00 16,249,853 shares purchased	$ 16,249,853	$ -	$ -	$ -	$ 16,249,853	$ 16,249,853	$ -
BNY Mellon	EB TEMP INV FD VAR RT 12/31/49 FEE CL 00 16,703,665 shares sold	-	16,703,665	-	-	16,703,665	16,703,665	-
BNY Mellon	EB DV STOCK INDEX FUND 807 shares purchased	2,800,000	-	-	-	2,800,000	2,800,000	-
BNY Mellon	BNY Mellon Long Dura 690 shares sold	-	2,450,002	-	-	1,800,813	2,450,002	649,189

See independent auditor's report.

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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ 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
Schurz Communications, Inc. 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
Schurz Communications, Inc.

D Employer Identification Number (EIN)
35-0670960

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	2a	85,181,321
b Actuarial value	2b	87,483,509

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	671	64,543,753	64,543,753
b For terminated vested participants	161	5,148,254	5,148,254
c For active participants	299	12,098,994	12,098,994
d Total	1,131	81,791,001	81,791,001

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	
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	5.80%
6 Target normal cost	6	530,000

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 CMF — Signature of actuary

9/4/18 — Date

Cindy Fraterrigo — Type or print name of actuary

1706229 — Most recent enrollment number

PricewaterhouseCoopers LLP — Firm name

312-298-4320 — Telephone number (including area code)

One North Wacker
Chicago IL 60606
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 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)	0	2,567,533
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	840,000
9	Amount remaining (line 7 minus line 8)	0	1,727,533
10	Interest on line 9 using prior year's actual return of 7.78%	0	134,402
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		9,065,871
	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 6.02%		545,765
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		9,611,636
	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)	0	1,861,935

Part III Funding Percentages

14	Funding target attainment percentage	14	104.68%
15	Adjusted funding target attainment percentage	15	106.95%
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	96.63%
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.16 %	5.72 %	6.48%	

b Applicable month (enter code) — 21b: 4

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	530,000
b Excess assets, if applicable, but not greater than line 31a	31b	530,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	240,750	240,750

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
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	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Schurz Communications, Inc.
Schurz Communications, Inc. Retirement Plan
EIN: 35-0670960; Plan Number: 001
2017 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Age	Retirement Rates	Lives Remaining	Retired	Weighted Age
60	5%	95.00	5.00	300.00
61	5%	90.25	4.75	289.75
62	15%	76.71	13.54	839.33
63	10%	69.04	7.67	483.29
64	10%	62.14	6.90	441.86
65	50%	31.07	31.07	2019.46
66	30%	21.75	9.32	615.16
67	50%	10.87	10.87	728.56
68	30%	7.61	3.26	221.83
69	30%	5.33	2.28	157.56
70	100%	0.00	5.33	372.98
			100.00	**65**

The following is a summary of the assumptions updated from the assumptions used in the 2016 Plan Year valuation to the assumptions used in the 2017 Plan Year valuation.

The administrative expenses decreased from $840,000 in 2016 to $530,000 in 2017.

B. Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2017[1]

Attained	Under 1 year		1 to 4 years		5 to 9 years		10 to 14 years		15 to 19 years		20 to 24 years		25 to 29 years		30 to 34 years		35 to 39 years		Over 40 years		Total	
Age	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit
<25																						
25-29					1																1	
30-34					1		2														3	
35-39							8		6												14	
40-44					2		13		13		3										31	2,824
45-49							16		13		10		9								48	5,759
50-54					2		16		17		9		20	8,735	8						72	5,569
55-59					1		13		13		4		18		16		1				66	8,573
60-64					1		7		11		6		6		5		9		2		47	7,493
65-69					1		4		5		1		2				2				15	
70&Up									2												2	
Total					9		79	1,528	80	3,737	33	6,932	55	10,568	29	11,661	12		2		299	5,985

[1]Credited Service. Note that as the Plan is frozen, the average accrued benefit shown is based upon accrued benefit as of the date of the freeze.

A. Actuarial Assumptions for Funding Purposes

Valuation Interest Rate

Adjusted 24-Month Average Segment Rates for 2017 under HATFA (4.16%, 5.72%, 6.48%)

September 2016 IRC 430(h) Funding Segment Rates under Pre MAP-21 (1.52%, 3.80%, 4.79%)

Mortality

IRS 2017 Static Mortality Table with Scale AA

Administrative Expenses

$530,000 (included in normal cost)

Salary Scale

N/A

Withdrawal

Select rates are used for service up to 5 years then the T-3 table is used. Illustrative rates of termination are as follows:

Years of Service	Withdrawal Rates
0 - 1	25%
1 - 2	20%
2 - 3	15%
3 - 4	10%
4 - 5	5%

Ultimate based on age:

Age	Withdrawal Rates
25	5.27%
40	3.84%
55	0.33%

Retirement Rates (Not-at-risk funding target)

Ages 60 to 70 for all employees as follows:

Age	Rate of Retirement
60	5%
61	5%
62	15%
63	10%
64	10%
65	50%
66	30%
67	50%
68	30%
69	30%
70	100%

A. Actuarial Assumptions for Funding Purposes (continued)

Disability	Rates are 75% of the 1964 OASDI Table.
Covered Compensation	Age 66 (or Social Security Normal Retirement Age for Plan Year) covered compensation rounded to the nearest $3,000 is used for all employees. This limit is assumed to be $54,000.
IRS Section 415(b) Limits	$215,000 in 2017. This limit is not assumed to increase in the future.
Annual Compensation Limit	N/A
Marital Status	
Percentage Married	Percentage Married: 100%
Age Difference	Age Difference: Spouses are assumed to be the same age as the participant.
Changes Since Last Year	The discount rate used for funding purposes was changed from the Adjusted 24-Month Average Segment Rates for 2016 under HATFA to 2017 under HATFA. The discount rate used in determining the maximum tax deductible contribution was changed from the September 2015 Segment Rates to the September 2016 Segment Rates. The administrative expenses decreased from $840,000 in 2016 to $530,000 in 2017.

B. Actuarial Methods for Funding Purposes

1. Actuarial Cost Method

The actuarial cost method is the Unit Credit Actuarial Cost Method.

Under this cost method, the actuarial accrued liability is defined as the present value of the accrued benefits on the valuation date. The unfunded actuarial accrued liability is the excess, if any, of the amount by which the accrued liability exceeds the actuarial value of plan assets.

The normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year.

2. Asset Valuation Method

Smoothed value method. Under this method the Plan Assets is equal to the average of the fair market value on the valuation date and the adjusted fair market value on each of the preceding two valuation dates, but not less than 90% nor more than 110% of the Fair Value of Assets. The adjusted fair market value as of any preceding valuation date is equal to the fair market value as of such date increased for contributions reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, decreased for benefit payments and expenses reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, and adjusted for expected earnings (not in excess of the third segment rate, with no phase-in, applicable to the corresponding valuation date).

C. Actuarial Assumptions Rationale

Valuation Interest Rates	The interest rate assumptions used are prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Mortality	The mortality assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
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Administrative Expenses	This assumption is set based on the plan sponsor's historical experience and expectations for future expenses to be paid from the trust.
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Salary Scale	The salary scale assumption is no longer applicable as the Plan was frozen to future accruals for all participants effective December 31, 2008.
Withdrawal	Withdrawal rates are based on the Standard T-3 table for companies experiencing relatively lower turnover at all ages. They are the best estimate of experience for the future. PwC monitors gains and losses caused by withdrawal patterns different than assumed, which have not been significant.
Marital Status	Marital rates are set based on the plan sponsor's historical experience and future expectations. This assumption is not significant as optional forms are actuarially equivalent to the normal form.

Effective Date:	September 25, 1942 and completely restated October 1, 1989. Effective January 1, 2005, the plan year was changed to a calendar-year basis. Effective August 22, 2006, the Plan was closed to new entrants. Effective December 31, 2007, the Plan was amended to change the benefit accrual for projected years of service in excess of 30 years. Effective December 31, 2008, the Plan was frozen to future accruals.
Plan Year:	January 1 through December 31.
Fiscal Year:	January 1 through December 31.
Eligibility for Membership:	One year of service with 1,000 hours and age 21. Entry dates are January 1 and July 1. The Plan is closed to new entrants.
Vesting Service:	Elapsed time starting from the employee's date of hire.
Benefit Service:	Elapsed time starting from the participant's date of entry.
Monthly Plan Compensation:	Average month compensation during the high 60 consecutive completed calendar months of employment.
Integration Level:	1/12 of 124% of the average of the 35 consecutive Social Security wage bases ending with the wage base for 2009. This could also be called 124% of the Social Security Normal Retirement Age covered compensation for 2009.
Eligibility for Benefits:	Normal Retirement: Age 65. Early Retirement: Age 55 and 15 years of service or age 65 Late Retirement: First day of the month following the date on which a Participant who has continued working past his Normal Retirement Date actually retires. Vesting: 100% vested after 5 years of vesting service. Disability: Disability as determined to the satisfaction of the employer. Spouse's Survivor Benefit: Five years of service.

Amount of Benefits:

Accrued Benefit: The benefit is payable as a five year certain and life annuity equal to the greater of (1), (2), or (3) as follows:

(1) .9% of Monthly Plan Compensation times projected Benefit Service at Normal Retirement plus .6% of Monthly Plan Compensation times projected Benefit Service at Normal Retirement up to 30 years all multiplied by the fraction of current Benefit Service divided by projected Benefit Service at Normal Retirement.
plus
.6% of Monthly Plan Compensation times projected Benefit Service at Normal Retirement in excess of 30 years all multiplied by the fraction of Benefit Service at December 31, 2007 divided by projected Benefit Service at Normal Retirement less, but not less than zero, .3% of Monthly Plan Compensation times (i) less (ii) where (i) equals Benefit Service and (ii) equals Benefit Service at Normal Retirement less two times Benefit Service at Normal Retirement in excess of 30 years.

(2) Accrued Benefit determined on September 30, 1989 based on the benefit formula in effect on that date in the Schurz Communications, Inc. Retirement Plan.

(3) Prior plan minimum benefits, only for participants in the Schurz Communications, Inc. Retirement Plan or WDBJ Television, Inc. Pension Plan as of September 30, 1976 or the Associated Desert Newspapers, Inc. Retirement Plan as of September 30, 1983.

Early Retirement Benefit:

Accrued Benefit earned to date of termination reduced according to the following schedule for the commencement of Benefit Payment before age 65:

Age	Percentage Payable
64	98.00%
63	96.00%
62	94.00%
61	92.00%
60	90.00%
59	63.33%
58	60.00%
57	56.67%
56	53.33%
55	50.00%

Late Retirement Benefit: Accrued Benefit as of the late retirement date calculated setting projected Benefit Service at Normal Retirement equal to Benefit Service at the Late Retirement Date.

Disability Retirement Benefit:

The Accrued Benefit payable immediately on the Disability Retirement Date due to total disability. If the Disability is due to partial Disability, a percentage of the Accrued Benefit as of the Disability Retirement Date shall be payable based on the following schedule:

Age	Percentage Payable	Age	Percentage Payable
64	98.00%	56	53.33%
63	96.00%	55	50.00%
62	94.00%	54	46.48%
61	92.00%	53	43.26%
60	90.00%	52	40.33%
59	63.33%	51	37.64%
58	60.00%	50	35.18%
57	56.67%		

Termination Benefits:

The Vested Accrued Benefit as of the date of termination payable at age 65.

1999 Retiree Cost of Living Adjustment:

Effective February 1, 1999, a Participant or Beneficiary who is receiving a benefit as a result of the Participant's retirement or death on or before February 1, 1998, shall have the amount of his monthly benefit increased by 1% for each full or partial year that benefits have been in pay status prior to March 1, 1999. The increase shall first be applicable to the benefit payment received for the month of March, 1999.

Death Benefit:

Benefit calculated as if the participant terminated employment on the date of death and elected a 50% joint and survivor annuity to commence on the earliest possible retirement date. The fifty percent portion payable to the spouse for life. If death occurs while actively employed after October 1, 1999, the 50% is replaced with 100%.

Retiree Death Benefit:

A death benefit of $5,000 is payable to participants who retire on or after the Normal Retirement Date.

Form of Payment:

Married Participant:	The normal form of payment for a married participant is a 50% Joint and Survivor Annuity that is the actuarial equivalent to the 5-Year Certain and Life Annuity, which is generated by the benefit formula. A married participant also has the option of one of the following benefits in lieu of the 50% Joint and Survivor Annuity: - 75% Joint and Survivor Annuity - 100% Joint and Survivor Annuity - 5-Year Certain and Continuous Annuity - Social Security Leveling Annuity
Single Participant:	The normal form of payment for a single participant is a life annuity which is the actuarial equivalent to the 5-Year Certain and Continuous Annuity generated by the benefit formula. A single participant also has the option to choose either a 5-Year Certain and Continuous Annuity or a Social Security Leveling Annuity, instead of a Life Annuity.

Schurz Communications, Inc.
Schurz Communications, Inc. Retirement Plan
EIN: 35-0670960; Plan Number: 001
2017 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Age	Retirement Rates	Lives Remaining	Retired	Weighted Age
60	5%	95.00	5.00	300.00
61	5%	90.25	4.75	289.75
62	15%	76.71	13.54	839.33
63	10%	69.04	7.67	483.29
64	10%	62.14	6.90	441.86
65	50%	31.07	31.07	2019.46
66	30%	21.75	9.32	615.16
67	50%	10.87	10.87	728.56
68	30%	7.61	3.26	221.83
69	30%	5.33	2.28	157.56
70	100%	0.00	5.33	372.98
			100.00	**65**

Effective Date:	September 25, 1942 and completely restated October 1, 1989. Effective January 1, 2005, the plan year was changed to a calendar-year basis. Effective August 22, 2006, the Plan was closed to new entrants. Effective December 31, 2007, the Plan was amended to change the benefit accrual for projected years of service in excess of 30 years. Effective December 31, 2008, the Plan was frozen to future accruals.
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.6% of Monthly Plan Compensation times projected Benefit Service at Normal Retirement in excess of 30 years all multiplied by the fraction of Benefit Service at December 31, 2007 divided by projected Benefit Service at Normal Retirement less, but not less than zero, .3% of Monthly Plan Compensation times (i) less (ii) where (i) equals Benefit Service and (ii) equals Benefit Service at Normal Retirement less two times Benefit Service at Normal Retirement in excess of 30 years.

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Single Participant:	The normal form of payment for a single participant is a life annuity which is the actuarial equivalent to the 5-Year Certain and Continuous Annuity generated by the benefit formula. A single participant also has the option to choose either a 5-Year Certain and Continuous Annuity or a Social Security Leveling Annuity, instead of a Life Annuity.

SCHURZ COMMUNICATIONS, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2017

Name of Plan Sponsor: Schurz Communications, Inc.
Employer Identification Number: 35-0670960
Three-Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
		Collective Trust		
*	Bank of New York Mellon	EB US Real Estate FD (79,067.332 shares)	$ 1,683,599	$ 2,688,289
*	Bank of New York Mellon	EB DV International SIF (12,295.541 shares)	3,736,514	5,841,555
*	Bank of New York Mellon	EB DV Stock Index Fund (6,438.261 shares)	17,066,575	24,382,289
*	Bank of New York Mellon	EB Long Term Govt BIF (15,988.994 shares)	8,589,866	9,219,108
*	Bank of New York Mellon	BNY Mellon Newton International Equity Fund (377,377.459 shares)	4,470,209	6,173,895
*	Bank of New York Mellon	EB DV Mid Cap SIF (11,702.891 shares)	4,877,314	5,545,042
*	Bank of New York Mellon	EB US Invest Grade Corp Long Duration FD (493,703.634 shares)	9,830,669	11,088,584
*	Bank of New York Mellon	Collective Trust High Yield Fund (114,417.204 shares)	2,241,433	2,590,406
*	Bank of New York Mellon	EB Emerging Markets Core Fund (475,137.827 shares)	4,938,532	6,495,134
*	Bank of New York Mellon	BNY Mellon Long Dura (970,387.174 shares)	9,789,450	11,033,302
*	Bank of New York Mellon	BNY Mellon Newton Real Return Fund (199,544.540 shares)	2,454,329	2,657,933
*	Bank of New York Mellon	EB Temp INV FD VAR RT 12/31/49 (649,885.940 shares)	649,886	649,886
		Total Common/Collective Trust	70,328,376	88,365,423
		Registered Investment Companies		
	AQR	AQR Small Cap Multi-Style-R6 (193,129.574 shares)	2,984,512	2,866,043
		Total Registered Investment Companies	2,984,512	2,866,043
		Total	$ 73,312,888	$ 91,231,466

* - Denotes party-in-interest.

See independent auditor's report.

The following is a summary of the assumptions updated from the assumptions used in the 2016 Plan Year valuation to the assumptions used in the 2017 Plan Year valuation.

The administrative expenses decreased from $840,000 in 2016 to $530,000 in 2017.