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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                              |                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                | <b>Annual Report Identification Information</b><br>For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>                                                                                                                                                                                |
| <b>A</b> This return/report is for:                                          | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                              | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . . ▶ | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                          | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                       |                                                               |                                                                     |                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                        | <b>Basic Plan Information—enter all requested information</b> |                                                                     |                                                                  |
| <b>1a</b> Name of plan<br><u>THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES</u>                                                                                                                                                                                                                                                                              | <b>1b</b> Three-digit plan number (PN) ▶                      | <u>007</u>                                                          |                                                                  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>THE VINDICATOR PRINTING CO.</u><br><br><u>VINDICATOR SQUARE, P.O. BOX 780</u><br><u>YOUNGSTOWN, OH 44501-0780</u> | <b>1c</b> Effective date of plan<br><u>01/01/1973</u>         | <b>2b</b> Employer Identification Number (EIN)<br><u>34-0596870</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>330-747-1471</u> |
| <b>2d</b> Business code (see instructions)<br><u>511110</u>                                                                                                                                                                                                                                                                                                                           |                                                               |                                                                     |                                                                  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/11/2019 | BETTY H. BROWN JAGNOW, PRESIDENT                             |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/11/2019 | BETTY H. BROWN JAGNOW, PRESIDENT                             |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 161                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 35<br><b>6a(2)</b> 30<br><b>6b</b> 66<br><b>6c</b> 57<br><b>6d</b> 153<br><b>6e</b> 8<br><b>6f</b> 161<br><b>6g</b><br><b>6h</b> 0                  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                         |

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

1A 1I

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

**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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 \_\_\_\_\_

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan<br/>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

|                                                                                                                |                                                                    |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES</u>        | <b>B</b> Three-digit plan number (PN) ▶ <u>007</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>THE VINDICATOR PRINTING CO.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-0596870</u> |

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

|               |                          |
|---------------|--------------------------|
| <b>Part I</b> | <b>Basic Information</b> |
|---------------|--------------------------|

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b>                  | <u>5516033</u>            |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | <u>5292202</u>            |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <u>68</u>                  | <u>3221087</u>            | <u>3221087</u>           |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>60</u>                  | <u>1209013</u>            | <u>1209013</u>           |
| <b>c</b> For active participants .....                                                                                                                                                                          | <u>35</u>                  | <u>2213784</u>            | <u>2214330</u>           |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>163</u>                 | <u>6643884</u>            | <u>6644430</u>           |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | <u>5.63 %</u>             |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | <u>154717</u>             |                          |

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

|                                                                    |                                        |  |
|--------------------------------------------------------------------|----------------------------------------|--|
| <b>SIGN HERE</b>                                                   |                                        |  |
| Signature of actuary                                               | Date                                   |  |
| <u>MATTHEW C. KAISER</u>                                           | <u>17-05784</u>                        |  |
| Type or print name of actuary                                      | Most recent enrollment number          |  |
| <u>WILLIS TOWERS WATSON US LLC</u>                                 | <u>216-937-4000</u>                    |  |
| Firm name                                                          | Telephone number (including area code) |  |
| <u>1001 LAKESIDE AVENUE<br/>SUITE 1500<br/>CLEVELAND, OH 44114</u> |                                        |  |
| Address of the firm                                                |                                        |  |

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

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>14.21</u> % .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 33                     |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.84</u> % ..... |                       | 2                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 35                     |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 79.64% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 79.64% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 74.85% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %      |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/12/2018               | 116884                            | 0                               |                          |                                   |                                 |
| 07/13/2018               | 116884                            | 0                               |                          |                                   |                                 |
| 10/15/2018               | 116884                            | 0                               |                          |                                   |                                 |
| 01/14/2019               | 33375                             | 0                               |                          |                                   |                                 |
| 09/13/2019               | 62146                             | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 446173                            | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |        |
|-------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 428717 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

|                                                 |                       |                                                |                                                           |                                                     |
|-------------------------------------------------|-----------------------|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                       |                                                |                                                           |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.92% | 2nd segment:<br>5.52%                          | 3rd segment:<br>6.29%                                     | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                       |                                                |                                                           | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                       |                                                |                                                           | <b>22</b> 66                                        |
| <b>23</b> Mortality table(s) (see instructions) | Prior regulation:     | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                 |
|                                                 | Current regulation:   | <input type="checkbox"/> Prescribed - combined | <input type="checkbox"/> Prescribed - separate            | <input type="checkbox"/> Substitute                 |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 154717             |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 1352228             | 273959             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 428676             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                     | 0                  |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 428676             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 428717             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 41                 |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |

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

|                                                                                  |                                         |                                                                                                                 |
|----------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                         |                                                                                                                 |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years | <input checked="" type="checkbox"/> 15 years                                                                    |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008           | <input type="checkbox"/> 2009 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 |

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2018                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 |                                                      |     |
| A Name of plan<br>THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES  | B Three-digit plan number (PN) ▶                     | 007 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THE VINDICATOR PRINTING CO.      | D Employer Identification Number (EIN)<br>34-0596870 |     |

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

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

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

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

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

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

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

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

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

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

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

SUNTRUST BANK

59-3482833

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | NONE                                                                                              | 31504                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TOWERS WATSON DELAWARE INC.

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 17522                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WM G. BARTH & ASSOCIATES, INC

20-3926686

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 9675                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                              |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                              | <b>2018</b>                                   |
|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES</b>  | <b>B</b> Three-digit plan number (PN) ►                            | <b>007</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE VINDICATOR PRINTING CO.</b>      | <b>D</b> Employer Identification Number (EIN)<br><b>34-0596870</b> |            |

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

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 201839                | 95521           |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 124997                | 74348           |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 5193541               | 5036394         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 5520377               | 5206263         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 5520377 | 5206263 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 446173     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 446173    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 110065     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 110065    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 1326755    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 1125055    |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            | 201700    |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | -506224   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 251714    |

**Expenses**

|                                                                                      |       |        |        |
|--------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 411010 |        |
| (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) |        | 411010 |
| 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) | 27197  |        |
| (2) Contract administrator fees.....                                                 | 2i(2) |        |        |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 31504  |        |
| (4) Other .....                                                                      | 2i(4) | 96117  |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |        | 154818 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |        | 565828 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -314114 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan.....                                    | 2l(1) |  |         |
| (2) From this plan.....                                  | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

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

(2) EIN: 20-3926686

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

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

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 521000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     | <b>4g</b> |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | <b>4j</b> | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      | <b>4n</b> |     |    |        |

**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 4167345. (See instructions.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

|                                                                                                         |                                                                    |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES</u> | <b>B</b> Three-digit plan number (PN) ▶<br><u>007</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE VINDICATOR PRINTING CO.</u>     | <b>D</b> Employer Identification Number (EIN)<br><u>34-0596870</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>59-3482833</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> | <u>0</u> |

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

|                                                                                                                                                                                                                                                                                                                                                             |                              |                                        |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                                        |                                         |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                                        |                                         |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                            | <b>6c</b>                    |                                        |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

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

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

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

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2018  
v. 171027

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

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

**a** The current year .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****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 .....

**b** The corresponding number for the second preceding plan year .....

**15a****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 .....

**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 .....

**16a****16b**

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_ % Investment-Grade Debt: \_\_\_\_\_ % High-Yield Debt: \_\_\_\_\_ % Real Estate: \_\_\_\_\_ % Other: \_\_\_\_\_ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**AUDITED FINANCIAL STATEMENTS**

**THE VINDICATOR PRINTING COMPANY  
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)**

**December 31, 2018 and 2017**

**AUDITED FINANCIAL STATEMENTS**

THE VINDICATOR PRINTING COMPANY  
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2018 and 2017

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**FINANCIAL STATEMENTS:**

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|                                                                           |           |
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\*\*\*\*\*

# Wm G. Barth & Associates, Inc.

A Certified Public Accounting Firm

Established 1976

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## INDEPENDENT AUDITOR'S REPORT

Plan Administration Committee  
The Vindicator Printing Company  
Youngstown, Ohio

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Vindicator Printing Company Retirement Plan for Non-Union Employees (007), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

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

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Suntrust Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

### Disclaimer of Opinion

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

### Other Matter

The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions as of and for the year ended December 31, 2018 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 the purpose 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 referred to above.

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

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

*Wm G. Barth & Associates, Inc.*

A Certified Public Accounting Firm

Youngstown, Ohio

October 9, 2019

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

THE VINDICATOR PRINTING COMPANY  
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

|                                                       | DECEMBER 31         |                     |
|-------------------------------------------------------|---------------------|---------------------|
|                                                       | 2018                | 2017                |
| <b><u>ASSETS</u></b>                                  |                     |                     |
| Assets in trust at fair market value - Notes A and D: |                     |                     |
| Money market funds                                    | \$ 74,348           | \$ 124,997          |
| Equity securities                                     | 921,860             | 809,854             |
| Mutual funds                                          | 4,114,534           | 4,383,687           |
| Employer contribution receivable                      | 95,521              | 201,839             |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>              | <b>\$ 5,206,263</b> | <b>\$ 5,520,377</b> |

See accompanying notes to financial statements

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

THE VINDICATOR PRINTING COMPANY  
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

|                                                              | YEAR ENDED DECEMBER 31 |              |
|--------------------------------------------------------------|------------------------|--------------|
|                                                              | 2018                   | 2017         |
| <b><u>ADDITIONS</u></b>                                      |                        |              |
| Employer contributions                                       | \$ 446,173             | \$ 491,540   |
| Investment income:                                           |                        |              |
| Net (depreciation)-appreciation in fair value of investments | \$ (506,224)           | \$ 381,739   |
| Earnings from investments                                    | 110,065                | 97,459       |
| Realized gain on sale of investments                         | 201,700                | 189,554      |
| NET INVESTMENT (LOSS)-INCOME                                 | \$ (194,459)           | \$ 668,752   |
| TOTAL ADDITIONS                                              | \$ 251,714             | \$ 1,160,292 |
|                                                              |                        |              |
| <b><u>DEDUCTIONS</u></b>                                     |                        |              |
| Retirement and disability benefits paid                      | \$ 411,010             | \$ 420,437   |
| Administrative expense                                       | 154,818                | 154,717      |
| TOTAL DEDUCTIONS                                             | \$ 565,828             | \$ 575,154   |
| NET (DEDUCTIONS)-ADDITIONS DURING YEAR                       | \$ (314,114)           | \$ 585,138   |
|                                                              |                        |              |
| <b><u>BALANCE AT BEGINNING OF YEAR</u></b>                   |                        |              |
| Net assets available for benefits                            | 5,520,377              | 4,935,239    |
| NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR             | \$ 5,206,263           | \$ 5,520,377 |

See accompanying notes to financial statements

## **NOTES TO FINANCIAL STATEMENTS**

### **THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)**

December 31, 2018 and 2017

---

#### **NOTE A - SIGNIFICANT ACCOUNTING POLICIES**

##### **Basis of accounting:**

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

##### **Use of Estimates:**

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

##### **Investment Valuation and Income Recognition:**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See Note D for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

##### **Payments of Benefits:**

Benefit payments to participants are recorded upon distribution.

##### **Administrative Expenses:**

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes of net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

##### **Subsequent Events:**

On June 28, 2019, the Board of Directors issued a 60 day WARN letter stating that the Company would cease operations on August 31, 2019. The Company did cease operations on August 31, 2019.

The Plan has evaluated subsequent events through October 9, 2019, the date the financial statements were available to be issued.

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

THE VINDICATOR PRINTING COMPANY  
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2018 and 2017

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**NOTE A - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Reclassifications:

Certain minor reclassifications were made to the December 31, 2017 financial statements in order to conform them to December 31, 2018 presentation

**NOTE B - DESCRIPTION OF PLAN**

General:

The Plan is a defined benefit pension plan incident to a pension agreement and amendments between The Vindicator Printing Company and non-union employees. The Plan covers employees that have completed at least one year of eligibility service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant's Accounts:

A covered employee will become a member of the Pension Plan on the earliest date of January 1 or July 1, whichever follows the date on which the employee satisfies these eligibility requirements. One year of eligibility service is credited for each 12-month period beginning on the date of employment, and each anniversary of the date of employment, during which the covered employee works 1,000 hours.

For service prior to January 1, 1976, the employee will accrue benefit service for years of uninterrupted service with the Company, measured from date of hire with the Company (includes time when not a covered employee). Starting with January 1, 1976, if the employee is credited with 1,000 hours of service while a member of the Plan during a Plan Year, he shall receive a year of benefit accrual service. If he is credited with less than 1,000 hours of service during the Plan Year of termination only because he did not work the entire plan year, he will receive a fractional year of benefit accrual service for the portion of the plan year that he worked while a member of the Pension Plan.

If service credited before January 1, 1976 under non-union plan while covered under another plan, the total non-union benefit is offset for the service that is counted under another plan. When an employee transfers into non-union plan (before April 1, 2009), service is credited based upon each plan's provisions.

The benefit amount of the retirement pension is determined by the greater of two formulas. For further detail, see the plan summary. The pension benefits under the Pension Plan are insured by the Pension Benefit Guaranty Corporation (PBGC), a federal insurance agency. If the Pension Plan terminates (ends) without enough money to pay all benefits, the PBGC will step in to pay pension benefits. Most participants receive all of the pension benefits they would have received under the Pension Plan, but some participants may lose certain benefits. The PBGC guarantee generally covers normal and early retirement benefits and certain benefits for your survivors.

Funding Policy:

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2018 and 2017, the Company made contributions of \$446,173 and \$491,540, respectively. The Company's contributions for 2018 and 2017 exceeded the minimum funding requirements of ERISA.

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

THE VINDICATOR PRINTING COMPANY  
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2018 and 2017

**NOTE B - DESCRIPTION OF PLAN (CONTINUED)**

Although it has not expressed any intention to do so, the Company reserves the right to amend, suspend, or terminate the Pension Plan. However, in the event of any such action, the Company shall not have any right, title, or interest in any assets of the Pension Plan and no assets of the Pension Plan shall revert to the Company except that after satisfaction of all liabilities of the Pension Plan, such remaining part of the Pension Plan may revert to the Company. If the Pension Plan is terminated in whole or in part, the accrued pension benefits of the affected participants will become non-forfeitable and will be allocated to the affected participants according to a schedule of priorities established by federal law to the extent the Pension Plan has assets sufficient to cover the benefits.

**Pension Benefits:**

The benefits of the Pension Plan are provided primarily for the purpose of providing financial security upon retirement. Accordingly, benefits may not be assigned and are not subject to garnishment, attachment or other legal process of creditors. However, under a qualified domestic relations order, all or a portion of the benefits payable to a participant may be assigned to an alternative payee under procedures established by the Plan Administration Committee. These procedures will be available to a participant upon the receipt by the Plan Administration Committee of notification that a domestic relations order is going to be obtained. A domestic relations order is any judgment, decree, or order (including approval of property settlement agreement) that relates to the provision of child support, alimony payments, or marital property rights to a spouse, former spouse, child or other dependent of a participant that is made pursuant to a state domestic relations law.

Effective March 31, 2009, the Company has chosen to freeze the future accrual of pension benefits and to close participation. While the Company has not expressed any intent to discontinue contributions or terminate the Plan, it has the right to do so under the Plan, the net assets are to be allocated in accordance with the plan documents.

**NOTE C – FUNDING AND ACTUARIAL DATA**

|                                                           |                              | AS OF JANUARY 1 |              |
|-----------------------------------------------------------|------------------------------|-----------------|--------------|
|                                                           |                              | 2019            | 2018         |
| Actuarial present value of accumulated benefits:          |                              |                 |              |
| Vested benefits -                                         |                              |                 |              |
| Retired participants and beneficiaries receiving payments |                              | \$ 3,350,430    | \$ 2,913,581 |
| Other participants                                        |                              | 2,363,911       | 2,934,885    |
|                                                           | <b>TOTAL VESTED BENEFITS</b> | \$ 5,714,341    | \$ 5,848,466 |
| Non-vested benefits                                       |                              | 282             | 530          |
|                                                           | <b>TOTALS</b>                | \$ 5,714,623    | \$ 5,848,996 |
| Unfunded actuarial liability                              |                              | \$ 508,360      | \$ 328,619   |

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

THE VINDICATOR PRINTING COMPANY  
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2018 and 2017

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**NOTE C – FUNDING AND ACTUARIAL DATA (CONTINUED)**

|                                                                   |                     |
|-------------------------------------------------------------------|---------------------|
| 1.) Present value of accumulated benefits as of December 31, 2017 | \$ 5,848,996        |
| 2.) Changes during the year due to:                               |                     |
| a. Benefits accumulated                                           | \$ -                |
| b. Actuarial (gains)-losses                                       | (112,007)           |
| c. Decrease in the discount period                                | 409,153             |
| d. Actual benefits paid                                           | (411,010)           |
| e. Assumption changes                                             | (20,509)            |
| f. Plan amendments                                                | -                   |
| g. Net increase-(decrease)                                        | <u>\$ (134,373)</u> |
| 3.) Present value of accumulated benefits as of December 31, 2018 | <u>\$ 5,714,623</u> |

The actuarial present value of accumulated benefits and the unfunded actuarial liability (credit) were calculated by Towers Watson, consulting actuaries, as of January 1, 2019 and 2018. The actuary's method and assumptions include the entry age normal actuarial cost method, life expectancy of participants, assumed retirement age 65, or attained age, if later, and asset values at the amount reported by Suntrust Bank in their pension plan fund account. The interest rate used to value the vested benefits was 7.25% for January 1, 2019 and 2018. A 5.47% and 5.63% interest rate was used to calculate the unfunded actuarial liability for January 1, 2019 and 2018, respectively.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue; if the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits.

According to the actuary, the Plan was adequately funded in compliance with ERISA requirements during both plan years.

**NOTE D – FAIR VALUE MEASUREMENT**

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

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

THE VINDICATOR PRINTING COMPANY  
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2018 and 2017

**NOTE D – FAIR VALUE MEASUREMENT (CONTINUED)**

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

The fair values of the Pension Plan assets at December 31, 2018 and 2017, by asset category are as follows:

Fair Value Measurements at December 31, 2018

| <u>Asset Category</u>         | <u>Total</u>        | <u>Quoted Prices in<br/>Active Markets<br/>for Identical<br/>Assets (Level 1)</u> |
|-------------------------------|---------------------|-----------------------------------------------------------------------------------|
| Cash - federated money market | \$ 74,348           | \$ 74,348                                                                         |
| Equity securities             | 921,860             | 921,860                                                                           |
| Mutual funds                  | 4,114,534           | 4,114,534                                                                         |
| TOTALS                        | <u>\$ 5,110,742</u> | <u>\$ 5,110,742</u>                                                               |

Fair Value Measurements at December 31, 2017

| <u>Asset Category</u>         | <u>Total</u>        | <u>Quoted Prices in<br/>Active Markets<br/>for Identical<br/>Assets (Level 1)</u> |
|-------------------------------|---------------------|-----------------------------------------------------------------------------------|
| Cash - federated money market | \$ 124,997          | \$ 124,997                                                                        |
| Equity securities             | 809,854             | 809,854                                                                           |
| Mutual funds                  | 4,383,687           | 4,383,687                                                                         |
| TOTALS                        | <u>\$ 5,318,538</u> | <u>\$ 5,318,538</u>                                                               |

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

THE VINDICATOR PRINTING COMPANY  
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2018 and 2017

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**NOTE E – RISK AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risk, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such change 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 estimates and assumptions in the near term would be material to the financial statements.

**NOTE F - INCOME TAX STATUS**

The latest obtained determination letter is from February 28, 2017, in which the Internal Revenue Service states that the Plan, as then designed at the time, was in compliance with the applicable requirements of the Internal Revenue Code. The federal tax returns of the Plan for 2015 and subsequent plan years are open for examination by the Department of Labor.

**NOTE G - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS**

During 2018, the Plan paid administrative expenses of approximately \$154,818. Of this amount, \$31,504 was paid to Suntrust Bank for the trustee fee. \$96,117 was paid to the Pension Benefit Guarantee Corporation for the plan year premium. \$17,522 was paid to Towers Watson for their actuary fee. \$9,675 was paid to Wm G. Barth & Associates for their auditing fee.

During 2017, the Plan paid administrative expenses of approximately \$154,717. Of this amount, \$29,615 was paid to Suntrust Bank for the trustee fee. \$97,862 was paid to the Pension Benefit Guarantee Corporation for the plan year premium. \$17,565 was paid to Towers Watson for their actuary fee. \$9,675 was paid to Wm G. Barth & Associates for their auditing fee.

**NOTE H – CERTIFIED INVESTMENT INFORMATION**

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Suntrust Bank, the Trustee of the Plan, has certified as of and for the years ended December 31, 2018 and 2017, that the information, regarding the fair value of investments and the related investment income is complete and accurate.

\* \* \* \* \*

## **SUPPLEMENTAL SCHEDULES**

\* \* \* \* \*

**SUPPLEMENTAL SCHEDULE**

THE VINDICATOR PRINTING COMPANY  
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)  
EIN #34-0596870

December 31, 2018

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

| a.                        | b. ISSUER OR SIMILAR PARTY                        | c. DESCRIPTION OF INVESTMENT    | d. COST             | e. CURRENT<br>VALUE |
|---------------------------|---------------------------------------------------|---------------------------------|---------------------|---------------------|
| <u>MONEY MARKET FUNDS</u> |                                                   |                                 |                     |                     |
| a.                        | Federated Money Market - Treasury Obligations     | 74,347.790 shares               | \$ 74,348           | \$ 74,348           |
|                           |                                                   | <b>TOTAL MONEY MARKET FUNDS</b> | <b>\$ 74,348</b>    | <b>\$ 74,348</b>    |
| <u>EQUITY SECURITIES</u>  |                                                   |                                 |                     |                     |
| a.                        | Ishares Russell 1000 Growth Fund                  | 2,142.000 shares                | \$ 215,081          | \$ 280,409          |
| b.                        | Ishares U.S. Treasury Bond                        | 17,700.000 shares               | 446,406             | 436,305             |
| c.                        | Vanguard Short Term Bond                          | 2,611.000 shares                | 207,692             | 205,146             |
|                           |                                                   | <b>TOTAL EQUITY SECURITIES</b>  | <b>\$ 869,179</b>   | <b>\$ 921,860</b>   |
| <u>MUTUAL FUNDS</u>       |                                                   |                                 |                     |                     |
| a.                        | Blackstone Alternative Fund                       | 15,235.784 shares               | \$ 156,079          | \$ 157,995          |
| b.                        | Brandes International Small Cap Equity Fund       | 12,026.986 shares               | 160,074             | 125,201             |
| c.                        | DFA Large Cap International                       | 7,484.235 shares                | 164,397             | 149,610             |
| d.                        | Doubleline Total Return Bond Fund                 | 52,874.626 shares               | 576,910             | 550,954             |
| e.                        | Eaton Vance Atlanta Capital SMID Cap Fund         | 12,730.773 shares               | 318,634             | 379,759             |
| f.                        | Eaton Vance Floating-Rate Fund                    | 36,120.569 shares               | 326,139             | 313,887             |
| g.                        | Federated Strategic Value Fund                    | 52,550.092 shares               | 284,467             | 274,312             |
| h.                        | John Hancock Funds III Disciplined Value Fund     | 19,918.500 shares               | 337,928             | 356,740             |
| i.                        | JP Morgan US Equity Fund                          | 30,989.365 shares               | 424,641             | 417,737             |
| j.                        | Oppenheimer Developing Markets Fund               | 1,489.493 shares                | 48,987              | 55,975              |
| k.                        | Pimco Investment Grade Corporate Bond Fund        | 27,888.724 shares               | 295,542             | 276,377             |
| l.                        | T. Rowe Price QM Small-Cap Growth Fund            | 5,024.099 shares                | 134,015             | 156,802             |
| m.                        | T. Rowe Price Institutional Large-Cap Growth Fund | 12,205.756 shares               | 320,356             | 435,746             |
| n.                        | Virtus Ceredex Small Cap Value Equity Fund        | 15,035.000 shares               | 178,755             | 132,759             |
| o.                        | Wells Fargo Advantage Absolute Return Refund      | 10,185.714 shares               | 112,548             | 106,237             |
| p.                        | Western Asset Mortgage Backed Securities Fund     | 21,896.875 shares               | 237,777             | 224,443             |
|                           |                                                   | <b>TOTAL MUTUAL FUNDS</b>       | <b>\$ 4,077,249</b> | <b>\$ 4,114,534</b> |
|                           |                                                   | <b>TOTAL INVESTMENTS</b>        | <b>\$ 5,020,776</b> | <b>\$ 5,110,742</b> |

**SUPPLEMENTAL SCHEDULE - (CONTINUED)**

THE VINDICATOR PRINTING COMPANY  
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)  
EIN 34-0596870

Year ended December 31, 2018

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

| a. IDENTITY OF PARTY INVOLVED                                                       | b. DESCRIPTION OF ASSETS                        | c. PURCHASE PRICE | d. SELLING PRICE | e. COST OF ASSETS | f. CURRENT VALUE OF ASSETS ON TRANSACTION DATE | g. NET GAIN OR (LOSS) |
|-------------------------------------------------------------------------------------|-------------------------------------------------|-------------------|------------------|-------------------|------------------------------------------------|-----------------------|
| <b>Category (i) - Single Transaction Exceeds 5% of Value</b>                        |                                                 |                   |                  |                   |                                                |                       |
| Eaton Vance Floating Rate - I                                                       | 34,900,333 shares purchased in one transaction  | \$ 315,150        | \$ -             | \$ 315,150        | \$ -                                           | \$ -                  |
| <b>Category (iii) - Series of Transactions in Same Security Exceeds 5% of Value</b> |                                                 |                   |                  |                   |                                                |                       |
| Eaton Vance Floating Rate - I                                                       | 811,847 shares are reinvested in 7 transactions | 7,287             | -                | 7,287             | -                                              | -                     |
| Eaton Vance Floating Rate - I                                                       | 35,308,722 shares purchased in 2 transactions   | 318,850           | -                | 318,850           | -                                              | -                     |
| Federated Treasury Obligations MM-I                                                 | 677,965,770 shares purchased in 45 transactions | 677,965           | -                | 677,965           | -                                              | -                     |
| Federated Treasury Obligations MM-I                                                 | 728,695,850 shares sold in 26 transactions      | -                 | 728,696          | 728,696           | 728,696                                        | -                     |

## SCHEDULE SB ATTACHMENTS

---

**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2018**

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

| <u>Age at Retirement</u>               | <u>Rates of Retirement</u> | <u>Percent Retiring</u> | <u>Weighted Ages</u> |
|----------------------------------------|----------------------------|-------------------------|----------------------|
| (1)                                    | (2)                        | (3)                     | (1) x (3)            |
| 55                                     | 0.00%                      | 0.00%                   | 0.0000               |
| 56                                     | 0.00%                      | 0.00%                   | 0.0000               |
| 57                                     | 0.00%                      | 0.00%                   | 0.0000               |
| 58                                     | 0.00%                      | 0.00%                   | 0.0000               |
| 59                                     | 0.00%                      | 0.00%                   | 0.0000               |
| 60                                     | 2.00%                      | 2.00%                   | 1.2000               |
| 61                                     | 3.00%                      | 2.94%                   | 1.7934               |
| 62                                     | 5.00%                      | 4.75%                   | 2.9469               |
| 63                                     | 5.00%                      | 4.52%                   | 2.8447               |
| 64                                     | 5.00%                      | 4.29%                   | 2.7453               |
| 65                                     | 37.50%                     | 30.56%                  | 19.8661              |
| 66                                     | 25.00%                     | 12.73%                  | 8.4049               |
| 67                                     | 50.00%                     | 19.10%                  | 12.7984              |
| 68                                     | 50.00%                     | 9.55%                   | 6.4947               |
| 69                                     | 50.00%                     | 4.78%                   | 3.2951               |
| 70                                     | 100.00%                    | 4.78%                   | 3.3429               |
| <b>Weighted Average Retirement Age</b> |                            |                         | <b>65.7</b>          |

|                |                                                                         |
|----------------|-------------------------------------------------------------------------|
| Plan Name:     | The Vindicator Printing Company Retirement Plan for Non-Union Employees |
| EIN / PN:      | 34-0596870/007                                                          |
| Plan Sponsor:  | The Vindicator Printing Company                                         |
| Valuation Date | January 1, 2018                                                         |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2018

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | Total |
|--------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|
|              | Under 1                                         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |
| Under 25     | .                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 25-29        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 30-34        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 35-39        | 0                                               | 1   | 0   | 1     | 0     | 0     | 0     | 0     | 0     | 0         | 2     |
| 40-44        | 0                                               | 1   | 0   | 2     | 0     | 0     | 0     | 0     | 0     | 0         | 3     |
| 45-49        | 0                                               | 0   | 0   | 2     | 0     | 0     | 0     | 0     | 0     | 0         | 2     |
| 50-54        | 0                                               | 3   | 1   | 2     | 0     | 0     | 0     | 0     | 0     | 0         | 6     |
| 55-59        | 0                                               | 3   | 1   | 1     | 2     | 1     | 1     | 0     | 0     | 0         | 9     |
| 60-64        | 0                                               | 1   | 0   | 0     | 3     | 1     | 0     | 1     | 0     | 0         | 6     |
| 65-69        | 0                                               | 0   | 0   | 1     | 2     | 1     | 0     | 0     | 1     | 0         | 5     |
| 70 & over    | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 2         | 2     |
| Total        | 0                                               | 9   | 2   | 9     | 7     | 3     | 1     | 1     | 1     | 2         | 35    |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: The Vindicator Printing Company Retirement Plan for Non-Union Employees  
 EIN / PN: 34-0596870/007  
 Plan Sponsor: The Vindicator Printing Company  
 Valuation Date: January 1, 2018

## SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2018**

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1. Shortfall | 01/01/2018       | (139,685)      | 7.00000                               | (139,685)           | (22,804)             |
| 2. Shortfall | 01/01/2017       | 371,028        | 6.00000                               | 329,076             | 60,927               |
| 3. Shortfall | 01/01/2016       | 160,710        | 5.00000                               | 123,120             | 26,553               |
| 4. Shortfall | 01/01/2015       | 11,218         | 4.00000                               | 7,052               | 1,866                |
| 5. Shortfall | 01/01/2014       | 146,661        | 3.00000                               | 70,892              | 24,545               |
| 6. Shortfall | 01/01/2013       | 496,116        | 2.00000                               | 163,848             | 83,499               |
| 7. Shortfall | 01/01/2012       | (145,341)      | 1.00000                               | (24,668)            | (24,668)             |
| 8. Shortfall | 01/01/2011       | 944,230        | 8.00000                               | 622,839             | 91,431               |
| 9. Shortfall | 01/01/2010       | 326,895        | 7.00000                               | 199,754             | 32,610               |
| Total        |                  |                |                                       | 1,352,228           | 273,959              |

Plan Name: The Vindicator Printing Company Retirement Plan for Non-Union Employees  
EIN / PN: 34-0596870/007  
Plan Sponsor: The Vindicator Printing Company  
Valuation Date: January 1, 2018

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                                                         |
|--------------------------|-------------------------------------------------------------------------|
| <b>Plan Sponsor</b>      | The Vindicator Printing Company                                         |
| <b>EIN/PN</b>            | 34-0596870/007                                                          |
| <b>Plan Name</b>         | The Vindicator Printing Company Retirement Plan for Non-Union Employees |
| <b>Valuation Date</b>    | January 1, 2018                                                         |
| <b>Enrolled Actuary</b>  | Matthew C. Kaiser                                                       |
| <b>Enrollment Number</b> | 17-05784                                                                |

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

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

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

| Interest rates            | Reflecting Stabilization | Not Reflecting Stabilization |
|---------------------------|--------------------------|------------------------------|
| ■ First segment rate      | 3.92%                    | 1.75%                        |
| ■ Second segment rate     | 5.52%                    | 3.76%                        |
| ■ Third segment rate      | 6.29%                    | 4.66%                        |
| ■ Effective interest rate | 5.63%                    | 3.96%                        |

#### Annual rates of increase

- Compensation: Not applicable, after the March 31, 2009 benefit freeze.
- Future Social Security wage bases Not applicable, after the March 31, 2009 benefit freeze.
- Statutory limits on compensation Not applicable, after the March 31, 2009 benefit freeze.

Plan Name: The Vindicator Printing Company Retirement Plan for Non-Union Employees  
EIN / PN: 34-0596870/007  
Plan Sponsor: The Vindicator Printing Company  
Valuation Date: January 1, 2018

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

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

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

**Mortality** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2033 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2025 using Scale AA).

**Termination** Rates varying by age and gender.

### Representative Termination Rates

| Percentage leaving during the year |        |         |
|------------------------------------|--------|---------|
| Attained Age                       | Males  | Females |
| 20                                 | 14.95% | 24.95%  |
| 25                                 | 9.94   | 14.95   |
| 30                                 | 6.91   | 9.94    |
| 35                                 | 4.88   | 6.91    |
| 40                                 | 2.82   | 4.88    |
| 45                                 | 1.67   | 2.82    |
| 50                                 | 0.40   | 1.67    |
| 55                                 | 0.00   | 0.40    |
| 60 and over                        | 0.00   | 0.00    |

**Disability** None.

Plan Name: The Vindicator Printing Company Retirement Plan for Non-Union Employees  
EIN / PN: 34-0596870/007  
Plan Sponsor: The Vindicator Printing Company  
Valuation Date: January 1, 2018

## SCHEDULE SB ATTACHMENTS

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### Retirement

Rates varying by age, average age 68.

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

| Age      | Retirement Rate |
|----------|-----------------|
| Under 60 | 0.0%            |
| 60       | 2.0             |
| 61       | 3.0             |
| 62       | 5.0             |
| 63-64    | 5.0             |
| 65       | 37.5            |
| 66       | 25.0            |
| 67-69    | 50.0            |
| 70       | 100.0           |

### Benefit commencement date:

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

### Form of payment

Married participants are assumed to elect a 50% J&S annuity and single participants are assumed to elect a single life annuity.

### Percent married

85% of males; 75% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

### Spouse age

Male spouses are assumed to be three years older than female spouses.

### Covered pay

Not applicable after the March 31, 2009 plan freeze.

### Plan-related expenses

The amount included this year for administrative expenses is \$154,717.

Plan Name: The Vindicator Printing Company Retirement Plan for Non-Union Employees  
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## SCHEDULE SB ATTACHMENTS

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

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

### Methods

**Valuation date** First day of plan year.

**Funding target** Present value of accrued benefits as required by regulations under IRC §430.

**Target normal cost** Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

**Actuarial value of assets** Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

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

Plan Name: The Vindicator Printing Company Retirement Plan for Non-Union Employees  
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# SCHEDULE SB ATTACHMENTS

## Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with The Vindicator Printing Company regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with The Vindicator Printing Company and, based on that review, is not aware of any significant benefits required to be valued that were not.

## Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2018. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale - Significant Economic Assumptions

### Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

### Plan-related expenses

Plan-related expenses are estimated to be the actual expenses paid from the trust the preceding year.

## Assumptions Rationale - Significant Demographic Assumptions

### Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

### Disabled Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

### Termination and Retirement

These assumptions were selected by the plan sponsor and represent a best estimate of future experience. We have not completed a detailed experience study of these assumptions due to limited exposure; however we annually review actual retirement and termination experience with expected retirement and termination experience for the valuation and believe these assumptions are reasonable.

|                |                                                                         |
|----------------|-------------------------------------------------------------------------|
| Plan Name:     | The Vindicator Printing Company Retirement Plan for Non-Union Employees |
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| Valuation Date | January 1, 2018                                                         |

# SCHEDULE SB ATTACHMENTS

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## Source of Prescribed Methods

**Funding methods** The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

**Change in Assumptions and Methods Since Prior Valuation** The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

The percent of female participants assumed to be married changed from 50% to 75%.

Plan Name: The Vindicator Printing Company Retirement Plan for Non-Union Employees  
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## **SCHEDULE SB ATTACHMENTS**

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### **Schedule SB, Line 24**

#### **Change in Actuarial Assumptions**

The percent of female participants assumed to be married changed from 50% to 75%.

|                |                                                                         |
|----------------|-------------------------------------------------------------------------|
| Plan Name:     | The Vindicator Printing Company Retirement Plan for Non-Union Employees |
| EIN / PN:      | 34-0596870/007                                                          |
| Plan Sponsor:  | The Vindicator Printing Company                                         |
| Valuation Date | January 1, 2018                                                         |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

January 1, 1973, as amended and restated effective January 1, 2010, and most recently amended effective November 4, 2011.

**Plan Year** The twelve-month period ending December 31.

**Coverage and Participation** Covered employees become participants on the next July 1 or January 1 following completion of one Year of Eligibility Service and attainment of age 21. Participation in the plan has been closed since March 31, 2009.

### Definitions

**Normal Retirement Date (NRD)** The attainment of age 65.

**Vesting service** A plan year during which an employee completes 1,000 hours of service.

**Accrued normal retirement benefit** 45% of average earnings (the average of the best five consecutive years Compensation out of the last 10 years prior to retirement), less one-half of the employee's Social Security benefit (the "offset"); provided such offset shall not exceed the lesser of the "maximum offset allowance" defined in IRC Section 401(1)(B) or 50% of the member's normal retirement benefit determined without regard to the offset. The net benefit is reduced for service less than 30 years at retirement. There is a minimum benefit equal to 1% of average earnings (maximum of \$1,000 a month) times credited service (maximum of 30 years). After 1991, Compensation includes overtime, commissions, and bonuses. All benefits under the plan have been frozen as of March 31, 2009.

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## SCHEDULE SB ATTACHMENTS

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### Eligibility for Benefits

|                                     |                                                                                                                           |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>            | Retirement on NRD.                                                                                                        |
| <b>Early retirement</b>             | First day of any month after the attainment of age 55 and the completion of 10 Years of Vesting Service.                  |
| <b>Vesting termination</b>          | A participant becomes vested upon completion of five consecutive years of service.                                        |
| <b>Disability</b>                   | Eligible upon attaining age 45 and 10 years of vesting service if the disability was incurred prior to March 31, 2009.    |
| <b>Pre-retirement death benefit</b> | Benefit payable to spouse of an active or terminated employee who dies after becoming eligible for a Termination Benefit. |

### Benefits Paid Upon the Following Events

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>  | The accrued normal retirement benefit paid at NRD.                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Early retirement</b>   | Actuarial equivalent of the accrued Normal Retirement Benefit, determined on the assumption that the employee continued to age 65 at his final average earnings at termination with the resulting normal retirement benefit reduced by the ratio of actual service to assumed service to age 65. The accrued benefit is reduced 6-2/3% per year for the first five years and 3-1/3% per year for each additional year for early retirement commencing prior to age 65. |
| <b>Vested termination</b> | A benefit determined as for early retirement but payable at age 65 or, for terminating employees with at least 10 years of vesting service, a benefit reduced for early commencement payable between age 55 and 65, utilizing the above Early Retirement reductions.                                                                                                                                                                                                   |

|                |                                                                         |
|----------------|-------------------------------------------------------------------------|
| Plan Name:     | The Vindicator Printing Company Retirement Plan for Non-Union Employees |
| EIN / PN:      | 34-0596870/007                                                          |
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| Valuation Date | January 1, 2018                                                         |

## SCHEDULE SB ATTACHMENTS

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### Disability

A benefit determined as for normal retirement assuming that the employee had attained his normal retirement age upon disability retirement. The disability benefit is payable until age 65 or until the employee recovers if earlier; at age 65 the benefit is re-determined under the normal formula.

### Pre-retirement death

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

## Other Plan Provisions

### Forms of payment

The normal form of payment for single participants is a Life Only annuity. However, if the participant has a spouse an employee may elect to receive his benefit on a straight-life basis or on an actuarially equivalent 50%, 75% or 100% Joint and Survivor basis. Unless otherwise elected, any benefit payable under the Plan shall be paid on a 50% Joint and Survivor basis, if the employee is then married or on a straight-life basis otherwise. A Social Security Level Income Option is also available.

### Actuarial equivalence

1971 Group Annuity Mortality Table, based on a dispersion of 90% males, 10% females and an interest rate of 6% per year.

### Plan participants' contributions

Not applicable.

### Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

|                |                                                                         |
|----------------|-------------------------------------------------------------------------|
| Plan Name:     | The Vindicator Printing Company Retirement Plan for Non-Union Employees |
| EIN / PN:      | 34-0596870/007                                                          |
| Plan Sponsor:  | The Vindicator Printing Company                                         |
| Valuation Date | January 1, 2018                                                         |

## **SCHEDULE SB ATTACHMENTS**

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### **Future Plan Changes**

No future plan changes were recognized in determining minimum and maximum contributions.

### **Changes in Benefits Valued Since Prior Year**

None.

|                |                                                                         |
|----------------|-------------------------------------------------------------------------|
| Plan Name:     | The Vindicator Printing Company Retirement Plan for Non-Union Employees |
| EIN / PN:      | 34-0596870/007                                                          |
| Plan Sponsor:  | The Vindicator Printing Company                                         |
| Valuation Date | January 1, 2018                                                         |

**SUPPLEMENTAL SCHEDULE - (CONTINUED)**

THE VINDICATOR PRINTING COMPANY  
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)  
EIN 34-0596870

Year ended December 31, 2018

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

| a. IDENTITY OF PARTY INVOLVED                                                | b. DESCRIPTION OF ASSETS                        | c. PURCHASE PRICE | d. SELLING PRICE | g. COST OF ASSETS | h. CURRENT VALUE OF ASSETS ON TRANSACTION DATE | i. NET GAIN OR (LOSS) |
|------------------------------------------------------------------------------|-------------------------------------------------|-------------------|------------------|-------------------|------------------------------------------------|-----------------------|
| Category (i) - Single Transaction Exceeds 5% of Value                        |                                                 |                   |                  |                   |                                                |                       |
| Eaton Vance Floating Rate - I                                                | 34,900,333 shares purchased in one transaction  | \$ 315,150        | \$ -             | \$ 315,150        | \$ -                                           | \$ -                  |
| Category (iii) - Series of Transactions in Same Security Exceeds 5% of Value |                                                 |                   |                  |                   |                                                |                       |
| Eaton Vance Floating Rate - I                                                | 811,847 shares are reinvested in 7 transactions | 7,287             | -                | 7,287             | -                                              | -                     |
| Eaton Vance Floating Rate - I                                                | 35,308,722 shares purchased in 2 transactions   | 318,850           | -                | 318,850           | -                                              | -                     |
| Federated Treasury Obligations MM-I                                          | 677,965.770 shares purchased in 45 transactions | 677,965           | -                | 677,965           | -                                              | -                     |
| Federated Treasury Obligations MM-I                                          | 728,695.850 shares sold in 26 transactions      | -                 | 728,696          | 728,696           | 728,696                                        | -                     |

**SUPPLEMENTAL SCHEDULE**

THE VINDICATOR PRINTING COMPANY  
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)  
EIN #34-0596870

December 31, 2018

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

| a.                        | b. ISSUER OR SIMILAR PARTY                        | c. DESCRIPTION OF INVESTMENT    | d. COST             | e. CURRENT<br>VALUE |
|---------------------------|---------------------------------------------------|---------------------------------|---------------------|---------------------|
| <u>MONEY MARKET FUNDS</u> |                                                   |                                 |                     |                     |
| a.                        | Federated Money Market - Treasury Obligations     | 74,347.790 shares               | \$ 74,348           | \$ 74,348           |
|                           |                                                   | <b>TOTAL MONEY MARKET FUNDS</b> | <b>\$ 74,348</b>    | <b>\$ 74,348</b>    |
| <u>EQUITY SECURITIES</u>  |                                                   |                                 |                     |                     |
| a.                        | Ishares Russell 1000 Growth Fund                  | 2,142.000 shares                | \$ 215,081          | \$ 280,409          |
| b.                        | Ishares U.S. Treasury Bond                        | 17,700.000 shares               | 446,406             | 436,305             |
| c.                        | Vanguard Short Term Bond                          | 2,611.000 shares                | 207,692             | 205,146             |
|                           |                                                   | <b>TOTAL EQUITY SECURITIES</b>  | <b>\$ 869,179</b>   | <b>\$ 921,860</b>   |
| <u>MUTUAL FUNDS</u>       |                                                   |                                 |                     |                     |
| a.                        | Blackstone Alternative Fund                       | 15,235.784 shares               | \$ 156,079          | \$ 157,995          |
| b.                        | Brandes International Small Cap Equity Fund       | 12,026.986 shares               | 160,074             | 125,201             |
| c.                        | DFA Large Cap International                       | 7,484.235 shares                | 164,397             | 149,610             |
| d.                        | Doubleline Total Return Bond Fund                 | 52,874.626 shares               | 576,910             | 550,954             |
| e.                        | Eaton Vance Atlanta Capital SMID Cap Fund         | 12,730.773 shares               | 318,634             | 379,759             |
| f.                        | Eaton Vance Floating-Rate Fund                    | 36,120.569 shares               | 326,139             | 313,887             |
| g.                        | Federated Strategic Value Fund                    | 52,550.092 shares               | 284,467             | 274,312             |
| h.                        | John Hancock Funds III Disciplined Value Fund     | 19,918.500 shares               | 337,928             | 356,740             |
| i.                        | JP Morgan US Equity Fund                          | 30,989.365 shares               | 424,641             | 417,737             |
| j.                        | Oppenheimer Developing Markets Fund               | 1,489.493 shares                | 48,987              | 55,975              |
| k.                        | Pimco Investment Grade Corporate Bond Fund        | 27,888.724 shares               | 295,542             | 276,377             |
| l.                        | T. Rowe Price QM Small-Cap Growth Fund            | 5,024.099 shares                | 134,015             | 156,802             |
| m.                        | T. Rowe Price Institutional Large-Cap Growth Fund | 12,205.756 shares               | 320,356             | 435,746             |
| n.                        | Virtus Ceredex Small Cap Value Equity Fund        | 15,035.000 shares               | 178,755             | 132,759             |
| o.                        | Wells Fargo Advantage Absolute Return Refund      | 10,185.714 shares               | 112,548             | 106,237             |
| p.                        | Western Asset Mortgage Backed Securities Fund     | 21,896.875 shares               | 237,777             | 224,443             |
|                           |                                                   | <b>TOTAL MUTUAL FUNDS</b>       | <b>\$ 4,077,249</b> | <b>\$ 4,114,534</b> |
|                           |                                                   | <b>TOTAL INVESTMENTS</b>        | <b>\$ 5,020,776</b> | <b>\$ 5,110,742</b> |

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

► Round off amounts to nearest dollar.

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

|                                                                                                                                                         |                                                                 |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br>The Vindicator Printing Company Retirement Plan for Non-Union Employees                                                        | <b>B</b> Three-digit plan number (PN)                           | <u>007</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>The Vindicator Printing Company                                         | <b>D</b> Employer Identification Number (EIN)<br><br>34-0596870 |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                 |            |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                 |            |

|                                                                                                                                                                                                    |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                    |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>                                                                                                                  |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                   |                            |                           |                          |
| a Market value                                                                                                                                                                                     | 2a                         | 5,516,033                 |                          |
| b Actuarial value                                                                                                                                                                                  | 2b                         | 5,292,202                 |                          |
| <b>3</b> 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                                                                                                                                     | 68                         | 3,221,087                 | 3,221,087                |
| b For terminated vested participants                                                                                                                                                               | 60                         | 1,209,013                 | 1,209,013                |
| c For active participants                                                                                                                                                                          | 35                         | 2,213,784                 | 2,214,330                |
| d Total                                                                                                                                                                                            | 163                        | 6,643,884                 | 6,644,430                |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                   |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| <b>5</b> Effective interest rate                                                                                                                                                                   | 5                          | 5.63%                     |                          |
| <b>6</b> Target normal cost                                                                                                                                                                        | 6                          | 154,717                   |                          |

**Statement by Enrolled Actuary**

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

|                                                                              |                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                             | Matthew C. Kaiser <span style="float: right; font-family: cursive; font-size: 1.2em;">MCK</span><br>Signature of actuary | <div style="text-align: center;"> <br/> <u>10/9/2019</u><br/>         Date       </div> <div style="text-align: center;">         1705784<br/>         Most recent enrollment number       </div> <div style="text-align: center;">         216-937-4000<br/>         Telephone number (including area code)       </div> |
| Matthew C. Kaiser<br>Type or print name of actuary                           |                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |
| Willis Towers Watson US LLC<br>Firm name                                     |                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |
| 1001 Lakeside Avenue Suite 1500<br>Cleveland OH 44114<br>Address of the firm |                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |

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

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

Schedule SB (Form 5500) 2018  
v. 171027

(b) Prefunding balance

| 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**

|                                                 |                        |                                                |                                                           |                                                     |
|-------------------------------------------------|------------------------|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                        |                                                |                                                           |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.92 % | 2nd segment:<br>5.52 %                         | 3rd segment:<br>6.29 %                                    | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code)          |                        |                                                |                                                           | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age       |                        |                                                |                                                           | <b>22</b> 66                                        |
| <b>23</b> Mortality table(s) (see instructions) | Prior regulation:      | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                 |
|                                                 | Current regulation:    | <input type="checkbox"/> Prescribed - combined | <input type="checkbox"/> Prescribed - separate            | <input type="checkbox"/> Substitute                 |

**Part VI Miscellaneous Items**

|                                                                                                                                                                  |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                             |                     |                    |               |
| <b>a</b> Target normal cost (line 6)                                                                                                                                           | <b>31a</b>          | 154,717            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                           | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment                                                                                                                                | 1,352,228           | 273,959            |               |
| <b>b</b> Waiver amortization installment                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)                                                         | <b>34</b>           | 428,676            |               |
|                                                                                                                                                                                | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement                                                                                                               |                     |                    | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35)                                                                                                                  | <b>36</b>           | 428,676            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)                                                  | <b>37</b>           | 428,717            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                            |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                       | <b>38a</b>          | 41                 |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                 |                                                                                                                                               |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan: |                                                                                                                                               |
| <b>a</b> Schedule elected                                                       | <input type="checkbox"/> 2 plus 7 years <input checked="" type="checkbox"/> 15 years                                                          |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made      | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 |