

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 05/19/2023

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [X] the final return/report... C If the plan is a collectively-bargained plan, check here... [] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: POTTSVILLE REPUBLICAN INC. PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1968
2a Plan sponsor's name (employer, if for a single-employer plan): POTTSVILLE REPUBLICAN INC.
2b Employer Identification Number (EIN): 23-1246990
2c Plan Sponsor's telephone number: 570-622-3456
2d Business code (see instructions): 511110

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

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

Table with 4 columns: Signature label (SIGN HERE), Signature description, Date, and Name. Row 1: Filed with authorized/valid electronic signature, 02/15/2024, GEORGE LYNETT. Row 2: Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 3: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 4: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	133
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	14
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1H 1I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **05/19/2023**

A Name of plan POTTSVILLE REPUBLICAN INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 POTTSVILLE REPUBLICAN INC.	D Employer Identification Number (EIN) 23-1246990	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MANUFACTURER AND TRADERS TRUST CO

PO BPX 1596
BALTIMORE, MD 21203

25-6243516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	14536	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

POTTSVILLE REPUBLICAN, INC.

149 PENN AVE
SCRANTON, PA 18503

23-1246990

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN SPONSOR	18900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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 (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 05/19/2023	
A Name of plan POTTSVILLE REPUBLICAN INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 POTTSVILLE REPUBLICAN INC.	D Employer Identification Number (EIN) 23-1246990

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	15	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1434	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5509112	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5510561	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	29100	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	29100	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5481461	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	15601	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15601
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	42553	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		42553
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		69512
c Other income	2c		2255
d Total income. Add all income amounts in column (b) and enter total	2d		129921

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2340157	
(2) To insurance carriers for the provision of benefits.....	2e(2)	3214536	
(3) Other.....	2e(3)	6564	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5561257
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	4750	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	14536	
(7) Actuarial fees	2i(7)	14150	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	16689	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		50125
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5611382

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5481461
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ROBERT ROSSI & CO**

(2) EIN: **23-2385520**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year **16689**.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 501783.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **05/19/2023**

A Name of plan POTTSVILLE REPUBLICAN INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 POTTSVILLE REPUBLICAN INC.	D Employer Identification Number (EIN) 23-1246990	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 23-1246990

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	70
--	----------	-----------

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

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

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**POTTSVILLE REPUBLICAN, INC. PENSION PLAN
INDEPENDENT AUDITORS' REPORT
MAY 19, 2023 AND DECEMBER 31, 2022**

POTTSVILLE REPUBLICAN INC., PENSION PLAN
INDEX TO FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

	<u>PAGE</u>
Independent Auditors' Report	1 - 5
Financial Statements:	
Statement of Net Assets In Liquidation at May 19, 2023 and December 31, 2022	6
Statement of Changes in Net Assets In Liquidation for the Period January 1, 2023 to May 19, 2023, and Statement Of Changes in Net Assets in Liquidation for the Year Ended December 31, 2022	7
Notes to Financial Statements	8 - 16
Supplemental Schedules:	
Schedule H, line 4j - Schedule of Reportable Transactions at May 19, 2023	17 - 21

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INDEPENDENT AUDITORS' REPORT

January 29, 2024

To Plan Administrator of the
Pottsville Republican, Inc. Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of Pottsville Republican, Inc. Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets (in liquidation) as of May 19, 2023, and December 31, 2022, and the related statement of changes in net assets (in liquidation) for the period / year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Pottsville Republican, Inc. Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit (Continued)

Management has obtained a certification from a qualified institution as of and for the period / year ended May 19, 2023, and December 31, 2022, stating that the certified investment information, as described in Notes 4 and 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Pottsville Republican, Inc. Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter

As described in Note 1 to the financial statements, the plan sponsor of the Pottsville Republican Inc. Pension Plan approved a plan of liquidation on June 24, 2021, and management determined liquidation is imminent as of December 31, 2022. As a result, the Plan has changed its basis of accounting from a going concern basis used in presenting the 2021 financial statements. The Plan was liquidated as of May 19, 2023. Our opinion is not modified with respect to that matter.

Responsibilities of Management 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, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Pottsville Republican, Inc. Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Pottsville Republican, Inc. Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Pottsville Republican, Inc. Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Supplemental Schedules Required by ERISA

The supplemental schedules of Reportable Transactions as of or for the period ended May 19, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



POTTSVILLE REPUBLICAN, INC. PENSION PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	May 19, 2023 (In Liquidation)	December 31, 2022 (In Liquidation)
ASSETS		
Investments at Fair Value	\$ 0	\$ 5,510,546
Receivables:		
Employer's Contribution	\$ 0	\$ 0
Accrued Interest	0	15
TOTAL RECEIVABLES	\$ 0	\$ 15
TOTAL ASSETS	\$ 0	\$ 5,510,561
LIABILITIES		
Due to Plan Sponsor - Plan Termination Expenses	\$ 0	\$ 29,100
Estimated Retirement Benefits upon Liquidation	0	5,377,667
TOTAL LIABILITIES	\$ 0	\$ 5,406,767
NET ASSETS IN LIQUIDATION	\$ 0	\$ 103,794

"See accompanying notes and independent auditors' report."

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

	FOR THE PERIOD / YEAR ENDED	
	January 1, 2023 to May 19, 2023	December 31, 2022
	(In Liquidation)	(In Liquidation)
ADDITIONS TO NET ASSETS		
Interest and Dividend Income	\$ 58,154	\$ 124,693
Net Appreciation (Depreciation) in Fair Value of Investments	69,512	(424,501)
Miscellaneous Income	2,255	4,453
	\$ 129,921	\$ (295,355)
DEDUCTIONS FROM NET ASSETS		
Retirement Benefits	\$ 183,590	\$ 448,607
Administrative Expenses	33,436	74,533
Reversionary Payment to Plan Sponsor	16,689	0
	\$ 233,715	\$ 523,140
NET DECREASE	\$ (103,794)	\$ (818,495)
ADJUSTMENT TO LIQUIDATION BASIS		
Estimated Retirement Benefits Upon Liquidation	0	(5,377,667)
NET DECREASE IN LIQUIDATION	\$ (103,794)	\$ (6,196,162)
Net Assets Available for Plan Benefits, Beginning of Year		6,299,956
Net Assets In Liquidation, Beginning of Year	103,794	
NET ASSETS IN LIQUIDATION, END OF PERIOD / YEAR	\$ 0	\$ 103,794

"See accompanying notes and independent auditors' report."

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of the Plan

On September 20, 1968, J. H. Zerbey Newspapers, Inc., a Pennsylvania corporation, adopted a pension plan known as the J. H. Zerbey Newspapers, Inc. Pension Trust to be effective January 1, 1968. Effective December 31, 2003, the name of the plan changed to Pottsville Republican, Inc. Pension Plan ("Plan"). The Plan is a defined benefit pension plan covering substantially all employees of the Pottsville Republican, Inc. (Sponsor and Company). The Plan Sponsor is the administrator of the Plan and determines the appropriateness of the Plan's investment offerings, monitors investment performance and reviews with the Plan's Trustee. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Manufacturers and Traders Trust Company (M & T) is the trustee of the Plan and has custody of the Plan's invested assets.

On December 9, 2003, the Plan was amended to provide that "effective for all retirements on or after January 1, 2004 the employee-member's retirement benefits shall be based solely on credits earned through December 31, 2003, and that no benefits will be earned or credited to any member for services after December 31, 2003, which amendment effectively limited members of the Trust to those employees or former employees whose service had not been terminated as of December 31, 2003." The Plan was further amended to limit computation of years of service to years, which began in 1976 or later; requiring participants to sever employment with the employer to be eligible to receive their normal retirement benefit; and allows for a retroactive annuity start date for distributions of benefits.

The Plan was amended and restated effective January 1, 2020, to incorporate previous amendments as well as to comply with changes to applicable laws and regulations.

During March 2021, the American Rescue Plan Act of 2021 ("ARPA") was signed into law. ARPA includes two funding relief provisions – extended amortization and extension of funding percentages in determining Defined Benefit Pension Plan funding.

The extended amortization provision of ARPA changes the current seven-year amortization of shortfall amounts to 15 years, effective for the 2022 plan year (or, at the election of the plan sponsor, the 2019, 2020, or 2021 plan year). The Plan did not have a shortfall for 2021, accordingly, the Plan sponsor did not elect early adoption of this provision.

The ARPA provision regarding the extension of the funding stabilization percentages includes two changes. First, the corridor around the 25-year average segment rates for the 2020-2025 plan years is changed to 95% - 105%. Starting with the 2016 plan year, the corridor will widen by 10% (5% on each) each year until it reaches 70% - 130% in 2030. The recently enacted Infrastructure Investment and Job Acts of 2021 (IIJA) has extended the corridor through 2031. Second, any segment rate in the 25-year average has a floor of 5% (i.e., the minimum rate is 5%). This provision was effective for the 2020 plan year, but the plan sponsor elected to not reflect the provisions for any plan year prior to the 2022 plan year. The plan sponsor elected to defer the adoption of these provisions in 2020, and first elected the ARPA provision for the 2021 plan year.

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of the Plan (Continued)

On June 24, 2021, the Plan was amended to comply with the requirements of the Further Consolidated Appropriations Act, 2020, including the provisions of the SECURE Act; Coronavirus Relief and Economic Security Acts (CARES), and the Consolidated Appropriations Act, 2021, which included amendments to required minimum distributions and Disaster or Coronavirus Related Relief for qualified distributions and expanded participation loan provisions.

Plan Termination: On June 24, 2021, the Company's board of directors approved by resolution that the Plan be terminated effective August 31, 2021, which date will be known as the "Proposed Termination Date". Plan participants were furnished with the required notification of the proposed termination plan. On August 30, 2021, the Plan filed with the Internal Revenue Service, its application for an approval determination. All participant accounts became 100% vested as of the "Proposed Termination Date". During April 2023, the company received the Internal Revenue Service and Pension Benefit Guaranty Corporation approval of the Plan's Termination. The Plan filed its Standard Termination Notice, PBGC Form 500, on October 18, 2021, and distributed all Plan Assets on April 20, 2023. On May 19, 2023, a \$16,689 reversionary payment was paid to the plan sponsor in final liquidation of the Plan.

Pension Benefits: Employees with 5 or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to three quarters of one percent (3/4 of 1%) of their average monthly compensation, multiplied by their years of credited service. The Plan was frozen with respect to benefit accruals as of December 31, 2003. No additional benefits will accrue after December 31, 2003. The Plan permits early retirement at age 62, and when 15 years of credited service is earned. A participant may also be eligible to retire at any age if 40 years of service have been credited. Employees may elect to receive their pension benefits in the form of a single life annuity or a joint and survivor annuity. Employees with accumulated benefits of less than \$5,000 will receive a lump sum distribution.

Death and Disability Benefits: If an active employee dies before retirement, the employee's spouse will be eligible for a 50% survivor annuity payable at the time the employee would have attained their earliest retirement age. Active employees who become disabled and have 15 years of vesting service receive disability benefits that are equal to the normal retirement benefits, which commence on the first day of the month for which Social Security Benefits are paid.

A more detailed explanation of the Plan, including but not limited to eligibility, vesting and benefit provisions, can be found in the Plan Document as amended and restated as well as the Summary Plan Description (SPD).

Note 2 - Summary of Significant Accounting Policies

Date of Management Review: Pursuant to FASB ASC 855, subsequent events were evaluated by management through January 29, 2024, which is the date the financial statements were available to be issued.

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of Significant Accounting Policies (Continued)

Basis of Accounting: The financial statements were prepared using the liquidation basis of accounting.

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

Investment Valuation and Income Recognition: Investments are stated in the accompanying statements at their 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. Plan's Management determines the Plan's valuation policies utilizing information provided by Manufacturers and Traders Trust Company. See Note 5 for a discussion of fair value measurements.

Interest Income: Interest income is recorded as earned on an accrual basis.

Dividend Income: Dividend income is recorded on the stock record date.

Net Appreciation/(Depreciation) of Investments: Includes the Plan's gains and losses on investments bought and sold as well as held during the year. Purchases and sales are recorded on a trade date basis.

Actuarial Present Value of Accumulative Plan Benefits: As discussed in Note 8.

Payment of Benefits: Retirement Benefits are recorded upon distribution.

Payment of Expenses: The Plan's expenses are paid either by the Plan or The Pottsville Republican, Inc. (the Company), as provided by the plan document. Certain 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 in net assets available for plan benefits. In addition, certain investment related expenses are included in net (depreciation)/appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for plan benefits.

Certain direct plan termination administration expenses totaling \$18,900 and \$29,100, were paid by the Plan Sponsor during the 2023 and 2022 Plan years, respectively. These administrative expenses were settled upon final liquidation as of May 19, 2023.

Note 3 - Funding Policy

The Company contributes amounts to the Plan on a voluntary basis unless required to meet ERISA minimum funding requirements. At December 31, 2022, the Plan was adequately funded with Plan liquidation deemed imminent, and as such, no employer contributions were required for the 2023 and 2022 plan years.

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Note 3 - Funding Policy

The Plan's funding, including minimum funding, reflects changes made under the Pension Protection Act of 2006, further amended by the Pension Relief Act of 2010, Moving Ahead for Progress in the 21st Century Act (MAP-21), and the Highway and Transportation Funding Act of 2014 (HATFA), American Rescue Plan Act of 2021 (ARPA), and Infrastructure Investment and Jobs Act of 2021 (IIJA).

Note 4 - ERISA Section 103(a)(3)(c) Audit - Certification of Investments

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at May 19, 2023 and December 31, 2022, and net appreciation/(depreciation) in fair value of investments, interest and dividends for the period / year ended May 19, 2023 and December 31, 2022 were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Manufacturers and Traders Trust Company ("M & T").

Note 5 - Fair Value Measurements

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

The following tables set forth, by level within the Fair Value hierarchy; the Plan's investments, at Fair Value as of May 19, 2023, and December 31, 2022:

	Fair Value	Fair Value Measurements at Reporting Date Using	
		Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Input (Level 2)
<u>May 19, 2023</u>			
Registered Investment Companies:			
Mutual Funds	\$ 0	\$ 0	\$ 0
U.S. Government Money Market Funds	0	0	0
Total	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>December 31, 2022</u>			
Registered Investment Companies:			
Mutual Funds	\$5,509,112	\$5,509,112	\$ 0
U.S. Government Money Market Funds	1,434	0	1,434
Total	<u>\$5,510,546</u>	<u>\$5,509,112</u>	<u>\$ 1,434</u>

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Note 5 - Fair Value Measurements (Continued)

Fair Value Measurement Accounting 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. No Level 3 inputs were used by the Plan.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 19, 2023, and December 31, 2022.

Level 1 Fair Value Measurements

The fair value of Registered Investment Companies is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements

The fair value of the U. S. Government Money Market Funds is based on the net asset values provide by the Fund.

Note 6 Related Party Transactions/Parties in Interest

Certain Plan investments are shares of mutual funds managed by M & T along with its affiliates. M & T is the Trustee of the Plan and, therefore, transactions qualify as party-in-interest transactions.

Certain Mutual Funds and Money Market Fund (Wilmington Funds) invested by the Plan are advised by Wilmington Trust Investment Advisors, Inc. (WTIA) and Wilmington Funds Management Corporation (an affiliate of M & T).

Transactions resulting in Plan assets being transferred to or used by a related party are prohibited under ERISA unless a specific exemption exists. M & T and WTIA are parties-in-interest as defined by ERISA because of investing Plan assets in its funds and accounts and providing investment management services. Fees are paid by the Plan for investment management services. However, such transactions are exempt from prohibited transaction rules of ERISA.

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Note 7 - Plan Benefits and Termination

Pottsville Republican Inc Pension Plan is a defined benefit pension plan. An amendment to the plan on December 9, 2003, as explained in Note 1, terminated the ability of an employee to earn additional benefits under the plan after December 31, 2003. As description in Note 1, the Plan Sponsor adopted a resolution terminating the Plan. Accordingly, the assets in the Trust were liquidated. Subject to the applicable requirements of ERISA governing termination of "employee defined benefit pension plan", the Plan Sponsor directed and required the trustee to liquidate the plan assets in accordance with the provisions of the Plan Document. The Plan is insured by the Pension Benefit Guaranty Corporation ("PBGC"), and in April 2023, the Plan Actuary has certified the sufficiency of the Plan's net assets, as of the distribution date.

Note 8 - Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based solely on credits and compensation earnings through December 31, 2003; and no benefits will be earned or credited to any member after December 31, 2003. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Foster & Foster Company (formerly Beyer-Barber Company) and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the April 20, 2023, liquidating distributions were (a) life expectancy of participants (the RP 2014 Blue Collar Mortality Table with MP-2021 Mortality Improvement Scale to 2031), (b) retirement age assumptions (the assumed average retirement age was 65 or the fifth anniversary of the participant's date of participation, whichever shall last occur), and (c) investment return. The interest rate used to discount the obligation was a rate of 4.83%.

Plan participants' options for receipt of their liquidating distribution of the Plan assets were by (a) lump-sum distribution; (b) direct account transfer to another qualified retirement plan; or (c) transfer to a group annuity contract. The following summarizes the Plan's liquidating distribution made on April 20, 2023, as reported on PBCG Form 501.

Lump Sum Distributions (Including Direct Transfers)	\$ 2,156,567.
Group Annuity Contract Purchased	3,214,536.
Benefits transferred to PBCG for Missing Participants	<u>6,564.</u>
Total Plan Assets Distributed in Liquidation	<u>\$ 5,377,667.</u>

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Note 8 - Accumulated Plan Benefits (Continued)

The significant actuarial assumptions used in the valuation as of January 1, 2022 were (a) life expectancy of participants (the RP 2014 Blue Collar Mortality Table with MP-2021 Mortality Improvement Scale to 2030), (b) retirement age assumptions (the assumed average retirement age was 65 or the fifth anniversary of the participant's date of participation, whichever shall last occur), and (c) investment return. The valuations included American Rescue Plan Act ("ARPA") constrained segment rates of 4.75%, 5.18% and 5.92% used to determine the minimum required contribution and adjusted funding target attainment percentage. Also, valuations to determine the maximum contributions and PBGC Premium used the ARPA unconstrained segment rates of 1.07%, 2.68% and 3.36%. Segment rates are calculated based on the 24 months preceding the valuation date by up to four months (look-back period). IRS mortality tables as mandated by the Pension Protection Act, applicable to the 2022 plan year, applied on a static basis, using blended annuitant / non annuitant small plan tables are used in the valuations.

The foregoing actuarial assumptions used as of January 1, 2022, were based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. Historically, had the valuations been performed as of December 31 (end of year), there would be no material differences in the actuarial present value of accumulated plan benefits.

Actuarial present value of accumulated plan benefits at January 1, 2022 as compared to 2021 are summarized as follows:

	<u>January 1, 2022</u>	<u>January 1, 2021</u>
Vested Benefits:		
Participants Currently Receiving Payment	\$5,429,166	\$3,867,602
Active and Vested Terminated Participants	<u>1,334,396</u>	<u>627,542</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$6,763,562</u>	<u>\$4,495,144</u>

The actuarial present value of accumulated plan benefits increased by \$2,268,418 from January 1, 2021 to January 1, 2022, which resulted from a decrease in benefits accumulated of \$(116,523), an increase of \$2,504,194 from the two actuarial assumption change and increased for interest of \$341,535. The actuarial present value of accumulated plan benefits was also reduced by benefit payments of \$(460,788) made during the year ended December 31, 2021.

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Note 9 - Reconciliation of Financial Statements to Schedule H of Form 5500

Pottsville Republican, Inc. Pension Plan's financial statements are prepared using the liquidation basis of accounting, estimated retirement benefits upon liquidation, while the tax return is prepared using the accrual basis of accounting, therefore timing differences exist. The following is a reconciliation of net assets available for benefits per the financial statements at May 19, 2023 and December 31, 2022 to Schedule H of Form 5500:

	<u>May 19, 2023</u>	<u>December 31, 2022</u>
Net Assets Available In Liquidation per The Financial Statements	\$ 0	\$ 103,794
Estimated Retirement Benefits Upon Liquidation	<u>0</u>	<u>5,377,667</u>
Schedule H Line I to the Form 5500	<u>\$ 0</u>	<u>\$ 5,481,461</u>

The following is a reconciliation of income per the financial statements at May 19, 2023, and December 31, 2022 to Schedule H of Form 5500:

Note 9 - Reconciliation of Financial Statements to Schedule H of Form 5500 (Continued)

	<u>May 19, 2023</u>	<u>December 31, 2022</u>
Net Decrease In Liquidation per The Financial Statements	\$ (103,794)	\$ (6,196,162)
Estimated Retirement Benefits Upon Liquidation	<u>(5,377,667)</u>	<u>5,377,667</u>
Schedule H Line K to the Form 5500	<u>\$ (5,481,461)</u>	<u>\$ (818,495)</u>

Note 10 - Income Tax Status

The Plan obtained its latest determination letter on May 6, 2003 in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Service.

The Plan has adopted Volume Submitter Plan from CCH Incorporated DBA FT William Com (FT William). Accordingly, FT William has received a favorable opinion letter dated March 31, 2018 in which the Internal Revenue Service states that their Volume Submitter Plan, as adopted by the plan sponsor, is acceptable under the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the Plan Administrator believes the Plan is currently designated and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Note 10 - Income Tax Status (Continued)

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2020.

Note 11 Risks and Uncertainties

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

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

SUPPLEMENTAL SCHEDULES

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
 SCHEDULE H, LINE 4j- SCHEDULE OF REPORTABLE TRANSACTIONS
 FOR THE PERIOD JANUARY 1, 2023 TO MAY 19, 2023
 EMPLOYER IDENTIFICATION NUMBER 23-1246990
 PLAN NUMBER 001

ATTACHMENT TO FORM 5500
 SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) (b) IDENTITY OF PARTY INVOLVED AND DESCRIPTION OF ASSETS	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) COST OF ASSET	(h) CURRENT VALUE OF ASSETS ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
<u>CATEGORY I - SINGLE TRANSACTION IN EXCESS OF 5% OF PLAN ASSETS</u>					
* Wilmington US Government Money Mkt CL SLCT	\$ 5,478,554	0	0	\$ 5,478,554	\$ 0
American Beacon Sim H/Y-Ins	0	575,533	572,349	0	3,184
Federated Hermes Ultrashort BD	0	3,339,758	3,313,950	0	25,808
Metwest Total Return Bond FD CL I	0	446,997	433,147	0	13,850
Wilmington Broad Market Bond Fund-I	0	1,049,616	1,023,481	0	26,135
* Wilmington US Government Money Mkt CL SLCT	0	5,409,606	5,409,606	0	0
GRAND TOTAL	<u>\$ 5,478,554</u>	<u>\$ 10,821,510</u>	<u>\$ 10,752,533</u>	<u>\$ 5,478,554</u>	<u>\$ 68,977</u>

* = Party in Interest

"See accompanying independent auditors' report."

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
 SCHEDULE H, LINE 4j- SCHEDULE OF REPORTABLE TRANSACTIONS
 FOR THE PERIOD JANUARY 1, 2023 TO MAY 19, 2023
 EMPLOYER IDENTIFICATION NUMBER 23-1246990
 PLAN NUMBER 001

ATTACHMENT TO FORM 5500
 SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) (b) IDENTITY OF PARTY INVOLVED AND DESCRIPTION OF ASSETS	(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSETS ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
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CATEGORY II-SERIES OF TRANSACTIONS WITH SAME BROKER
 IN EXCESS OF 5% OF PLAN ASSETS

None

"See accompanying independent auditors' report."

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
SCHEDULE H, LINE 4j- SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE PERIOD JANUARY 1, 2023 TO MAY 19, 2023
EMPLOYER IDENTIFICATION NUMBER 23-1246990
PLAN NUMBER 001

ATTACHMENT TO FORM 5500
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) (b) IDENTITY OF PARTY INVOLVED AND DESCRIPTION OF ASSETS	(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSETS ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
CATEGORY III - TRANSACTIONS IN A SERIES OF SECURITIES TRANSACTIONS INVOLVING THE SAME ISSUE, IF THE SERIES AGGREGATES TO MORE THAN 5% OF PLAN ASSETS.					
Shares					
Bought	728 American Beacon Sim H/Y-Ins	\$ 6,401	\$ 0	\$ 6,401	\$ 0
Sold	66,613 American Beacon Sim H/Y-Ins	\$ 6,401	\$ 0	\$ 6,401	\$ 0
		0	572,349	0	3,184
		\$ 6,401	\$ 572,349	\$ 6,401	\$ 3,184
	SUB-TOTAL	\$ 581,934		\$ 578,750	\$ 3,184
Bought	1,658 Federated Hermes Ultrashort BD	\$ 14,937	\$ 0	\$ 14,937	\$ 0
Sold	384,253 Federated Hermes Ultrashort BD	\$ 14,937	\$ 0	\$ 14,937	\$ 0
		0	3,442,987	0	26,271
		\$ 14,937	\$ 3,442,987	\$ 14,937	\$ 26,271
	SUB-TOTAL	\$ 3,484,195		\$ 3,457,924	\$ 26,271
Bought	282 Metwest Total Return Bond FD CL I	\$ 2,592	\$ 0	\$ 2,592	\$ 0
Sold	47,910 Metwest Total Return Bond FD CL I	\$ 2,592	\$ 0	\$ 2,592	\$ 0
		0	433,147	0	13,850
		\$ 2,592	\$ 433,147	\$ 2,592	\$ 13,850
	SUB-TOTAL	\$ 449,589		\$ 435,739	\$ 13,850
* Bought	533 Wilmington Broad Market Bond Fund-I	\$ 4,657	\$ 0	\$ 4,657	\$ 0
* Sold	119,139 Wilmington Broad Market Bond Fund-I	\$ 4,657	\$ 0	\$ 4,657	\$ 0
		0	1,023,481	0	26,135
		\$ 4,657	\$ 1,023,481	\$ 4,657	\$ 26,135
	SUB-TOTAL	\$ 1,054,273		\$ 1,028,138	\$ 26,135

"See accompanying independent auditors' report."

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
 SCHEDULE H, LINE 4j- SCHEDULE OF REPORTABLE TRANSACTIONS
 FOR THE PERIOD JANUARY 1, 2023 TO MAY 19, 2023
 EMPLOYER IDENTIFICATION NUMBER 23-1246990
 PLAN NUMBER 001

ATTACHMENT TO FORM 5500
 SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) (b) IDENTITY OF PARTY INVOLVED AND DESCRIPTION OF ASSETS	(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSETS ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
<u>CATEGORY III - TRANSACTIONS IN A SERIES OF SECURITIES TRANSACTIONS INVOLVING THE SAME ISSUE, IF THE SERIES AGGREGATES TO MORE THAN 5% OF PLAN ASSETS.</u>					
* Bought 5,652,395 Wilmington US Govt Money MKT CL SLCT	\$ 5,652,395	0	\$ 0	\$ 5,652,395	\$ 0
	\$ 5,652,395	0	0	5,652,395	0
* Sold 5,653,829 Wilmington US Govt Money MKT CL SL CT	0	5,653,829	5,653,829	0	0
	\$ 5,652,395	\$ 5,653,829	\$ 5,653,829	\$ 5,652,395	\$ 0
SUB-TOTAL		\$ 11,306,224		\$ 11,306,224	\$ 0
GRAND TOTAL		\$ 16,876,215		\$ 16,806,775	\$ 69,440

* = Party in Interest

"See accompanying independent auditors' report."

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
 SCHEDULE H, LINE 4j- SCHEDULE OF REPORTABLE TRANSACTIONS
 FOR THE PERIOD JANUARY 1, 2023 TO MAY 19, 2023
 EMPLOYER IDENTIFICATION NUMBER 23-1246990
 PLAN NUMBER 001

ATTACHMENT TO FORM 5500
 SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) (b) IDENTITY OF PARTY INVOLVED AND DESCRIPTION OF ASSETS	(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSETS ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
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CATEGORY IV - SINGLE TRANSACTION WITH ONE BROKER
 IN EXCESS OF 5% OF PLAN ASSETS

None

"See accompanying independent auditors' report."

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
 SCHEDULE H, LINE 4j- SCHEDULE OF REPORTABLE TRANSACTIONS
 FOR THE PERIOD JANUARY 1, 2023 TO MAY 19, 2023
 EMPLOYER IDENTIFICATION NUMBER 23-1246990
 PLAN NUMBER 001

ATTACHMENT TO FORM 5500
 SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) (b) IDENTITY OF PARTY INVOLVED AND DESCRIPTION OF ASSETS	(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSETS ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
CATEGORY I - SINGLE TRANSACTION IN EXCESS OF 5% OF PLAN ASSETS					
* Wilmington US Government Money Mkt CL SLCT	\$ 5,478,554	0	0	\$ 5,478,554	\$ 0
American Beacon Sim H/Y-Ins	0	575,533	572,349	0	3,184
Federated Hermes Ultrashort BD	0	3,339,758	3,313,950	0	25,808
Metwest Total Return Bond FD CL I	0	446,997	433,147	0	13,850
Wilmington Broad Market Bond Fund-I	0	1,049,616	1,023,481	0	26,135
* Wilmington US Government Money Mkt CL SLCT	0	5,409,606	5,409,606	0	0
GRAND TOTAL	\$ 5,478,554	\$ 10,821,510	\$ 10,752,533	\$ 5,478,554	\$ 68,977

* = Party in Interest

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POTTSVILLE REPUBLICAN, INC. PENSION PLAN
 SCHEDULE H, LINE 4j- SCHEDULE OF REPORTABLE TRANSACTIONS
 FOR THE PERIOD JANUARY 1, 2023 TO MAY 19, 2023
 EMPLOYER IDENTIFICATION NUMBER 23-1246990
 PLAN NUMBER 001

ATTACHMENT TO FORM 5500
 SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) (b)	(c)	(d)	(g)	(h)	(i)
IDENTITY OF PARTY INVOLVED AND DESCRIPTION OF ASSETS	PURCHASE PRICE	SELLING PRICE	COST OF ASSET	CURRENT VALUE OF ASSETS ON TRANSACTION DATE	NET GAIN OR (LOSS)

CATEGORY II- SERIES OF TRANSACTIONS WITH SAME BROKER
 IN EXCESS OF 5% OF PLAN ASSETS

None

"See accompanying independent auditors' report."

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
SCHEDULE H, LINE 4j- SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE PERIOD JANUARY 1, 2023 TO MAY 19, 2023
EMPLOYER IDENTIFICATION NUMBER 23-1246990
PLAN NUMBER 001

ATTACHMENT TO FORM 5500
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) (b) IDENTITY OF PARTY INVOLVED AND DESCRIPTION OF ASSETS	(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSETS ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
<u>CATEGORY III - TRANSACTIONS IN A SERIES OF SECURITIES TRANSACTIONS INVOLVING THE SAME ISSUE, IF THE SERIES AGGREGATES TO MORE THAN 5% OF PLAN ASSETS.</u>					
<u>Shares</u>					
Bought	728 American Beacon Sim H/Y-Ins	\$ 6,401	\$ 0	\$ 6,401	\$ 0
Sold	66,613 American Beacon Sim H/Y-Ins	\$ 6,401	\$ 575,533	\$ 6,401	\$ 0
		0	572,349	0	3,184
		\$ 6,401	\$ 572,349	\$ 6,401	\$ 3,184
	SUB-TOTAL		\$ 581,934	\$ 578,750	\$ 3,184
Bought	1,658 Federated Hermes Ultrashort BD	\$ 14,937	\$ 0	\$ 14,937	\$ 0
Sold	384,253 Federated Hermes Ultrashort BD	\$ 14,937	\$ 3,469,258	\$ 14,937	\$ 0
		0	3,442,987	0	26,271
		\$ 14,937	\$ 3,442,987	\$ 14,937	\$ 26,271
	SUB-TOTAL		\$ 3,484,195	\$ 3,457,924	\$ 26,271
Bought	282 Metwest Total Return Bond FD CL I	\$ 2,592	\$ 0	\$ 2,592	\$ 0
Sold	47,910 Metwest Total Return Bond FD CL I	\$ 2,592	\$ 446,997	\$ 2,592	\$ 0
		0	433,147	0	13,850
		\$ 2,592	\$ 433,147	\$ 2,592	\$ 13,850
	SUB-TOTAL		\$ 449,589	\$ 435,739	\$ 13,850
* Bought	533 Wilmington Broad Market Bond Fund-I	\$ 4,657	\$ 0	\$ 4,657	\$ 0
* Sold	119,139 Wilmington Broad Market Bond Fund-I	\$ 4,657	\$ 1,049,616	\$ 4,657	\$ 0
		0	1,023,481	0	26,135
		\$ 4,657	\$ 1,023,481	\$ 4,657	\$ 26,135
	SUB-TOTAL		\$ 1,054,273	\$ 1,028,138	\$ 26,135

"See accompanying independent auditors' report."

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
 SCHEDULE H, LINE 4j- SCHEDULE OF REPORTABLE TRANSACTIONS
 FOR THE PERIOD JANUARY 1, 2023 TO MAY 19, 2023
 EMPLOYER IDENTIFICATION NUMBER 23-1246990
 PLAN NUMBER 001

ATTACHMENT TO FORM 5500
 SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) (b) IDENTITY OF PARTY INVOLVED AND DESCRIPTION OF ASSETS	(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSETS ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
<u>CATEGORY III - TRANSACTIONS IN A SERIES OF SECURITIES TRANSACTIONS INVOLVING THE SAME ISSUE, IF THE SERIES AGGREGATES TO MORE THAN 5% OF PLAN ASSETS.</u>					
* Bought 5,652,395 Wilmington US Govt Money MKT CL SLCT	\$ 5,652,395	\$ 0	\$ 0	\$ 5,652,395	\$ 0
* Sold 5,653,829 Wilmington US Govt Money MKT CL SL CT	\$ 5,652,395	5,653,829	5,653,829	5,652,395	0
	<u>0</u>	<u>5,653,829</u>	<u>5,653,829</u>	<u>0</u>	<u>0</u>
	<u>\$ 5,652,395</u>	<u>\$ 5,653,829</u>	<u>\$ 5,653,829</u>	<u>\$ 5,652,395</u>	<u>\$ 0</u>
SUB-TOTAL		<u>\$ 11,306,224</u>		<u>\$ 11,306,224</u>	<u>\$ 0</u>
GRAND TOTAL		<u>\$ 16,876,215</u>		<u>\$ 16,806,775</u>	<u>\$ 69,440</u>

* = Party in Interest

"See accompanying independent auditors' report."

POTTSVILLE REPUBLICAN, INC. PENSION PLAN
 SCHEDULE H, LINE 4j- SCHEDULE OF REPORTABLE TRANSACTIONS
 FOR THE PERIOD JANUARY 1, 2023 TO MAY 19, 2023
 EMPLOYER IDENTIFICATION NUMBER 23-1246990
 PLAN NUMBER 001

ATTACHMENT TO FORM 5500
 SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) (b) IDENTITY OF PARTY INVOLVED AND DESCRIPTION OF ASSETS	(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSETS ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
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CATEGORY IV - SINGLE TRANSACTION WITH ONE BROKER
 IN EXCESS OF 5% OF PLAN ASSETS

None

"See accompanying independent auditors' report."

Form **5558**
(Rev. September 2018)

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

Department of the Treasury
Internal Revenue Service

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Go to www.irs.gov/Form5558 for the latest information.

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) POTTSVILLE REPUBLICAN INC Number, street, and room or suite no. (If a P.O. box, see instructions) 149 PENN AVENUE City or town, state, and ZIP code SCRANTON PA 18503	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 23-1246990		
	Social security number (SSN) (9 digits XXX-XX-XXXX)		
	C		
Plan name POTTSVILLE REPUBLICAN INC. PENSION PLAN	Plan number 0 0 1	Plan year ending— MM DD YYYY 05 19 2023	

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 0 2 / 1 5 / 2 0 2 4 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 0 2 / 1 5 / 2 0 2 4 to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is automatically approved to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until ___ / ___ / ___ to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax ►	a	
b	Enter the payment amount attached ►	b	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ►	c	

5 State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► _____ Date ► _____