

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 12/30/2022 and ending 12/29/2023	
A	This return/report is for: <div><div>☐ a multiemployer plan</div><div>☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div><div>☒ a single-employer plan</div><div>☐ a DFE (specify) _____</div></div>
B	This return/report is: <div><div>☐ the first return/report</div><div>☐ the final return/report</div><div>☐ an amended return/report</div><div>☐ a short plan year return/report (less than 12 months)</div></div>
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: <div><div>☒ Form 5558</div><div>☐ automatic extension</div><div>☐ the DFVC program</div><div>☐ special extension (enter description)</div></div>
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 THE RETIREMENT PLAN FOR HOURLY-PAID UNION EMPLOYEES OF THE VINDICATOR PRINTING COMPANY	1b	Three-digit plan number (PN) ▶ 006
		1c	Effective date of plan 01/01/1973
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WFMJ TELEVISION, INC. 101 W. BOARDMAN STREET YOUNGSTOWN, OH 44503	2b	Employer Identification Number (EIN) 34-1396336
		2c	Plan Sponsor's telephone number 330-744-8611
		2d	Business code (see instructions) 515100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	MARK A. BROWN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	MARK A. BROWN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 70
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 0
a(2) Total number of active participants at the end of the plan year		6a(2) 0
b Retired or separated participants receiving benefits		6b 43
c Other retired or separated participants entitled to future benefits.....		6c 12
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 55
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 15
f Total. Add lines 6d and 6e		6f 70
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2022 or fiscal plan year beginning	12/30/2022	and ending	12/29/2023
Round off amounts to nearest dollar.			
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			

A Name of plan THE RETIREMENT PLAN FOR HOURLY-PAID UNION EMPLOYEES OF THE VINDICATOR PRINTING COMPANY		B Three-digit plan number (PN)	006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WFMJ TELEVISION, INC.		D Employer Identification Number (EIN) 34-1396336	
E Type of plan:	☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size:	☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 12 Day 30 Year 2022			
2 Assets:			
a Market value		2a	928188
b Actuarial value		2b	1021007
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	58	885280	885280
b For terminated vested participants	13	132877	132877
c For active participants	0	0	0
d Total	71	1018157	1018157
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5		8.00 %
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	80037	
c Total (line 6a + line 6b)	6c	80037	

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary	10/04/2024	Date
	MATTHEW C. KAISER	20-05784	Most recent enrollment number
	WILLIS TOWERS WATSON US LLC	216-937-4000	Telephone number (including area code)
	1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND, OH 44114		
	Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-16.28</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		41194
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>8.00</u> %.....		3296
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		44490
d Portion of (c) to be added to prefunding balance.....		44490
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	44490

Part III Funding Percentages		
14 Funding target attainment percentage	14	95.91 %
15 Adjusted funding target attainment percentage	15	100.27 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	108.47 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/12/2024	44429	0			
			Totals ►	18(b)	44429
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	38980
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
8.00 %2nd segment:
8.00 %3rd segment:
8.00 %☐ N/A, full yield curve used**b** Applicable month (enter code)..... **21b** 0**22** Weighted average retirement age **22** 65**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27** 9**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)..... **31a** 80037**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance Installment
41640 3425**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 83462

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	44490	44490

36 Additional cash requirement (line 34 minus line 35) **36** 38972**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 38980**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 8**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 8**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 12/30/2022 and ending 12/29/2023	
A Name of plan THE RETIREMENT PLAN FOR HOURLY-PAID UNION EMPLOYEES OF THE VINDICATOR PRINTING COMPANY	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 WFMJ TELEVISION, INC.	D Employer Identification Number (EIN) 34-1396336

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	24859	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRUIST BANK

56-1074313

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WM G. BARTH & ASSOCIATES, INC.

20-3926686

(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?
10	NONE	13500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>12/30/2022</u> and ending <u>12/29/2023</u>		
A Name of plan <u>THE RETIREMENT PLAN FOR HOURLY-PAID UNION EMPLOYEES OF THE VINDICATOR PRINTING COMPANY</u>	B Three-digit plan number (PN) ► <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WFMJ TELEVISION, INC.</u>	D Employer Identification Number (EIN) <u>34-1396336</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	044429
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	1667024747
(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)	911518865932
(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	928188	935108

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	0	13500
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	13500

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	928188	921608
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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)	44429	
(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)		44429
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	15910	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		15910
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	380658	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	335327	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		45331
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		80940
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		186610
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	119751	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		119751
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	13500	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	15000	
(4) Other	2i(4)	44939	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		73439
j Total expenses. Add all expense amounts in column (b) and enter total	2j		193190
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-6580
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: **WM G. BARTH & ASSOCIATES, INC.**

(2) EIN: **20-3926686**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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	
4b		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	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		93000
4e	X		93000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c 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 518145.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2022 or fiscal plan year beginning 12/30/2022 and ending 12/29/2023		
A Name of plan THE RETIREMENT PLAN FOR HOURLY-PAID UNION EMPLOYEES OF THE VINDICATOR PRINTING COMPANY		B Three-digit plan number (PN) ► 006
C Plan sponsor's name as shown on line 2a of Form 5500 WFMJ TELEVISION, INC.		D Employer Identification Number (EIN) 34-1396336
Part I	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): 56-1074313		
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 0
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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
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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	<p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p>a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p>b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more</p> <p>c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____</p>
20	<p>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.</p> <p>a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No</p> <p>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:</p> <p>☐ Yes.</p> <p>☐ 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.</p> <p>☐ 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.</p> <p>☐ No. Other. Provide explanation _____</p>

AUDITED FINANCIAL STATEMENTS

**THE RETIREMENT PLAN FOR
HOURLY-PAID UNION EMPLOYEES OF
THE VINDICATOR PRINTING COMPANY (006)**

December 29, 2023 and 2022

AUDITED FINANCIAL STATEMENTS

THE RETIREMENT PLAN FOR
HOURLY-PAID UNION EMPLOYEES OF
THE VINDICATOR PRINTING COMPANY (006)

December 29, 2023 and 2022

CONTENTS

FINANCIAL STATEMENTS:

<i>Independent Auditors' Report</i>	<i>1-3</i>
<i>Statements of Net Assets Available for Benefits</i>	<i>4</i>
<i>Statements of Changes in Net Assets Available for Benefits</i>	<i>5</i>
<i>Notes to Financial Statements</i>	<i>6-12</i>

SUPPLEMENTAL SCHEDULES:

<i>Schedule of Assets (Held at End of Year) at December 29, 2023.....</i>	<i>13</i>
<i>Schedule of Reportable Transactions</i>	<i>14</i>

INDEPENDENT AUDITORS' REPORT

To the Plan Administration Committee of
The Retirement Plan for Hourly-Paid Union Employees
of The Vindicator Printing Company (006)

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

We have performed audits of the accompanying financial statements of The Retirement Plan for Hourly-Paid Union Employees of The Vindicator Printing Company (006), 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 Statements of Net Assets Available for Benefits [and of accumulated plan benefits] as of December 29, 2023 and 2022, and the related Statements of Changes in Net Assets Available for Benefits [and of changes in accumulated plan benefits] for the year ended December 29, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of The Retirement Plan for Hourly-Paid Union Employees of The Vindicator Printing Company (006)'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 audits 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).

Management has obtained certifications from a qualified institution as of December 29, 2023 and 2022, and for the year ended December 29, 2023, stating that the certified investment information, as described in Note H to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits 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 The Retirement Plan for Hourly-Paid Union Employees of The Vindicator Printing Company (006) and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. 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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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 The Retirement Plan for Hourly-Paid Union Employees of The Vindicator Printing Company (006)'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.

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 The Retirement Plan for Hourly-Paid Union Employees of The Vindicator Printing Company (006)'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 The Retirement Plan for Hourly-Paid Union Employees of The Vindicator Printing Company (006)'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 the statement of assets held at end of year as of December 29, 2023, and the statement of reportable transactions for the year ended December 29, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 audits 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).

Wm G. Barth & Associates, Inc.
A Certified Public Accounting Firm
Youngstown, Ohio
October 11, 2024

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

THE RETIREMENT PLAN FOR
HOURLY-PAID UNION EMPLOYEES OF
THE VINDICATOR PRINTING COMPANY (006)

		DECEMBER 29	
		2023	2022
<u>ASSETS</u>			
Assets in trust at fair market value - Notes A and D:			
Money market funds	\$	24,747	\$ 16,670
Equity Securities		284,889	312,468
Mutual funds		581,043	599,050
Employer contribution receivable		44,429	-
<u>LIABILITIES</u>			
Accrued expenses		13,500	-
NET ASSETS AVAILABLE FOR BENEFITS		\$ 921,608	\$ 928,188

See accompanying notes to financial statements

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

THE RETIREMENT PLAN FOR
HOURLY-PAID UNION EMPLOYEES OF
THE VINDICATOR PRINTING COMPANY (006)

	YEAR ENDED DECEMBER 29	
	2023	2022
<u>ADDITIONS</u>		
Employer contributions	\$ 44,429	\$ 42,534
Investment income:		
Net appreciation in fair value of investments	\$ 80,940	\$ -
Earnings from investments	15,910	14,943
Realized gain on sale of investments	45,331	42,142
NET INVESTMENT INCOME	\$ 142,181	\$ 57,085
TOTAL ADDITIONS	\$ 186,610	\$ 99,619
<u>DEDUCTIONS</u>		
Retirement and disability benefits paid	\$ 119,751	\$ 123,355
Administrative expense	73,439	79,734
Net depreciation in fair value of investments	-	251,155
TOTAL DEDUCTIONS	\$ 193,190	\$ 454,244
NET (DEDUCTIONS) DURING YEAR	\$ (6,580)	\$ (354,625)
<u>BALANCE AT BEGINNING OF YEAR</u>		
Net assets available for benefits	928,188	1,282,813
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	\$ 921,608	\$ 928,188

See accompanying notes to financial statements

NOTES TO FINANCIAL STATEMENTS

THE RETIREMENT PLAN FOR HOURLY-PAID UNION EMPLOYEES OF THE VINDICATOR PRINTING COMPANY (006)

December 29, 2023 and 2022

NOTE A - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

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

Use of Estimates:

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

Investment Valuation and Income Recognition:

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

Payments of Benefits:

Benefit payments to participants are recorded upon distribution.

Administrative Expenses:

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

Subsequent Events:

The Plan Sponsor evaluated its December 29, 2023 financial statements for subsequent events through October 11, 2024 the date the financial statements were available to be issued and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements or notes.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE RETIREMENT PLAN FOR
HOURLY-PAID UNION EMPLOYEES OF
THE VINDICATOR PRINTING COMPANY (006)

December 29, 2023 and 2022

NOTE A - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Reclassifications:

Certain minor reclassifications were made to the December 29, 2022 financial statements in order to conform them to December 29, 2023 presentation.

NOTE B - DESCRIPTION OF PLAN

General:

The Plan is a defined benefit pension plan incident to a pension agreement and amendments executed by The Vindicator Printing Company covering an employee who is in a classification of employee for which pension benefits are provided for under their respective collective bargaining agreement with the Company, is at least the age of 21 and has completed at least one year of eligibility service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan sponsor switched from The Vindicator Printing Company to WFMJ Television, Inc.

The Union means the Youngstown Graphic Communications Union Local No. 205-C (the "Youngstown Graphic Communications Union"), the Youngstown Mailers' Union, subordinate group of Local No. 473, International Brotherhood of Teamsters (the "Youngstown Mailers' Union) and the Youngstown Typographical Union No. 200, Printing, Publishing and Media Workers sector of the Communications Workers of America (the "Youngstown Typographical Union").

A covered employee will become a member of the Pension Plan on the earliest date of December 30 or June 30, whichever follows the date on which the employee satisfies these eligibility requirements. One year of eligibility service is credited for each 12-month period beginning on the date of employment, and each anniversary of the date of employment, during which the covered employee works 1,000 hours.

Participant's Accounts:

For service on and after December 30, 1971, but prior to December 30, 1976, the employee will accrue a year of benefit service for each full year of continuous employment while a member of the Pension Plan as determined in accordance with the provisions of the Pension Plan in effect prior to December 30, 1976.

For service on and after December 30, 1976, and while a member, the employee will be credited with a full year of benefit service for each Plan Year during which he works at least 1,950 hours. If he works less than 1,950 hours but at least 1,000 hours in a Plan Year, he will be credited with a fractional year of benefit service by dividing the number of hours worked by 1,950. If the employee is credited with less than 1,000 hours of service during the Plan Year only because he did not work the entire Plan Year, he will receive benefit service for the portion of the Plan Year that he worked.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE RETIREMENT PLAN FOR
HOURLY-PAID UNION EMPLOYEES OF
THE VINDICATOR PRINTING COMPANY (006)

December 29, 2023 and 2022

NOTE B - DESCRIPTION OF PLAN (CONTINUED)

Funding Policy:

The Plan's funding policy is for the Plan Sponsor to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2023 and 2022, the Plan Sponsor made contributions of \$44,429 and \$42,534, respectively. The Plan Sponsor's contributions for 2023 and 2022 exceeded the minimum funding requirements of ERISA. Due to the SECURE Act's newspaper relief provision, current and future contributions have been reduced.

Pension Benefits:

For each year of Benefit Accrual Service after December 29, 1971, and prior to Normal Retirement Date, \$12.25 (\$10.50 for Composing Room Employees and \$14.00 for Mailers) per month is contributed for each employee earning at least \$700 per month; however, the monthly benefit cannot be greater than \$300 for Composing Room employees, \$350 for Pressroom employees, and \$400 for Mailers including benefits payable under the prior Plan. Plan benefits are offset by amounts guaranteed by The Equitable under Group Annuity Contract AC 2869 (which was converted to a non-participating basis as of September 1, 1991).

Effective December 29, 2014, the Company has chosen to freeze the future accrual of pension benefits and to close participation. While the Plan Supervisor has not expressed any intent to discontinue contributions or terminate the Plan, it has the right to do so under the Plan. However, in the event of any such action, the Plan Sponsor shall not have any such right, title, or interest in any assets of the Pension Plan and no assets of the Pension Plan shall revert to the Plan Sponsor except that after satisfaction of all liabilities of the Pension Plan, such remaining part of the Pension Plan may revert to the Plan Sponsor. If the Pension Plan is terminated in whole or in part, the accrued pension benefits of the affected participants will become nonforfeitable and will be allocated to the affected participants according to a schedule of priorities established by federal law to the extent the Pension Plan has assets sufficient to cover benefits.

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE RETIREMENT PLAN FOR
HOURLY-PAID UNION EMPLOYEES OF
THE VINDICATOR PRINTING COMPANY (006)

December 29, 2023 and 2022

NOTE B - DESCRIPTION OF PLAN (CONTINUED)

For a more detailed explanation of the information listed above, please refer to the Summary Plan Description which has been made available.

NOTE C – FUNDING AND ACTUARIAL DATA

		AS OF DECEMBER 30	
		2023	2022
Actuarial present value of accumulated benefits:			
Vested benefits -			
Retired participants and beneficiaries receiving payments		\$ 888,302	\$ 930,007
Other participants		146,670	149,995
	TOTAL VESTED BENEFITS	\$ 1,034,972	\$ 1,080,002
Non-vested benefits		-	-
	TOTALS	\$ 1,034,972	\$ 1,080,002
Underfunded actuarial liability		\$ 99,864	\$ 151,814

Reconciliation of Present Value of Accumulated Benefits

1.) Present value of accumulated benefits as of December 29, 2022	\$ 1,080,002
2.) Changes during the year due to:	
a. Benefits accumulated	\$ -
b. Actuarial (gains)-losses	3,312
c. Decrease in the discount period	71,409
d. Actual benefits paid	(119,751)
e. Assumption changes	-
f. Plan amendments	-
g. Net increase-(decrease)	\$ (45,030)
3.) Present value of accumulated benefits as of December 29, 2023	<u>\$ 1,034,972</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE RETIREMENT PLAN FOR
HOURLY-PAID UNION EMPLOYEES OF
THE VINDICATOR PRINTING COMPANY (006)

December 29, 2023 and 2022

NOTE C - FUNDING AND ACTUARIAL DATA (CONTINUED)

The actuarial present value of accumulated benefits and the unfunded actuarial liability were calculated by Towers Watson, consulting actuaries, as of December 30, 2023 and 2022. The actuary's method and assumptions include the entry age normal actuarial cost method, life expectancy of participants, assumed retirement age 65, or attained age, if later, and asset values at the amount reported by Truist Bank in their pension plan fund account. The interest rate used to value vested benefits for 2023 and 2022 was 7.00%. The mortality table using scale MP-2021 was used for 2023 and 2022. The interest rate used to calculate the unfunded actuarial liability for 2023 and 2022 was 8.00%.

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

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

NOTE D – FAIR VALUE MEASUREMENT

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE RETIREMENT PLAN FOR
HOURLY-PAID UNION EMPLOYEES OF
THE VINDICATOR PRINTING COMPANY (006)

December 29, 2023 and 2022

NOTE D – FAIR VALUE MEASUREMENT (CONTINUED)

The fair values of the Pension Plan assets at December 29, 2023 and 2022, by asset category are as follows:

Fair Value Measurements at December 29, 2023

<u>Asset Category</u>	<u>Total</u>		Quoted Prices in Active Markets for Identical Assets (Level 1)
Cash - federated money market	\$	24,747	\$ 24,747
Equity securities		284,889	284,889
Mutual funds		581,043	581,043
TOTALS	\$	890,679	\$ 890,679

Fair Value Measurements at December 29, 2022

<u>Asset Category</u>	<u>Total</u>		Quoted Prices in Active Markets for Identical Assets (Level 1)
Cash - federated money market	\$	16,670	\$ 16,670
Equity securities		312,468	312,468
Mutual funds		599,050	599,050
TOTALS	\$	928,188	\$ 928,188

NOTE E – RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such change could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions in the near-term would-be material to the financial statements.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE RETIREMENT PLAN FOR
HOURLY-PAID UNION EMPLOYEES OF
THE VINDICATOR PRINTING COMPANY (006)

December 29, 2023 and 2022

NOTE F – INCOME TAX STATUS

The IRS has determined and informed the former Plan Sponsor (The Vindicator Printing Company) by a letter dated February 28, 2017 that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

NOTE G - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

During 2023, the Plan paid administrative expenses of approximately \$73,439. Of this amount, \$15,000 was paid to Truist Bank for the trustee fee. \$20,080 was paid to the Pension Benefit Guarantee Corporation for the plan year premium. \$24,859 was paid to Willis Towers Watson for their actuary fee. \$13,500 was paid to Wm G. Barth & Associates, Inc. for their auditing fees.

During 2022, the Plan paid administrative expenses of approximately \$79,734. Of this amount, \$14,697 was paid to Truist Bank for the trustee fee. \$24,706 was paid to the Pension Benefit Guarantee Corporation for the plan year premium. \$26,831 was paid to Willis Towers Watson for their actuary fee. \$13,500 was paid to Wm G. Barth & Associates, Inc. for their auditing fees.

NOTE H – CERTIFIED INVESTMENT INFORMATION

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Truist Bank, the Trustee of the Plan, has certified as of and for the years ended December 29, 2023 and 2022, that the information, regarding the fair value of investments and the related investment income is complete and accurate.

* * * * *

SUPPLEMENTAL SCHEDULES

* * * * *

SUPPLEMENTAL SCHEDULE

THE RETIREMENT PLAN FOR
HOURLY-PAID UNION EMPLOYEES OF
THE VINDICATOR PRINTING COMPANY (006)
EIN #34-1396336

As of December 29, 2023

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

a.	b. ISSUER OR SIMILAR PARTY	c. DESCRIPTION OF INVESTMENT	d. COST	CURRENT e. VALUE
<u>MONEY MARKET FUNDS</u>				
a.	Federated Money Market - Treasury Obligations	24,746.780 shares	\$ 24,747	\$ 24,747
		TOTAL MONEY MARKET FUNDS	\$ 24,747	\$ 24,747
<u>EQUITY SECURITIES</u>				
a.	Ishares Russell 1000 Growth	168.000 shares	\$ 23,700	\$ 50,933
b.	Ishares U.S. Treasury Bond	3,912.000 shares	101,085	90,132
c.	Ishares Core Dividend Growth	708.000 shares	26,250	38,104
d.	Vanguard FTSE Developed Markets	771.000 shares	36,656	36,931
e.	Vanguard Short Term Bond	366.000 shares	29,180	28,189
f.	Vangaurd Total Bond Market	552.000 shares	46,531	40,600
		TOTAL EQUITY SECURITIES	\$ 263,402	\$ 284,889
<u>MUTUAL FUNDS</u>				
a.	Doubleline Total Return Bond Fund	6,578.404 shares	\$ 69,831	\$ 58,153
b.	Eaton Vance Atlanta Capital SMID Cap Fund	2,442.151 shares	73,207	93,437
c.	Invesco Developing Markets Fund	212.587 shares	7,660	8,199
d.	John Hancock Funds III Disciplined Value Fund	4,259.964 shares	82,975	94,656
e.	JPMorgan US Equity Fund	6,472.902 shares	101,837	137,938
f.	Pimco Investment Grade Corporate Bond Fund	4,834.447 shares	50,537	43,462
g.	T. Rowe Price US Small-Cap Growth Fund	865.552 shares	27,420	35,808
h.	T. Rowe Price Institutional Large-Cap Growth Fund	1,254.708 shares	39,386	82,535
i.	Virtus Ceredex Small Cap Value Equity Fund	3,496.813 shares	35,825	26,855
		TOTAL MUTUAL FUNDS	\$ 488,678	\$ 581,043
		TOTAL INVESTMENTS	\$ 776,827	\$ 890,679

SUPPLEMENTAL SCHEDULE
THE RETIREMENT PLAN FOR
HOURLY-PAID UNION EMPLOYEES OF
THE VINDICATOR PRINTING COMPANY (006)
EIN 34-1396336

For the year ended December 29, 2023

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

a. IDENTITY OF PARTY INVOLVED	b. DESCRIPTION OF ASSETS	c. PURCHASE PRICE	d. SELLING PRICE	f. EXPENSE INCURRED WITH TRANSACTION	g. COST OF ASSETS	h. CURRENT VALUE OF ASSETS ON TRANSACTION DATE	i. NET GAIN OR (LOSS)
Category (iii) - Series of Transactions in Same Security Exceeds 5% of Value							
Federated Hermes Treasury Obligations	176,448.470 shares purchased in 60 transactions	\$ 176,448	\$ -	\$ -	\$ -	\$ 176,448	\$ -
Federated Hermes Treasury Obligations	168,400.080 shares sold in 21 transactions	-	168,400	-	168,400	168,400	-

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	WFMJ Television, Inc.
EIN/PN	34-1396336/006
Plan Name	The Retirement Plan for Hourly-Paid Union Employees of the Vindicator Printing Company
Valuation Date	December 30, 2022
Enrolled Actuary	Matthew C. Kaiser
Enrollment Number	23-05784

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of December 30, 2022

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	12/30/2022	41,640	15.00000	41,640	4,504
Total				41,640	3,425

Plan Name: The Retirement Plan for Hourly-Paid Union Employees of the Vindicator Printing Company
EIN / PN: 34-1396336/006
Plan Sponsor: WFMJ Television, Inc.
Valuation Date: December 30, 2022

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 12/30/2022 and ending 12/29/2023

▶ **Round off amounts to nearest dollar.**

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

A Name of plan The Retirement Plan for Hourly-Paid Union Employees of The Vindicator Printing Company	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WFMJ Television, Inc.	D Employer Identification Number (EIN) 34-1396336
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 12 Day 30 Year 2022			
2 Assets:			
a Market value	2a	928,188	
b Actuarial value	2b	1,021,007	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	58	885,280	885,280
b For terminated vested participants	13	132,877	132,877
c For active participants	0	0	0
d Total	71	1,018,157	1,018,157
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	8.00%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	80,037	
c Total (line 6a + line 6b)	6c	80,037	

Statement by Enrolled Actuary

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

SIGN HERE Matthew C. Kaiser MCK Signature of actuary Matthew C. Kaiser Type or print name of actuary Willis Towers Watson US LLC Firm name 1001 Lakeside Avenue Suite 1500 Cleveland OH 44114-1172 Address of the firm	October 4, 2024 Date 2305784 Most recent enrollment number 216-937-4000 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2022
v. 220413

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-16.28</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		41,194
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>8.00</u> %		3,296
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		44,490
d	Portion of (c) to be added to prefunding balance		44,490
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	44,490

Part III		Funding Percentages	
14	Funding target attainment percentage	14	95.91 %
15	Adjusted funding target attainment percentage	15	100.27 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	108.47 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/12/2024	44,429	0			
Totals ▶			18(b)	44,429	18(c)
					0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	38,980
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 8.00 %	2nd segment: 8.00 %	3rd segment: 8.00 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			0
22 Weighted average retirement age	22			65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27 9

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	80,037	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
	41,640	3,425	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	83,462	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	44,490	44,490
36 Additional cash requirement (line 34 minus line 35)	36	38,972	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	38,980	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	8	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	8	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

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

Interest rates	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	8.00%	1.95%
• Second segment rate	8.00%	3.50%
• Third segment rate	8.00%	3.85%
• Effective interest rate	8.00%	3.45%

Annual rates of increase

- Compensation: None.
- Future Social Security wage bases None.
- Statutory limits on compensation None.

Plan-related expenses The amount included this year for administrative expenses is \$80,037.

Plan Name: The Retirement Plan for Hourly-Paid Union Employees of the Vindicator Printing Company
EIN / PN: 34-1396336/006
Plan Sponsor: WFMJ Television, Inc.
Valuation Date: December 30, 2022

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality for Funding	Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020).
Termination	Not applicable since there are no active participants.
Disability	None.
Retirement	Not applicable since there are no active participants.
Benefit commencement date:	
Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55.
Deferred vested benefit	The later of age 65 or termination of employment.
Retirement benefit	Upon termination of employment.
Form of payment	Married participants are assumed to elect a 50% J&S annuity and single participants are assumed to elect a single life annuity.
Percent married	85% of male and 75% of female participants are assumed to be married.

Plan Name:	The Retirement Plan for Hourly-Paid Union Employees of the Vindicator Printing Company
EIN / PN:	34-1396336/006
Plan Sponsor:	WFMJ Television, Inc.
Valuation Date:	December 30, 2022

SCHEDULE SB ATTACHMENTS

Spouse age Wives are assumed to be three years younger than their husbands.

Covered pay None.

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

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

Methods

Valuation date First day of plan year.

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

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

Decrement timing The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met, or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

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EIN / PN: 34-1396336/006
Plan Sponsor: WFMJ Television, Inc.
Valuation Date: December 30, 2022

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

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

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

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with WFMJ Television, Inc. regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with WFMJ Television, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 12/30/2022. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

Plan Name: The Retirement Plan for Hourly-Paid Union Employees of the Vindicator Printing Company
EIN / PN: 34-1396336/006
Plan Sponsor: WFMJ Television, Inc.
Valuation Date: December 30, 2022

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	For funding, the basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	Plan-related expenses are estimated to be the actual expenses paid from the trust the preceding year.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination and Retirement	These assumptions were selected by the plan sponsor and represent a best estimate of future experience. We have not completed a detailed experience study of these assumptions due to limited exposure; however, we annually review actual retirement and termination experience with expected retirement and termination experience for the valuation and believe these assumptions are reasonable.

Plan Name: The Retirement Plan for Hourly-Paid Union Employees of the Vindicator Printing Company
EIN / PN: 34-1396336/006
Plan Sponsor: WFMJ Television, Inc.
Valuation Date: December 30, 2022

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

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

Changes in Assumptions and Methods

Change in Assumptions and Methods Since Prior Valuation

- The segment rates used to calculate the funding target without regard to the community newspaper funding relief election were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to use the MP-2020 projection scale as specified in the regulations under §1.430(h)(3)-1.

Plan Name: The Retirement Plan for Hourly-Paid Union Employees of the Vindicator Printing Company
EIN / PN: 34-1396336/006
Plan Sponsor: WFMJ Television, Inc.
Valuation Date: December 30, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

December 30, 1971, as amended and restated effective December 30, 2009 and most recently amended effective December 29, 2014.

Plan Year The twelve-month period ending December 29.

Coverage and Participation Covered employees become participants on the next December 30 or June 30 following completion of 1 Year of Eligibility Service and attainment of age 21. Pressroom employees hired or rehired after July 30, 2008 are not eligible to participate in the Plan. All other employees hired or rehired after December 29, 2014 are not eligible to participate in the plan.

Definitions

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

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

Accrued normal retirement benefit For each year of Benefit Accrual Service after December 29, 1971, and prior to Normal Retirement Date, \$12.25 (\$10.50 for Composing Room employees and \$14.00 for Mailers) per month for each employee earning at least \$700 per month; however, the monthly benefit cannot be greater than \$300 for Composing Room employees, \$350 for Pressroom employees, and \$400 for Mailers including benefits payable under the prior plan. Benefit accruals were frozen effective December 29, 2014.

Eligibility for Benefits

Normal retirement Retirement on NRD.

Early retirement First day of any month after the attainment of age 55 and the completion of 5 Years of Vesting Service.

Plan Name: The Retirement Plan for Hourly-Paid Union Employees of the Vindicator Printing Company
EIN / PN: 34-1396336/006
Plan Sponsor: WFMJ Television, Inc.
Valuation Date: December 30, 2022

SCHEDULE SB ATTACHMENTS

Vesting termination	A participant becomes vested upon completion of five consecutive years of service.
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Pre-retirement death benefit	An employee may elect to receive a reduced benefit so that a benefit will be paid to his spouse if he should die prior to retirement but after completion of 5 years of Vesting Service provided that the employee has been married to his current spouse for at least one year.
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Benefits Paid Upon the Following Events

Normal retirement	The accrued normal retirement benefit paid at NRD.
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Early retirement	The accrued normal retirement benefit commencing at age 65 or, alternatively, the accrued benefit reduced 6-2/3% per year for the first 5 years and 3-1/3% per year for each additional year for early retirement commencing prior to age 65.
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Vested termination	Accrued benefit.
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Pre-retirement death	The benefit is calculated as if the employee had terminated his employment the day of his death (if he was in active status), had elected to have his pension commence on his earliest retirement date, had elected the 50% joint and survivor option, had survived to his earliest retirement date and died the following day.
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Other Plan Provisions

Forms of payment	The normal form of payment for single participants is a Life Only annuity. However, if the participant has a spouse an employee may elect to receive his benefit on a straight-life basis or on an actuarially equivalent 50%, 75% or 100% Joint and Survivor basis. Unless otherwise elected, any benefit payable under the Plan shall be paid on a 50% Joint and Survivor basis, if the employee is then married or on a straight-life basis otherwise. A Social Security Level Income Option is also available.
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Actuarial equivalence	1971 Group Annuity Mortality Table, based on a dispersion of 90% males, 10% females and an interest rate of 6% per year.
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Plan Name:	The Retirement Plan for Hourly-Paid Union Employees of the Vindicator Printing Company
EIN / PN:	34-1396336/006
Plan Sponsor:	WFMJ Television, Inc.
Valuation Date:	December 30, 2022

SCHEDULE SB ATTACHMENTS

**Plan participants'
contributions**

Not applicable.

**Maximum on
benefits and pay**

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

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

None.

Plan Name: The Retirement Plan for Hourly-Paid Union Employees of the Vindicator Printing Company
EIN / PN: 34-1396336/006
Plan Sponsor: WFMJ Television, Inc.
Valuation Date: December 30, 2022

SUPPLEMENTAL SCHEDULE

THE RETIREMENT PLAN FOR
HOURLY-PAID UNION EMPLOYEES OF
THE VINDICATOR PRINTING COMPANY (006)
EIN #34-1396336

As of December 29, 2023

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

a.	b. ISSUER OR SIMILAR PARTY	c. DESCRIPTION OF INVESTMENT	d. COST	CURRENT e. VALUE
<u>MONEY MARKET FUNDS</u>				
a.	Federated Money Market - Treasury Obligations	24,746.780 shares	\$ 24,747	\$ 24,747
		TOTAL MONEY MARKET FUNDS	\$ 24,747	\$ 24,747
<u>EQUITY SECURITIES</u>				
a.	Ishares Russell 1000 Growth	168.000 shares	\$ 23,700	\$ 50,933
b.	Ishares U.S. Treasury Bond	3,912.000 shares	101,085	90,132
c.	Ishares Core Dividend Growth	708.000 shares	26,250	38,104
d.	Vanguard FTSE Developed Markets	771.000 shares	36,656	36,931
e.	Vanguard Short Term Bond	366.000 shares	29,180	28,189
f.	Vangaurd Total Bond Market	552.000 shares	46,531	40,600
		TOTAL EQUITY SECURITIES	\$ 263,402	\$ 284,889
<u>MUTUAL FUNDS</u>				
a.	Doubleline Total Return Bond Fund	6,578.404 shares	\$ 69,831	\$ 58,153
b.	Eaton Vance Atlanta Capital SMID Cap Fund	2,442.151 shares	73,207	93,437
c.	Invesco Developing Markets Fund	212.587 shares	7,660	8,199
d.	John Hancock Funds III Disciplined Value Fund	4,259.964 shares	82,975	94,656
e.	JPMorgan US Equity Fund	6,472.902 shares	101,837	137,938
f.	Pimco Investment Grade Corporate Bond Fund	4,834.447 shares	50,537	43,462
g.	T. Rowe Price US Small-Cap Growth Fund	865.552 shares	27,420	35,808
h.	T. Rowe Price Institutional Large-Cap Growth Fund	1,254.708 shares	39,386	82,535
i.	Virtus Ceredex Small Cap Value Equity Fund	3,496.813 shares	35,825	26,855
		TOTAL MUTUAL FUNDS	\$ 488,678	\$ 581,043
		TOTAL INVESTMENTS	\$ 776,827	\$ 890,679

SUPPLEMENTAL SCHEDULE
THE RETIREMENT PLAN FOR
HOURLY-PAID UNION EMPLOYEES OF
THE VINDICATOR PRINTING COMPANY (006)
EIN 34-1396336

For the year ended December 29, 2023

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

a. IDENTITY OF PARTY INVOLVED	b. DESCRIPTION OF ASSETS	c. PURCHASE PRICE	d. SELLING PRICE	f. EXPENSE INCURRED WITH TRANSACTION	g. COST OF ASSETS	h. CURRENT VALUE OF ASSETS ON TRANSACTION DATE	i. NET GAIN OR (LOSS)
Category (iii) - Series of Transactions in Same Security Exceeds 5% of Value							
Federated Hermes Treasury Obligations	176,448.470 shares purchased in 60 transactions	\$ 176,448	\$ -	\$ -	\$ -	\$ 176,448	\$ -
Federated Hermes Treasury Obligations	168,400.080 shares sold in 21 transactions	-	168,400	-	168,400	168,400	-