Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

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
TAX DEFERRED ANNUITY PLAN FOR EMPLOYEES OF WXXI PUBLIC BROADCASTING COUNCIL

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/31/1967

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)
WXXI PUBLIC BROADCASTING COUNCIL

PO BOX 30021
ROCHESTER, NY 14603-3021

280 STATE STREET
ROCHESTER, NY 14614

2b Employer Identification Number (EIN) 16-0838086

2c Plan Sponsor's telephone number 585-325-7500

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.	10/15/2024	LANCELOT THOMAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	LANCELOT THOMAS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	253
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)**	93
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	93
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	157
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	250
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	253
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	247
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	245
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:

2G 2L

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
TAX DEFERRED ANNUITY PLAN FOR EMPLOYEES OF WXXI PUBLIC BROADCASTING COUNCIL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WXXI PUBLIC BROADCASTING COUNCIL

D Employer Identification Number (EIN)
16-0838086

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	348156	226	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	6952316
5	Current value of plan's interest under this contract in separate accounts at year end	5	14221964

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	6953347
c	Additions: (1) Contributions deposited during the year	7c(1)	70687		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	321709		
	(4) Transferred from separate account	7c(4)	458895		
	(5) Other (specify below)	7c(5)	6859		
	▶ OTHER				
	(6) Total additions			7c(6)	858150
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	7811497
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	639269		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	214312		
	(4) Other (specify below)	7e(4)	5600		
	▶ OTHER				
	(5) Total deductions			7e(5)	859181
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6952316

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
TAX DEFERRED ANNUITY PLAN FOR EMPLOYEES OF WXXI PUBLIC BROADCASTING COUNCIL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WXXI PUBLIC BROADCASTING COUNCIL

D Employer Identification Number (EIN)
16-0838086

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

TIAA

13-1624203

(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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
TAX DEFERRED ANNUITY PLAN FOR EMPLOYEES OF WXXI PUBLIC BROADCASTING COUNCIL

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WXXI PUBLIC BROADCASTING COUNCIL

D Employer Identification Number (EIN)
16-0838086

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

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

b Name of sponsor of entity listed in (a): TIAA-CREF

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	619290

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
TAX DEFERRED ANNUITY PLAN FOR EMPLOYEES OF WXXI PUBLIC BROADCASTING COUNCIL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WXXI PUBLIC BROADCASTING COUNCIL

D Employer Identification Number (EIN)
16-0838086

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	15777	25864
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	814340	619290
(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)	15241914	17929888
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	6953347	6952316
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	23025378	25527358
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	23025378	25527358

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)	380922	
(B) Participants	2a(1)(B)	490948	
(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)		871870
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)	1356	
(F) Other	2b(1)(F)	321709	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		323065
(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)	100062	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		100062
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		
(7) Net investment gain (loss) from pooled separate accounts	**2b(7)**		-112629
(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)**		2722300
c Other income	**2c**		12021
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		3916689
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	1009102	
(2) To insurance carriers for the provision of benefits	**2e(2)**	397552	
(3) Other	**2e(3)**		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		1406654
f Corrective distributions (see instructions)	**2f**		
g Certain deemed distributions of participant loans (see instructions)	**2g**		
h Interest expense	**2h**		
i Administrative expenses:			
(1) Salaries and allowances	**2i(1)**		
(2) Contract administrator fees	**2i(2)**	8055	
(3) Recordkeeping fees	**2i(3)**		
(4) IQPA audit fees	**2i(4)**		
(5) Investment advisory and investment management fees	**2i(5)**		
(6) Bank or trust company trustee/custodial fees	**2i(6)**		
(7) Actuarial fees	**2i(7)**		
(8) Legal fees	**2i(8)**		
(9) Valuation/appraisal fees	**2i(9)**		
(10) Other trustee fees and expenses	**2i(10)**		
(11) Other expenses	**2i(11)**		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		8055
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		1414709
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		2501980
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) [X] 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) [X] 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: BONADIO & CO., LLP **(2)** EIN: 16-1131146

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		309
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
TAX DEFERRED ANNUITY PLAN FOR EMPLOYEES OF WXXI PUBLIC BROADCASTING COUNCIL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WXXI PUBLIC BROADCASTING COUNCIL

D Employer Identification Number (EIN)
16-0838086

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** |

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): _____ _____

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** |

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

WXXI PUBLIC BROADCASTING COUNCIL
403(B) DEFINED CONTRIBUTION PLAN

Financial Statements
as of December 31, 2023 and 2022
Together with
Independent Auditor's Report

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

October 10, 2024

To the Plan Administrator of the
WXXI Public Broadcasting Council
403(b) Defined Contribution Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the accompanying financial statements of WXXI Public Broadcasting Council 403(b) Defined Contribution Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, 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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 3 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 accompanying 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).

(Continued)

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Basis for Opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 Plan 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 Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit Section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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 GAAS, 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.

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

- 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 Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) (Schedule I) and Schedule of Delinquent Participant Contributions (Schedule II) as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

INDEPENDENT AUDITOR'S REPORT
(Continued)

Other Matter - Supplemental Schedules Required by ERISA (Continued)
In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedule 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 schedule 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).

WXXI PUBLIC BROADCASTING COUNCIL
403(B) DEFINED CONTRIBUTION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022

	2023	2022
ASSETS		
INVESTMENTS, at fair value:		
Mutual funds	$ 17,929,890	$ 15,241,914
Non benefit-responsive fixed annuity contracts	5,587,512	5,775,385
Pooled separate account	619,290	814,340
	24,136,692	21,831,639
INVESTMENTS, at contract value:		
Fully benefit-responsive fixed annuity contracts	1,364,804	1,177,962
Total investments	25,501,496	23,009,601
NOTES RECEIVABLE FROM PARTICIPANTS	25,864	15,777
NET ASSETS AVAILABLE FOR BENEFITS	$ 25,527,360	$ 23,025,378

The accompanying notes are an integral part of these statements.

WXXI PUBLIC BROADCASTING COUNCIL
403(B) DEFINED CONTRIBUTION PLAN

STATEMENTS OF CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
ADDITIONS:		
Contributions -		
Participant	$ 490,948	$ 481,545
Employer	380,922	396,942
Rollover	-	639
Total contributions	871,870	879,126
Investment income (loss) -		
Net appreciation (depreciation) in fair value of investments	2,846,296	(2,971,082)
Interest and dividends	197,168	141,045
Net investment income (loss)	3,043,464	(2,830,037)
Interest on notes receivable from participants	1,356	653
Total additions, net	3,916,690	(1,950,258)
DEDUCTIONS:		
Benefits paid to participants	1,406,653	1,328,828
Administrative expenses	8,055	6,931
Total deductions	1,414,708	1,335,759
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	2,501,982	(3,286,017)
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	23,025,378	26,311,395
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 25,527,360	$ 23,025,378

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF PLAN

The following brief description of the WXXI Public Broadcasting Council 403(b) Defined Contribution Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan available to all employees of WXXI Public Broadcasting Council and The Little Theater Film Society, Inc. (collectively, WXXI) who meet certain eligibility requirements. The Plan is administered and sponsored by WXXI. Teachers Insurance and Annuity Association (TIAA) and College Retirement Equities Fund (CREF) are insurance companies and issuers of the annuity contracts of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All employees of WXXI who normally work 20 or more hours per week are eligible to begin salary deferrals on the first day of the first month after completing a salary deferral agreement.

Contributions

Active participants may make voluntary pre-tax contributions in the form of salary reductions and any applicable rollovers from other qualified plans, subject to certain limitations of the Plan and the Internal Revenue Code (IRC) under Section 403(b).

WXXI makes contributions of 7.0% of participant’s compensation to employees that have completed one year of service at WXXI and are contributing a minimum 3.0% participant contribution deferral. WXXI’s contribution increases to 7.5% of participant’s compensation for those employees who have completed 10 years of service at WXXI. WXXI’s contribution increases to 8% of participant’s compensation for compensation that exceeds the Social Security Earnings Base and are contributing a minimum 4.0% participant contribution deferral.

Participant Accounts

Each participant’s account is credited with the participant’s contribution, WXXI's contribution, Plan earnings/losses on all contributions, and administrative expenses. Allocations are based on participant earnings/losses or account balances, according to specific terms provided by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting

Participants are immediately fully vested in their voluntary contributions, WXXI contributions, and actual earnings/losses thereon.

1. DESCRIPTION OF PLAN (Continued)

Plan Loans

Plan loans were issued directly from the funds owned by TIAA and CREF and not directly from a participant's account. The Plan no longer offers collateralized Plan loans through TIAA and CREF. Accordingly, these loans are not presented as part of the Plan's assets on the accompanying statements of net assets available for benefits. An adequate portion of the participant's account is reserved, or held in collateral, to cover 110% of the outstanding loan in case of default. The collateral is held in the TIAA Traditional Annuity as either part of a Group Supplemental Retirement Annuity (GSRA) contract or as a separate Retirement Loan Contract.

The Plan had outstanding collateralized loans of $25,864 and $5,447 at December 31, 2023 and 2022, There were no loans in default at December 31, 2023.

Notes Receivable from Participants

Participants may borrow from their vested account balance. Participants are allowed to borrow up to the lesser of 50% of their vested account balances, or $50,000 reduced by the highest outstanding loan balance during the preceding one-year period. A participant may borrow a minimum of $1,000. Loans are repayable through payroll deductions, ACH agreement, or other repayment methods previously agreed upon. The terms of the loan will not be more than five years, except in the case of a loan taken for the purpose of purchasing a primary residence. All loans bear interest at the higher of the Moody's Corporate Bond Yield Average or effective prime lending rate plus 1%.

Payment of Benefits

Vested funds are paid to participants when they retire or terminate employment with WXXI, or when they suffer permanent and total disability. Benefits may be paid out in a single/partial lump sum or in periodic installments over a period that is not greater than or equal to the life expectancy of the participant or in an annuity contract.

Hardship Withdrawals

Hardship withdrawals from the Plan are permitted from a participant's account. All hardship withdrawals must comply with the rules relating to hardships, which are uniformly applicable to all participants.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared in accordance with accounting principles generally accepted in the United States of America.

Investments

Investments are reported at fair value, except for fully benefit-responsive fixed annuity contracts, which are reported at contract 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. Purchases and sales of securities are reflected on a trade date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

All investments are participant directed.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value

Accounting Standards Codification (ASC) Section 820 establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are as follows:

- Level 1 - Valuations are based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Valuation adjustments are not applied to Level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

- Level 2 - Valuations are based on quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly.

- Level 3 – Valuations are based on inputs that are unobservable and significant to the overall fair value measurement.

The following is a description of the valuation methodology used for assets measured at fair value.

Mutual funds include money market and mutual funds that are valued at the net asset value (NAV) of shares held at year-end based on quoted prices in active markets. Included in registered investment companies are variable annuity contracts, which are valued at year-end based on quoted prices in active markets.

Non benefit-responsive fixed annuity contracts' value is calculated as accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals, which approximates fair value.

Pooled separate account represents a separate account of TIAA and CREF invested in real estate properties and real estate related investments that are valued based on external property appraisals and values obtained from independent pricing sources. Unit values are calculated daily.

There were no changes in valuation methodologies used during 2023 or 2022.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Annuity Contracts

The Plan utilizes Retirement Annuity (RA) contracts with TIAA and CREF, which are included in the non benefit-responsive fixed annuity contracts in the statements of net assets available for benefits. TIAA and CREF maintain plan contributions in separate accounts. Under RA contract terms, lump-sum withdrawals are not available. All withdrawals and transfers from the account must be spread over 10 annual installments and over 5 years for withdrawals after termination of employment.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Annuity Contracts (Continued)

The Plan has fully benefit-responsive contracts. TIAA and CREF maintain the Plan contributions in separate accounts. Contract value is the relevant measure for the portion of net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. The accounts are credited with contributions and earnings on the underlying investments and are charged for Plan withdrawals. Earnings on the underlying investments are guaranteed by TIAA and CREF at a rate of 3%.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amount reported in the financial statements.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Substantially all administrative expenses associated with the Plan are paid by plan participants. Management fees and operating expenses charged to the Plan are deducted from income earnings on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of net appreciation (depreciation) in fair value of investments.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted requires the plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Reclassification

Certain reclassifications have been made to the 2022 financial statements in order to conform to the current year presentation.

3. CERTIFIED INVESTMENT INFORMATION

The following information was certified as accurate and complete by TIAA and CREF and is included in the accompanying financial statements and supplemental schedule at December 31 and for the year then ended:

	2023	2022
Investments, at fair value	$ 24,136,692	$ 21,831,639
Investments, at contract value	$ 1,364,804	$ 1,177,962
Notes receivable from participants	$ 25,864	$ 15,777
Net appreciation (depreciation) in fair value of investments	$ 2,846,296	$ (2,971,082)
Interest and dividends	$ 197,168	$ 141,045
Interest on notes receivable from participants	$ 1,356	$ 653

Schedule of Assets (Held at End of Year) Schedule I

4. FAIR VALUE

The Plan's assets are measured at fair value on a recurring basis utilizing the following input levels at December 31, 2023:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 17,929,890	$ -	$ -	$ 17,929,890
Non benefit-responsive fixed annuity contracts	-	-	5,587,512	5,587,512
Pooled separate account	619,290	-	-	619,290
	$ 18,549,180	$ -	$ 5,587,512	$ 24,136,692

The Plan's assets are measured at fair value on a recurring basis utilizing the following input levels at December 31, 2022:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 15,241,914	$ -	$ -	$ 15,241,914
Non-benefit responsive fixed annuity contracts	-	-	5,775,385	5,775,385
Pooled separate account	814,340	-	-	814,340
	$ 16,056,254	$ -	$ 5,775,385	$ 21,831,639

During the year ended December 31, 2023 and 2022, investments classified as Level 3 within the fair value hierarchy totaling $396,708 and $277,322, respectively, were purchased and investments totaling $584,581 and $126,145, respectively, were sold.

4. FAIR VALUE (Continued)

Non-Benefit Responsive Fixed Annuity Contracts

The following table describes the valuation techniques used for recurring fair value measurements for assets in Level 3 of the fair value hierarchy at December 31, 2023:

Quantitative Information about Level 3 Fair Value Measurements

	Fair Value at December 31, 2023	Valuation Techniques	Unobservable Inputs	Range
TIAA Traditional Annuity	$ 5,587,512	Discounted cash flow and theoretical transfer (exit value)	Risk adjusted discount rate applied *	RA – 4.00% – 6.75% SRA - 3.25% - 6.00% GSRA - 3.25% - 6.00%

The following table describes the valuation techniques used for recurring fair value measurements for assets in Level 3 of the fair value hierarchy at December 31, 2022:

Quantitative Information about Level 3 Fair Value Measurements

	Fair Value at December 31, 2022	Valuation Techniques	Unobservable Inputs	Range
TIAA Traditional Annuity	$ 5,775,385	Discounted cash flow and theoretical transfer (exit value)	Risk adjusted discount rate applied *	RA - 3.70% – 6.25% SRA - 3.00% - 5.50% GSRA - 3.00% - 5.50%

* Unobservable inputs include discount rate applied.

The plan administrator assesses the fair value measurement policies and procedures applied by TIAA and CREF on a continuing basis. Periodically, the plan administrator, with assistance from an independent third-party, determines if the current valuation techniques used in the fair value measurements are still appropriate.

5. PARTY-IN-INTEREST TRANSACTIONS

TIAA and CREF are the insurance companies and issuers of the annuity contracts, record keepers, and trustees of the Plan. As such, transactions between TIAA, CREF, and the Plan qualify as party-in-interest transactions. Additionally, notes receivable from participants and plan loans qualify as party-in-interest transactions.

6. INCOME TAX STATUS

The Plan is exempt from federal income tax under Section 403(b) of the Internal Revenue Code (IRC). The Plan is required to operate in accordance with the IRC to maintain its tax-exempt status for Plan participants. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, WXXI has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants would remain 100% vested in their accounts.

8. RECONCILIATION TO FORM 5500

Certain items have been classified differently between the financial statements and Form 5500. Net assets available for benefits and changes in net assets available for benefits per the financial statements agree to Form 5500 in total as of and for the years ended December 31, 2023 and 2022.

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 10, 2024, which is the date the financial statements were available to be issued.

WXXI PUBLIC BROADCASTING COUNCIL
403(B) DEFINED CONTRIBUTION PLAN

EMPLOYER IDENTIFICATION NUMBER #16-0838086
PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	** (d) Cost	(e) Current Value
	MUTUAL FUNDS:			
*	CREF Stock R1	Mutual fund		$ 4,700,565
*	CREF Global Equities R1	Mutual fund		1,269,955
*	CREF Social Choice R1	Mutual fund		1,223,062
*	CREF Equity Index R1	Mutual fund		932,813
*	CREF Growth R1	Mutual fund		693,086
*	TIAA-CREF Lfcyle Idx 2035-Rtmt	Mutual fund		673,108
*	CREF Money Market R1	Mutual fund		586,949
*	CREF Bond Market R1	Mutual fund		532,558
*	TIAA Access Intl Equity T4	Mutual fund		507,640
*	TIAA-CREF Lfcyle Idx 2025-Rtmt	Mutual fund		426,621
	Vanguard 500 Idx Adm	Mutual fund		418,104
*	TIAA-CREF Lfcyle Idx 2030-Rtmt	Mutual fund		374,772
	Metropolitan West Tot Ret Bd M	Mutual fund		322,104
*	CREF Inflation-Linked Bond R1	Mutual fund		285,189
*	TIAA Access Lifecycle 2050 T4	Mutual fund		255,298
*	TIAA Access Sml Cp Eq T4	Mutual fund		244,338
*	TIAA-CREF Lfcyle Idx 2040-Rtmt	Mutual fund		234,623
*	TIAA Access Lifecycle 2035 T4	Mutual fund		229,388
*	TIAA-CREF Lfcyle Idx 2045-Rtmt	Mutual fund		228,187
*	TIAA Access Real Est Secs T4	Mutual fund		227,188
	Vanguard Ttl Intl Stk Idx Adm	Mutual fund		226,969
	MFS Mid Cap Value Class R4	Mutual fund		216,970
*	TIAA Access Mid-Cap Val T4	Mutual fund		211,114
*	TIAA Access Lifecycle 2045 T4	Mutual fund		205,155
	Vanguard Extended Mkt Idx Adm	Mutual fund		202,465
*	TIAA Access Lg-Cap Val T4	Mutual fund		199,539
*	TIAA-CREF Money Market-Rtmt	Mutual fund		197,141
*	TIAA-CREF Lfcyle Idx 2050-Rtmt	Mutual fund		191,489
*	TIAA Access Lifecycle 2025 T4	Mutual fund		174,414
*	TIAA Access Lifecycle 2030 T4	Mutual fund		172,062
	AF EuroPacific Growth Fund R4	Mutual fund		162,843
*	TIAA Access Social Ch Eq T4	Mutual fund		155,006
*	TIAA Access Sm-Cap Bl Idx T4	Mutual fund		145,613
*	TIAA Access Growth & Income T4	Mutual fund		135,693
*	TIAA Access Lifecycle 2020 T4	Mutual fund		123,303
*	TIAA Access Core Bond Plus T4	Mutual fund		95,046
*	TIAA Access Lifecycle 2040 T4	Mutual fund		90,852
*	TIAA Access Mid-Cap Gr T4	Mutual fund		88,608
	MFS Mid Cap Growth Class R4	Mutual fund		78,473
	Harbor Capital Appreciation In	Mutual fund		69,381
*	TIAA-CREF Lfcyle Idx 2055-Rtmt	Mutual fund		68,331
*	TIAA-CREF Lfcyle Idx 2020-Rtmt	Mutual fund		67,232
	Vanguard Ttl Bd Mkt Idx Adm	Mutual fund		60,533
*	TIAA Access Equity Index T4	Mutual fund		43,668
	MFS Value Fund Class R4	Mutual fund		43,370
	Allspring Spec Small Cap Value R6	Mutual fund		42,336
*	TIAA Access Lg-Cap Gr T4	Mutual fund		38,229
*	TIAA Access Lifecycle 2055 T4	Mutual fund		34,388

(Continued)

WXXI PUBLIC BROADCASTING COUNCIL
403(B) DEFINED CONTRIBUTION PLAN

EMPLOYER IDENTIFICATION NUMBER #16-0838086
PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023
(Continued)

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) ** Cost	(e) Current Value
	MUTUAL FUNDS (Continued):			
*	TIAA-CREF Lfcyle Idx 2060-Rtmt	Mutual fund		13,439
*	TIAA-CREF Lfcyle Idx RtIn-Rtmt	Mutual fund		4,540
*	TIAA-CREF Lfcyle Idx 2015-Rtmt	Mutual fund		2,878
*	TIAA Access Lifecycle 2060 T4	Mutual fund		1,331
	Principal Small Cap Grw I R5	Mutual fund		1,226
*	TIAA Access Lfcycle Rtmt Inc T4	Mutual fund		583
*	TIAA-CREF Lfcyle Idx 2010-Rtmt	Mutual fund		81
*	TIAA Access Lifecycle 2015 T4	Mutual fund		41
				17,929,890
	POOLED SEPARATE ACCOUNT:			
*	TIAA Real Estate	Pooled separate account		619,290
	FIXED ANNUITY CONTRACTS:			
*	TIAA Traditional Annuity Non-Benefit Responsive	Fixed annuity contract		5,587,512
*	TIAA Traditional Annuity Benefit Responsive	Fixed annuity contract		1,364,804
				6,952,316
	NOTES RECEIVABLE FROM PARTICIPANTS:			
*	Interest rates ranging from 4.25% to 9.50%, maturing at various dates through 2028			25,864
				$ 25,527,360

* Denotes party-in-interest.
** Cost omitted as these investments are participant-directed.

WXXI PUBLIC BROADCASTING COUNCIL
403(B) DEFINED CONTRIBUTION PLAN

EMPLOYER IDENTIFICATION NUMBER #16-0838086
PLAN #001
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2023

	Total that Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 309 *	$ 309 *	$ -	$ -	$ -

* There are no participant loan repayments included in this amount.

WXXI PUBLIC BROADCASTING COUNCIL
403(B) DEFINED CONTRIBUTION PLAN

EMPLOYER IDENTIFICATION NUMBER #16-0838086
PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	** (d) Cost	(e) Current Value
	MUTUAL FUNDS:			
*	CREF Stock R1	Mutual fund		$ 4,700,565
*	CREF Global Equities R1	Mutual fund		1,269,955
*	CREF Social Choice R1	Mutual fund		1,223,062
*	CREF Equity Index R1	Mutual fund		932,813
*	CREF Growth R1	Mutual fund		693,086
*	TIAA-CREF Lfcyle Idx 2035-Rtmt	Mutual fund		673,108
*	CREF Money Market R1	Mutual fund		586,949
*	CREF Bond Market R1	Mutual fund		532,558
*	TIAA Access Intl Equity T4	Mutual fund		507,640
*	TIAA-CREF Lfcyle Idx 2025-Rtmt	Mutual fund		426,621
	Vanguard 500 Idx Adm	Mutual fund		418,104
*	TIAA-CREF Lfcyle Idx 2030-Rtmt	Mutual fund		374,772
	Metropolitan West Tot Ret Bd M	Mutual fund		322,104
*	CREF Inflation-Linked Bond R1	Mutual fund		285,189
*	TIAA Access Lifecycle 2050 T4	Mutual fund		255,298
*	TIAA Access Sml Cp Eq T4	Mutual fund		244,338
*	TIAA-CREF Lfcyle Idx 2040-Rtmt	Mutual fund		234,623
*	TIAA Access Lifecycle 2035 T4	Mutual fund		229,388
*	TIAA-CREF Lfcyle Idx 2045-Rtmt	Mutual fund		228,187
*	TIAA Access Real Est Secs T4	Mutual fund		227,188
	Vanguard Ttl Intl Stk Idx Adm	Mutual fund		226,969
	MFS Mid Cap Value Class R4	Mutual fund		216,970
*	TIAA Access Mid-Cap Val T4	Mutual fund		211,114
*	TIAA Access Lifecycle 2045 T4	Mutual fund		205,155
	Vanguard Extended Mkt Idx Adm	Mutual fund		202,465
*	TIAA Access Lg-Cap Val T4	Mutual fund		199,539
*	TIAA-CREF Money Market-Rtmt	Mutual fund		197,141
*	TIAA-CREF Lfcyle Idx 2050-Rtmt	Mutual fund		191,489
*	TIAA Access Lifecycle 2025 T4	Mutual fund		174,414
*	TIAA Access Lifecycle 2030 T4	Mutual fund		172,062
	AF EuroPacific Growth Fund R4	Mutual fund		162,843
*	TIAA Access Social Ch Eq T4	Mutual fund		155,006
*	TIAA Access Sm-Cap Bl Idx T4	Mutual fund		145,613
*	TIAA Access Growth & Income T4	Mutual fund		135,693
*	TIAA Access Lifecycle 2020 T4	Mutual fund		123,303
*	TIAA Access Core Bond Plus T4	Mutual fund		95,046
*	TIAA Access Lifecycle 2040 T4	Mutual fund		90,852
*	TIAA Access Mid-Cap Gr T4	Mutual fund		88,608
	MFS Mid Cap Growth Class R4	Mutual fund		78,473
	Harbor Capital Appreciation In	Mutual fund		69,381
*	TIAA-CREF Lfcyle Idx 2055-Rtmt	Mutual fund		68,331
*	TIAA-CREF Lfcyle Idx 2020-Rtmt	Mutual fund		67,232
	Vanguard Ttl Bd Mkt Idx Adm	Mutual fund		60,533
*	TIAA Access Equity Index T4	Mutual fund		43,668
	MFS Value Fund Class R4	Mutual fund		43,370
	Allspring Spec Small Cap Value R6	Mutual fund		42,336
*	TIAA Access Lg-Cap Gr T4	Mutual fund		38,229
*	TIAA Access Lifecycle 2055 T4	Mutual fund		34,388

(Continued)

WXXI PUBLIC BROADCASTING COUNCIL
403(B) DEFINED CONTRIBUTION PLAN

EMPLOYER IDENTIFICATION NUMBER #16-0838086
PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023
(Continued)

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) ** Cost	(e) Current Value
	MUTUAL FUNDS (Continued):			
*	TIAA-CREF Lfcyle Idx 2060-Rtmt	Mutual fund		13,439
*	TIAA-CREF Lfcyle Idx RtIn-Rtmt	Mutual fund		4,540
*	TIAA-CREF Lfcyle Idx 2015-Rtmt	Mutual fund		2,878
*	TIAA Access Lifecycle 2060 T4	Mutual fund		1,331
	Principal Small Cap Grw I R5	Mutual fund		1,226
*	TIAA Access Lfcycle Rtmt Inc T4	Mutual fund		583
*	TIAA-CREF Lfcyle Idx 2010-Rtmt	Mutual fund		81
*	TIAA Access Lifecycle 2015 T4	Mutual fund		41
				17,929,890
	POOLED SEPARATE ACCOUNT:			
*	TIAA Real Estate	Pooled separate account		619,290
	FIXED ANNUITY CONTRACTS:			
*	TIAA Traditional Annuity Non-Benefit Responsive	Fixed annuity contract		5,587,512
*	TIAA Traditional Annuity Benefit Responsive	Fixed annuity contract		1,364,804
				6,952,316
	NOTES RECEIVABLE FROM PARTICIPANTS:			
*	Interest rates ranging from 4.25% to 9.50%, maturing at various dates through 2028			25,864
				$ 25,527,360

* Denotes party-in-interest.
** Cost omitted as these investments are participant-directed.

Bonadio & Co., LLP
Certified Public Accountants

October 15, 2024

Mr. Lance Thomas
Chief Financial Officer
WXXI Public Broadcasting Council
280 State Street
Rochester, NY 14614

Dear Lance:

Plan administrators are permitted to authorize a plan service provider managing the Plan's annual filing process to electronically submit Form 5500 and Form 8955-SSA for the Plan. In order to do so, we have obtained our own signing credentials. We must also obtain specific written authorization from the plan administrator, granting us authorization to submit the Plan's electronic filing on your behalf. In addition, a paper copy of the first page of Form 5500 and Form 8955-SSA manually signed by the plan administrator must be attached to the electronic filing submitted to EFAST2.

Please note that by electing to use this option, the image of the plan administrator's manual signature will be included with the annual return posted by the Labor Department on the internet for public disclosure.

If you have any questions, please let us know. If you agree to grant us authorization to electronically file on your behalf as described above, please sign the enclosed copy and return it to us.

Very truly yours,

BONADIO & CO., LLP

Joseph R. Peresan, CPA

by
Joseph Peresan

RESPONSE:

WXXI Public Broadcasting Council authorizes Bonadio & Co., LLP to electronically file the Tax Deferred Annuity Plan for Employees of WXXI Public Broadcasting Council 2023 final Form 5500 and Form 8955-SSA on our behalf.

Officer Signature: V.P. Thomas

Title: CHIEF FINANCIAL OFFICER

Date: 10/15/2024

100 Corporate Parkway
Suite 200
Amherst, NY 14226
p (716) 250-6600
f (716) 250-6605

www.bonadio.com

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

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

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

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
TAX DEFERRED ANNUITY PLAN FOR EMPLOYEES OF WXXI PUBLIC BROADCASTING COUNCIL

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/31/1967

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)
WXXI PUBLIC BROADCASTING COUNCIL

PO BOX 30021

ROCHESTER NY 14603-3021

2b Employer Identification Number (EIN) 16-0838086

2c Plan Sponsor's telephone number 585-325-7500

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	V.P. Mow	10/15/24	LANCELOT THOMAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	V.P. Mow	10/15/24	LANCELOT THOMAS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

318401 11-21-23