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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

|         |                                                                                                                                                                                                                                                                                                                                    |
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| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                             |
| 1a      | Name of plan<br>THE YOUNGSTOWN NEWSPAPER GUILD -VINDICATOR PRINTING CO EMPLS RETIREMENT PLAN                                                                                                                                                                                                                                       |
| 1b      | Three-digit plan number (PN) ▶ 003                                                                                                                                                                                                                                                                                                 |
| 1c      | Effective date of plan<br>03/01/1972                                                                                                                                                                                                                                                                                               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>WFMJ TELEVISION, INC.<br><br>101 W. BOARDMAN STREET<br>YOUNGSTOWN, OH 44503 |
| 2b      | Employer Identification Number (EIN)<br>34-1396336                                                                                                                                                                                                                                                                                 |
| 2c      | Plan Sponsor's telephone number<br>330-744-8611                                                                                                                                                                                                                                                                                    |
| 2d      | Business code (see instructions)<br>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. | 12/13/2024 | MARK A. BROWN, VICE-PRESIDENT                                |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 12/13/2024 | MARK A. BROWN, VICE-PRESIDENT                                |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             |
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| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                           |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 165                                                                                                                                                                                                                                |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 0<br><b>6a(2)</b> 0<br><b>6b</b> 94<br><b>6c</b> 56<br><b>6d</b> 150<br><b>6e</b> 10<br><b>6f</b> 160<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                    |

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

1A 1I

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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| For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>THE YOUNGSTOWN NEWSPAPER GUILD -VINDICATOR PRINTING CO EMPLS RETIREMENT PLAN                                     | B Three-digit plan number (PN) ▶ 003                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>WFMJ TELEVISION, INC.                                         | D Employer Identification Number (EIN)<br>34-1396336                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 03 Day 01 Year 2023                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 4671687                   |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 5138856                   |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                                     | 101                        | 2929074                   | 2929074                  |
| b      | For terminated vested participants                                                                                                                                                               | 65                         | 1051234                   | 1051234                  |
| c      | For active participants                                                                                                                                                                          | 0                          | 0                         | 0                        |
| d      | Total                                                                                                                                                                                            | 166                        | 3980308                   | 3980308                  |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 8.00 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 0                         |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 127144                    |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 127144                    |                          |

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

|                          |                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>MATTHEW C. KAISER</div> <div>Type or print name of actuary</div> <div>WILLIS TOWERS WATSON US LLC</div> <div>Firm name</div> <div>1001 LAKESIDE AVENUE<br/>SUITE 1500<br/>CLEVELAND, OH 44114</div> <div>Address of the firm</div> | <div>11/25/2024</div> <div>Date</div> <div>23-05784</div> <div>Most recent enrollment number</div> <div>216-937-4000</div> <div>Telephone number (including area code)</div> |
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**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 185575                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 185575                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-7.94</u> % .....                                                                                | 0                     | -14735                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>8.00</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    |                       | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 170840                 |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 124.81 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 129.10 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 121.13 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

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| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
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|                                                                                                                                                                                              |                        |                        |                                                     |
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| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>8.00 % | 2nd segment:<br>8.00 % | 3rd segment:<br>8.00 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b>                                           |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

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| <b>Part VI</b> | <b>Miscellaneous Items</b> |
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|                                                                                                                                                                        |           |                                                                     |
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| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |           |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b> | 9                                                                   |

|                 |                                                                                |
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| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
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|                                                                                                                                     |           |   |
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| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           |                     | <b>31a</b>         | 127144        |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                     | <b>31b</b>         | 127144        |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     | <b>33</b>          |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           |                     | <b>34</b>          | 0             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   |                     | <b>36</b>          | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                     | <b>37</b>          | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             |                     | <b>38a</b>         | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                     | <b>38b</b>         | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                     | <b>39</b>          | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                     | <b>40</b>          | 0             |

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| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
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|                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024

|                                                                                                                              |                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>THE YOUNGSTOWN NEWSPAPER GUILD -VINDICATOR PRINTING CO EMPLS RETIREMENT PLAN</div> | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>003</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>WFMJ TELEVISION, INC.</div>                | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>34-1396336</div> |

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

x

No
- b

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

(b)

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

(b)

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

(b)

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

(b)

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

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

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

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

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

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

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

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

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

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

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

TRUIST BANK

56-1074313

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | NONE                                                                                              | 29510                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WILLIS TOWERS WATSON US LLC

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 27422                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WM G. BARTH & ASSOCIATES, INC

20-3926686

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 14000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

|                                                                                                                   |                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024                        |                                                                         |  |
| <div>A Name of plan</div> <div>THE YOUNGSTOWN NEWSPAPER GUILD -VINDICATOR PRINTING CO EMPLS RETIREMENT PLAN</div> | <div>B Three-digit plan number (PN)</div> <div>▶</div> <div>003</div>   |  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>WFMJ TELEVISION, INC.</div>                | <div>D Employer Identification Number (EIN)</div> <div>34-1396336</div> |  |

|        |                               |
|--------|-------------------------------|
| 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)    | 66584                 | 98052           |
| (2) U.S. Government securities .....                                                        | 1c(2)    |                       |                 |
| (3) Corporate debt instruments (other than employer securities):                            |          |                       |                 |
| (A) Preferred.....                                                                          | 1c(3)(A) |                       |                 |
| (B) All other.....                                                                          | 1c(3)(B) |                       |                 |
| (4) Corporate stocks (other than employer securities):                                      |          |                       |                 |
| (A) Preferred.....                                                                          | 1c(4)(A) |                       |                 |
| (B) Common .....                                                                            | 1c(4)(B) |                       |                 |
| (5) Partnership/joint venture interests .....                                               | 1c(5)    |                       |                 |
| (6) Real estate (other than employer real property) .....                                   | 1c(6)    |                       |                 |
| (7) Loans (other than to participants) .....                                                | 1c(7)    |                       |                 |
| (8) Participant loans .....                                                                 | 1c(8)    |                       |                 |
| (9) Value of interest in common/collective trusts .....                                     | 1c(9)    |                       |                 |
| (10) Value of interest in pooled separate accounts.....                                     | 1c(10)   |                       |                 |
| (11) Value of interest in master trust investment accounts .....                            | 1c(11)   |                       |                 |
| (12) Value of interest in 103-12 investment entities .....                                  | 1c(12)   |                       |                 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) .....        | 1c(13)   | 4605103               | 4944152         |
| (14) Value of funds held in insurance company general account (unallocated contracts) ..... | 1c(14)   |                       |                 |
| (15) Other.....                                                                             | 1c(15)   |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 4671687               | 5042204         |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 4671687               | 5042204         |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> |            |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 85389      |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 85389     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> | 3383529    |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> | 3144026    |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 506022    |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 830914    |

**Expenses**

|                                                                                      |        |        |        |
|--------------------------------------------------------------------------------------|--------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |        |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 347941 |        |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  |        |        |
| (3) Other .....                                                                      | 2e(3)  |        |        |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |        | 347941 |
| f Corrective distributions (see instructions) .....                                  | 2f     |        |        |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |        |        |
| h Interest expense .....                                                             | 2h     |        |        |
| i Administrative expenses:                                                           |        |        |        |
| (1) Salaries and allowances .....                                                    | 2i(1)  |        |        |
| (2) Contract administrator fees.....                                                 | 2i(2)  |        |        |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |        |        |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 14000  |        |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  |        |        |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  | 29510  |        |
| (7) Actuarial fees .....                                                             | 2i(7)  | 27422  |        |
| (8) Legal fees .....                                                                 | 2i(8)  |        |        |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |        |        |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |        |        |
| (11) Other expenses .....                                                            | 2i(11) | 41524  |        |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |        | 112456 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |        | 460397 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 370517 |
| l Transfers of assets:                                   |       |  |        |
| (1) To this plan .....                                   | 2l(1) |  |        |
| (2) From this plan .....                                 | 2l(2) |  |        |

**Part III Accountant's Opinion**

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

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

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

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

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

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

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

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

**d** The opinion of an independent qualified public accountant is **not attached** 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |        |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |        |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 526783.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>THE YOUNGSTOWN NEWSPAPER GUILD -VINDICATOR PRINTING CO EMPLS RETIREMENT PLAN                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 003                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>WFMJ TELEVISION, INC.                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>34-1396336                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                                | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 56-1074313                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 3 0                                                                                             |
| Part II                                                                                                                                                                                                                                                                                                                                                               | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. .... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2023 v. 230707                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                  |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> 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:                                                                                                             |            |  |
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) ..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                 | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                            | <b>14c</b> |  |
| <b>15</b> 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:                                                                                                                                           |            |  |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                                                                                            | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |  |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                         | <b>16a</b> |  |
| <b>b</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 .....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> 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..... <input type="checkbox"/>                                                                    |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/> |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):                                                                                                                                                                                                                                                                                                                    |  |
| <b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%                                                                                                                                             |  |
| <b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                  |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.                                                                                                                                                                                                                                                |  |
| <b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                      |  |
| <b>b</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:                                                                                                                                                                                                                                                                     |  |
| <input type="checkbox"/> Yes.                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <input type="checkbox"/> 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.                                                                                                                                                                                                |  |
| <input type="checkbox"/> 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.                                                                                                                                                         |  |
| <input type="checkbox"/> No. Other. Provide explanation: _____                                                                                                                                                                                                                                                                                                                                                 |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |  |
| <b>21b</b> 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). |  |
| <input type="checkbox"/> Design-based safe harbor method                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> "Prior year" ADP test                                                                                                                                                                                                                                          |  |
| <input type="checkbox"/> "Current year" ADP test                                                                                                                                                                                                                                        |  |
| <input type="checkbox"/> N/A                                                                                                                                                                                                                                                            |  |
| <b>22</b> 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 _____.                                                           |  |

**AUDITED FINANCIAL STATEMENTS**

**THE YOUNGSTOWN NEWSPAPER GUILD -  
VINDICATOR PRINTING COMPANY  
EMPLOYEES' RETIREMENT INCOME PLAN (003)**

**February 29, 2024 and February 28, 2023**

**AUDITED FINANCIAL STATEMENTS**

**THE YOUNGSTOWN NEWSPAPER GUILD -  
VINDICATOR PRINTING COMPANY EMPLOYEES' RETIREMENT INCOME PLAN (003)**

**February 29, 2024 and February 28, 2023**

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\*\*\*\*\*

# Wm G. Barth & Associates, Inc.

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Established 1976

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administration Committee of  
The Youngstown Newspaper Guild – Vindicator Printing Company  
Employees' Retirement Income Plan (003)

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

We have performed audits of the accompanying financial statements of The Youngstown Newspaper Guild – Vindicator Printing Company Employees' Retirement Income Plan (003), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits [and of accumulated plan benefits] as of February 29, 2024 and February 28, 2023, and the related statements of changes in net assets available for benefits [and of changes in accumulated plan 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 Youngstown Newspaper Guild – Vindicator Printing Company Employees' Retirement Income Plan (003)'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 February 29, 2024 and February 28, 2023, and for the year ended February 29, 2024, stating that the certified investment information, as described in Note H to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Youngstown Newspaper Guild – Vindicator Printing Company Employees' Retirement Income Plan (003) 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 Youngstown Newspaper Guild – Vindicator Printing Company Employees' Retirement Income Plan (003)'s ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Youngstown Newspaper Guild – Vindicator Printing Company Employees' Retirement Income Plan (003)'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 Youngstown Newspaper Guild – Vindicator Printing Company Employees' Retirement Income Plan (003)'s ability to continue as a going concern for a reasonable period of time.

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

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

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

#### **Supplemental Schedules Required by ERISA**

The supplemental schedules of the statement of assets held at end of year as of February 29, 2024, and the statement of reportable transactions for the year ended February 29, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

*Wm G. Barth & Associates, Inc.*  
A Certified Public Accounting Firm  
Youngstown, Ohio  
December 13, 2024

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

THE YOUNGSTOWN NEWSPAPER GUILD –  
VINDICATOR PRINTING COMPANY EMPLOYEES' RETIREMENT INCOME PLAN (003)

|                                                       | <u>FEBRUARY 29</u><br><u>2024</u> | <u>FEBRUARY 28</u><br><u>2023</u> |
|-------------------------------------------------------|-----------------------------------|-----------------------------------|
| <b><u>ASSETS</u></b>                                  |                                   |                                   |
| Assets in trust at fair market value - NOTES A and D: |                                   |                                   |
| Money market funds                                    | \$ 98,052                         | \$ 66,584                         |
| Equity securities                                     | 2,721,255                         | 1,615,112                         |
| Mutual funds                                          | 2,222,897                         | 2,989,991                         |
| Employer contribution receivable                      | -                                 | -                                 |
| <b><u>LIABILITIES</u></b>                             |                                   |                                   |
| Accrued expenses                                      | -                                 | -                                 |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>              | <b>\$ 5,042,204</b>               | <b>\$ 4,671,687</b>               |

See accompanying notes to financial statements

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

THE YOUNGSTOWN NEWSPAPER GUILD –  
VINDICATOR PRINTING COMPANY EMPLOYEES' RETIREMENT INCOME PLAN (003)

|                                                  | FEBRUARY 29<br>2024 | FEBRUARY 28<br>2023 |
|--------------------------------------------------|---------------------|---------------------|
| <b><u>ADDITIONS</u></b>                          |                     |                     |
| Employer contributions                           | \$ -                | \$ -                |
| Investment income:                               |                     |                     |
| Net appreciation in fair value of investments    | \$ 506,022          | \$ -                |
| Earnings from investments                        | 85,389              | 73,160              |
| Realized gain on sale of investments             | 239,503             | 179,179             |
| NET INVESTMENT INCOME                            | \$ 830,914          | \$ 252,339          |
| TOTAL ADDITIONS                                  | \$ 830,914          | \$ 252,339          |
| <b><u>DEDUCTIONS</u></b>                         |                     |                     |
| Retirement and disability benefits paid          | \$ 347,941          | \$ 376,513          |
| Administrative expense                           | 112,456             | 127,144             |
| Net depreciation in fair value of investments    | -                   | 677,148             |
| TOTAL DEDUCTIONS                                 | \$ 460,397          | \$ 1,180,805        |
| NET ADDITIONS-(DEDUCTIONS) DURING YEAR           | \$ 370,517          | \$ (928,466)        |
| <b><u>BALANCE AT BEGINNING OF YEAR</u></b>       |                     |                     |
| Net assets available for benefits                | 4,671,687           | 5,600,153           |
| NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR | \$ 5,042,204        | \$ 4,671,687        |

See accompanying notes to financial statements

## **NOTES TO FINANCIAL STATEMENTS**

### **THE YOUNGSTOWN NEWSPAPER GUILD – VINDICATOR PRINTING COMPANY EMPLOYEES' RETIREMENT INCOME PLAN (003)**

February 29, 2024 and February 28, 2023

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

##### **Basis of Accounting:**

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

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

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

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

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

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

Benefit payments to participants are recorded upon distribution.

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

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

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

The Plan Sponsor evaluated its February 29, 2024 financial statements for subsequent events through December 13, 2024 the date the financial statements were available to be issued, and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements or notes.

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

THE YOUNGSTOWN NEWSPAPER GUILD –  
VINDICATOR PRINTING COMPANY EMPLOYEES' RETIREMENT INCOME PLAN (003)

February 29, 2024 and February 28, 2023

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

**Reclassifications:**

Certain minor reclassifications were made to the February 28, 2023 financial statements in order to conform them to the February 29, 2024 presentation.

**NOTE B - DESCRIPTION OF PLAN**

**General:**

The Plan is a defined benefit pension plan incident to a pension agreement and amendments between The Vindicator Printing Company and The Youngstown Newspaper Guild, a Local (No. 11) chartered by The Newspaper Guild – Communications Workers of America, AFL-CIO. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan sponsor switched from The Vindicator Printing Company to WFMJ Television, Inc. as allowed by contractual agreement between The Vindicator Printing Company and The Youngstown Newspaper Guild.

Any employment with the Company for which the Company makes contributions to the Plan is "Covered Employment" under the Plan. The Company's contributions to the Plan are governed by the collective bargaining agreement between the Company and the Guild.

**Participant's Accounts:**

Benefit provisions use "Credited Service" to determine the amount of the pension under the Plan. The service consists of three parts:

1. Credited Service Prior to March 1, 1972, the effective date of the Plan, is granted only if the employee is in the bargaining unit of the Guild on March 1, 1972. This service would be equal to the period of full-time employment with the Company prior to March 1, 1972, determined to the nearest month.
2. Credited Service during the period from March 1, 1972 to March 1, 1976 is counted at the rate of one year for each year of full-time employment while in the bargaining unit of the Guild, determined to the nearest month. During this period, proportionate deductions are made for certain unpaid leaves of absence, layoffs and other disqualifying absences.
3. Credited Service during March 1, 1976 and July 1, 2011 is earned based on the period of periods of covered employment, determined to the nearest month. During this period, proportionate deductions are made for certain leaves of absence, layoffs and other disqualifying absences, but only for that portion of the period of absence which is in excess of one year. Credited service includes the period or periods of any leaves of absence for personal sickness, Guild business, technical training, military service or absence because of Company compensable injuries or sickness.

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

THE YOUNGSTOWN NEWSPAPER GUILD –  
VINDICATOR PRINTING COMPANY EMPLOYEES' RETIREMENT INCOME PLAN (003)

February 29, 2024 and February 28, 2023

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

**Funding Policy:**

The Plan's funding policy is for the Plan Sponsor to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During February 29, 2024 and February 28, 2023, the Plan Sponsor made contributions of \$0. The Plan Sponsor's contributions for February 29, 2024 and February 28, 2023 have exceeded the minimum funding requirements of ERISA.

**Pension Benefits:**

The Pension Plan benefits consist of 1.3% of the average monthly compensation multiplied by credited service (not in excess of 30 years). The Plan benefit is reduced by any benefit payable from the Equitable Group Annuity Contract (No. 643).

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

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

Effective July 2, 2011, the Company has chosen to freeze the accrual of pension benefits and to close participation. While the Company has not expressed any intent to discontinue contributions or terminate the Plan, it has the right to do so under the Plan, the net assets are to be allocated in accordance with the plan documents.

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

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

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

THE YOUNGSTOWN NEWSPAPER GUILD –  
VINDICATOR PRINTING COMPANY EMPLOYEES' RETIREMENT INCOME PLAN (003)

February 29, 2024 and February 28, 2023

**NOTE C – FUNDING AND ACTUARIAL DATA**

|                                                           |               | AS OF MARCH 1       |                     |
|-----------------------------------------------------------|---------------|---------------------|---------------------|
|                                                           |               | 2024                | 2023                |
| Actuarial present value of accumulated plan benefits:     |               |                     |                     |
| Vested benefits -                                         |               |                     |                     |
| Retired participants and beneficiaries receiving payments | \$ 2,972,185  | \$ 3,090,046        |                     |
| Other participants                                        | 1,133,454     | 1,193,543           |                     |
|                                                           | \$ 4,105,639  | \$ 4,283,589        |                     |
| Non-vested benefits                                       |               | -                   | -                   |
|                                                           |               |                     |                     |
|                                                           | <b>TOTALS</b> | <b>\$ 4,105,639</b> | <b>\$ 4,283,589</b> |
|                                                           |               |                     |                     |
| (Overfunded) actuarial (asset)                            | \$ (936,565)  | \$ (388,098)        |                     |

Reconciliation of Present Value of Accumulated Benefits

|                                                                  |              |
|------------------------------------------------------------------|--------------|
| 1) Present value of accumulated benefits as of February 28, 2023 | \$ 4,283,589 |
| 2) Changes during the year due to:                               |              |
| a. Benefits accumulated                                          | \$ -         |
| b. Actuarial (gains)-losses                                      | (117,682)    |
| c. Decrease in the discount period                               | 287,673      |
| d. Actual benefits paid                                          | (347,941)    |
| e. Assumption changes                                            | -            |
| f. Plan amendments                                               | -            |
| g. Net increase-(decrease)                                       | \$ (177,950) |
| 3) Present value of accumulated benefits as of February 29, 2024 | \$ 4,105,639 |

The actuarial present values of accumulated plan benefits and the unfunded actuarial liability were calculated by Towers Watson, consulting actuaries, as of March 1, 2024 and 2023, respectively. The actuarial present value of accumulated plan benefits was determined on a "going concern" basis, based on each participant's age, service and estimated average salary at the indicated dates. The actuary's method assumptions include the entry age normal actuarial cost method, life expectancy of participants, assumed retirement age 65, or attained age, if later, and asset values at the amount reported by Truist Bank in their pension plan fund account. The interest rate used to value vested benefits for 2024 and 2023 was 7.00%. The interest rate used to calculate the unfunded actuarial liability for 2024 and 2023 was 8.00%. A mortality table using scale MP-2021 was used for 2024 and 2023.

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

THE YOUNGSTOWN NEWSPAPER GUILD –  
VINDICATOR PRINTING COMPANY EMPLOYEES' RETIREMENT INCOME PLAN (003)

February 29, 2024 and February 28, 2023

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

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

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

**NOTE D – FAIR VALUE MEASUREMENT**

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

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

The fair values of the pension plan assets at February 29, 2024 and February 28, 2023, by asset category are as follows:

**Fair Value Measurements at February 29, 2024**

| <u>Asset Category</u>         | Total               | Quoted Prices in<br>Active Markets for<br>Identical Assets |
|-------------------------------|---------------------|------------------------------------------------------------|
|                               |                     | (Level 1)                                                  |
| Cash - federated money market | \$ 98,052           | \$ 98,052                                                  |
| Equity securities             | 2,721,255           | 2,721,255                                                  |
| Mutual funds                  | 2,222,897           | 2,222,897                                                  |
| <b>TOTAL</b>                  | <b>\$ 5,042,204</b> | <b>\$ 5,042,204</b>                                        |

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

THE YOUNGSTOWN NEWSPAPER GUILD –  
VINDICATOR PRINTING COMPANY EMPLOYEES' RETIREMENT INCOME PLAN (003)

February 29, 2024 and February 28, 2023

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

| <u>Asset Category</u>         | <u>Fair Value Measurements at February 28, 2023</u> |                                                                                   |
|-------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------|
|                               | <u>Total</u>                                        | <u>Quoted Prices in<br/>Active Markets<br/>for Identical<br/>Assets (Level 1)</u> |
| Cash - federated money market | \$ 66,584                                           | \$ 66,584                                                                         |
| Equity securities             | 1,615,112                                           | 1,615,112                                                                         |
| Mutual funds                  | 2,989,991                                           | 2,989,991                                                                         |
| <b>TOTAL</b>                  | <b>\$ 4,671,687</b>                                 | <b>\$ 4,671,687</b>                                                               |

**NOTE E – RISK AND UNCERTAINTIES**

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

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

**NOTE F - INCOME TAX STATUS**

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

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

During the plan year ended February 29, 2024, the Plan paid administrative expenses of approximately \$112,456. Of this amount, \$29,510 was paid to Truist Bank for the trustee fee. \$41,524 was paid to the Pension Benefit Guarantee Corporation for the plan year premium. \$27,422 was paid to Willis Towers Watson for their actuary fee. \$14,000 was paid to Wm G. Barth & Associates, Inc. for their auditing fees.

During the plan year ended February 28, 2023, the Plan paid administrative expenses of approximately \$127,144. Of this amount, \$29,991 was paid to Truist Bank for the trustee fee. \$61,176 was paid to the Pension Benefit Guarantee Corporation for the plan year premium. \$21,977 was paid to Willis Towers Watson for their actuary fee. \$14,000 was paid to Wm G. Barth & Associates, Inc. for their auditing fees.

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

THE YOUNGSTOWN NEWSPAPER GUILD –  
VINDICATOR PRINTING COMPANY EMPLOYEES' RETIREMENT INCOME PLAN (003)

February 29, 2024 and February 28, 2023

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**NOTE H – CERTIFIED INVESTMENT INFORMATION**

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Truist Bank, the Trustee of the Plan, has certified as of and for the years ended February 29, 2024 and February 28, 2023, that the information, regarding the fair value of investments and the related investment income is complete and accurate.

\* \* \* \* \*

***SUPPLEMENTAL SCHEDULES***

\* \* \* \* \*

**SUPPLEMENTAL SCHEDULE**

THE YOUNGSTOWN NEWSPAPER GUILD –  
VINDICATOR PRINTING COMPANY EMPLOYEES' RETIREMENT INCOME PLAN (003)  
EIN 34-1396336

As of February 29, 2024

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

| a.                        | b. ISSUER OR SIMILAR PARTY                    | c. DESCRIPTION OF INVESTMENT    | d. COST             | e. CURRENT<br>VALUE |
|---------------------------|-----------------------------------------------|---------------------------------|---------------------|---------------------|
| <u>MONEY MARKET FUNDS</u> |                                               |                                 |                     |                     |
| a.                        | Federated Money Market - Treasury Obligations | 98,051.610 shares               | \$ 98,052           | \$ 98,052           |
|                           |                                               | <b>TOTAL MONEY MARKET FUNDS</b> | <b>\$ 98,052</b>    | <b>\$ 98,052</b>    |
| <u>EQUITY SECURITIES</u>  |                                               |                                 |                     |                     |
| a.                        | Ishares Russell 1000 Growth ETF               | 1,054.000 shares                | \$ 113,125          | \$ 349,022          |
| b.                        | Ishares U.S. Treasury Bond ETF                | 28,422.000 shares               | 712,288             | 643,758             |
| c.                        | Ishares Core Dividend Growth ETF              | 3,997.000 shares                | 147,825             | 224,551             |
| d.                        | Vanguard FTSE Developed Markets ETF           | 3,910.000 shares                | 185,614             | 190,339             |
| e.                        | Ishares Core S&P Small Cap ETF                | 1,304.000 shares                | 139,234             | 139,984             |
| f.                        | Vanguard Total Bond Market ETF                | 8,973.000 shares                | 680,647             | 648,030             |
| g.                        | Ishares Core S&P Mid Cap ETF                  | 9,115.000 shares                | 520,330             | 525,571             |
|                           |                                               | <b>TOTAL EQUITY SECURITIES</b>  | <b>\$ 2,499,063</b> | <b>\$ 2,721,255</b> |
| <u>MUTUAL FUNDS</u>       |                                               |                                 |                     |                     |
| a.                        | Invesco Developing Markets Fund               | 1,108.731 shares                | \$ 39,459           | \$ 41,999           |
| b.                        | John Hancock Disciplined Value Fund           | 22,124.115 shares               | 428,974             | 518,589             |
| c.                        | JPMorgan U.S. Equity Fund                     | 34,036.282 shares               | 534,335             | 779,431             |
| d.                        | Pimco Investment Grade Corporate Bond Fund    | 26,247.445 shares               | 272,435             | 232,027             |
| e.                        | T. Rowe Price Large-Cap Growth Fund           | 6,320.213 shares                | 198,548             | 459,543             |
| f.                        | T. Rowe Price QM US Small Cap Growth Fund     | 4,365.773 shares                | 137,457             | 191,308             |
|                           |                                               | <b>TOTAL MUTUAL FUNDS</b>       | <b>\$ 1,611,208</b> | <b>\$ 2,222,897</b> |
|                           |                                               | <b>TOTAL INVESTMENTS</b>        | <b>\$ 4,208,323</b> | <b>\$ 5,042,204</b> |

**SUPPLEMENTAL SCHEDULE - (CONTINUED)**

THE YOUNGSTOWN NEWSPAPER GUILD  
VINDICATOR PRINTING COMPANY EMPLOYEES' RETIREMENT INCOME PLAN (003)  
EIN 34-1396336

For the year ended February 29, 2024

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

| a. IDENTITY OF PARTY INVOLVED                                                | b. DESCRIPTION OF ASSETS                          | c. PURCHASE PRICE | d. SELLING PRICE | f. EXPENSE INCURRED WITH TRANSACTION | e. COST OF ASSETS | h. CURRENT VALUE OF ASSETS ON TRANSACTION DATE | i. NET GAIN OR (LOSS) |
|------------------------------------------------------------------------------|---------------------------------------------------|-------------------|------------------|--------------------------------------|-------------------|------------------------------------------------|-----------------------|
|                                                                              |                                                   |                   |                  |                                      |                   |                                                |                       |
| Category (i) - Single Transaction Exceeds 5% of Value                        |                                                   |                   |                  |                                      |                   |                                                |                       |
| Doubleline TTL RTRN Bond-R6                                                  | 35,787,307 Shares Sold in 1 Transaction           | \$ -              | \$ 310,634       | -                                    | \$ 316,224        | \$ 310,634                                     | \$ (5,590)            |
| Eaton Vance-Atlanta SMD-R6                                                   | 12,777,343 Shares Sold in 1 Transaction           | -                 | 517,482          | -                                    | 451,589           | 517,482                                        | 65,893                |
| Federated Hermes Treasury Obligations                                        | 969,836,800 Shares Sold in 1 Transaction          | -                 | 969,837          | -                                    | 969,837           | 969,837                                        | -                     |
| Federated Hermes Treasury Obligations                                        | 967,052,480 Shares Purchased in 1 Transaction     | 967,052           | -                | -                                    | -                 | 967,052                                        | -                     |
| Ishares Core S&P Mid-Cap ETF                                                 | 9,115,000 Shares Purchased in 1 Transaction       | 520,330           | -                | 137                                  | -                 | 520,330                                        | -                     |
| Vanguard Total Bond Market                                                   | 4,309,000 Shares Purchased in 1 Transaction       | 310,313           | -                | 43                                   | -                 | 310,313                                        | -                     |
| Category (ii) - Series of Transactions with Same Broker Exceeds 5% of Value  |                                                   |                   |                  |                                      |                   |                                                |                       |
| Ishares Russell 1000 Growth ETF                                              | 46,000 Shares Sold in 1 Transaction               | \$ -              | \$ 11,271        | -                                    | \$ 10,549         | \$ 11,271                                      | \$ 722                |
| Ishares US Treasury Bond ETF                                                 | 493,000 Shares Purchased in 1 Transaction         | 11,530            | -                | 4                                    | -                 | 11,530                                         | -                     |
| Ishares Core Dividend Growth ETF                                             | 161,000 Shares Sold in 1 Transaction              | -                 | 8,097            | 1                                    | 8,036             | 8,097                                          | 61                    |
| Vanguard Short Term Bond ETF                                                 | 43,000 Shares Purchased in 1 Transaction          | 3,289             | -                | -                                    | -                 | 3,289                                          | -                     |
| Vanguard Total Market                                                        | 64,000 Shares Purchased in 1 Transaction          | 4,728             | -                | -                                    | -                 | 4,728                                          | -                     |
| Vanguard FTSE Developed Markets ETF                                          | 157,000 Shares Sold in 1 Transaction              | -                 | 7,145            | 1                                    | 6,935             | 7,145                                          | 210                   |
| Ishares US Treasury Bond ETF                                                 | 582,000 Shares Sold in 1 Transaction              | -                 | 13,123           | 4                                    | 13,251            | 13,123                                         | (128)                 |
| Ishares Core S&P Mid-Cap ETF                                                 | 9,115,000 Shares Purchased in 1 Transaction       | 520,330           | -                | 137                                  | -                 | 520,330                                        | -                     |
| Vanguard Total Bond Market                                                   | 4,309,000 Shares Purchased in 1 Transaction       | 310,313           | -                | 43                                   | -                 | 310,313                                        | -                     |
| Category (iii) - Series of Transactions in Same Security Exceeds 5% of Value |                                                   |                   |                  |                                      |                   |                                                |                       |
| Federated Hermes Treasury Obligations                                        | 1,552,263,270 Shares Purchased in 59 Transactions | \$ 1,552,260      | \$ -             | -                                    | \$ -              | \$ 1,552,260                                   | \$ -                  |
| Federated Hermes Treasury Obligations                                        | 1,521,114,290 Shares Sold in 27 Transactions      | -                 | 1,521,115        | -                                    | 1,521,115         | 1,521,115                                      | -                     |
| Doubleline TTL RTRN Bond-R6                                                  | 1,492,547 Shares Reinvested in 11 Transactions    | 12,990            | -                | -                                    | -                 | 12,990                                         | -                     |
| Doubleline TTL RTRN Bond-R7                                                  | 3,058,022 Shares Purchased in 2 Transactions      | 27,100            | -                | -                                    | -                 | 27,100                                         | -                     |
| Doubleline TTL RTRN Bond-R8                                                  | 37,869,627 Shares Sold in 5 Transactions          | -                 | 328,834          | -                                    | 334,630           | 328,834                                        | (5,796)               |
| Eaton Vance-Atlanta Smid-R6                                                  | 385,593 Shares Reinvested in 1 Transaction        | 14,333            | -                | -                                    | -                 | 14,333                                         | -                     |
| Eaton Vance-Atlanta Smid-R6                                                  | 15,144,066 Shares Sold in 8 Transactions          | -                 | 606,082          | -                                    | 535,158           | 606,082                                        | 70,924                |
| Ishares Core S&P Mid-Cap ETF                                                 | 9,115,000 Shares Purchased in 1 Transaction       | 520,330           | -                | 137                                  | -                 | 520,330                                        | -                     |
| Vanguard Total Bond Market                                                   | 6,256,000 Shares Purchased in 5 Transactions      | 450,566           | -                | 71                                   | -                 | 450,566                                        | -                     |
| Vanguard Total Bond Market                                                   | 177,000 Shares Sold in 4 Transactions             | -                 | 12,803           | 2                                    | 12,766            | 12,803                                         | 37                    |
| Category (iv) - Single Transaction with One Broker Exceeds 5% of Value       |                                                   |                   |                  |                                      |                   |                                                |                       |
| Ishares Russell 1000 Growth ETF                                              | 46,000 Shares Sold in 1 Transaction               | \$ -              | \$ 11,271        | -                                    | \$ 10,549         | \$ 11,271                                      | \$ 722                |
| Ishares US Treasury Bond ETF                                                 | 493,000 Shares Purchased in 1 Transaction         | 11,530            | -                | 4                                    | -                 | 11,530                                         | -                     |
| Ishares Core Dividend Growth ETF                                             | 161,000 Shares Sold in 1 Transaction              | -                 | 8,097            | 1                                    | 8,036             | 8,097                                          | 61                    |
| Vanguard Short Term Bond ETF                                                 | 43,000 Shares Purchased in 1 Transaction          | 3,289             | -                | -                                    | -                 | 3,289                                          | -                     |
| Vanguard Total Bond Market                                                   | 64,000 Shares Purchased in 1 Transaction          | 4,728             | -                | -                                    | -                 | 4,728                                          | -                     |
| Vanguard FTSE Developed Markets ETF                                          | 157,000 Shares Sold in 1 Transaction              | -                 | 7,145            | 1                                    | 6,935             | 7,145                                          | 210                   |
| Ishares US Treasury Bond ETF                                                 | 582,000 Shares Sold in 1 Transaction              | -                 | 13,123           | 4                                    | 13,251            | 13,123                                         | (128)                 |
| Ishares Core S&P Mid-Cap ETF                                                 | 9,115,000 Shares Purchased in 1 Transaction       | 520,330           | -                | 137                                  | -                 | 520,330                                        | -                     |
| Vanguard Total Bond Market                                                   | 4,309,000 Shares Purchased in 1 Transaction       | 310,313           | -                | 43                                   | -                 | 310,313                                        | -                     |

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

For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>The Youngstown Newspaper Guild-Vindicator Printing Company Employees' Retirement Income Plan                     | <b>B</b> Three-digit plan number (PN) ▶ 003                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>WFMJ Television, Inc.                                         | <b>D</b> Employer Identification Number (EIN)<br>34-1396336                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month 03 Day 01 Year 2023                                                                                                                                                   |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                               |
| <b>a</b> Market value.....                                                                                                                                                                                     | <b>2a</b> 4,671,687                                                           |
| <b>b</b> Actuarial value.....                                                                                                                                                                                  | <b>2b</b> 5,138,856                                                           |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                               |
|                                                                                                                                                                                                                | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 101 2,929,074 2,929,074                                                       |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | 65 1,051,234 1,051,234                                                        |
| <b>c</b> For active participants.....                                                                                                                                                                          | 0 0 0                                                                         |
| <b>d</b> Total.....                                                                                                                                                                                            | 166 3,980,308 3,980,308                                                       |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                       | <b>4a</b>                                                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate.....                                                                                                                                                                          | <b>5</b> 8.00%                                                                |
| <b>6</b> Target normal cost                                                                                                                                                                                    |                                                                               |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b> 0                                                                   |
| <b>b</b> Expected plan-related expenses.....                                                                                                                                                                   | <b>6b</b> 127,144                                                             |
| <b>c</b> Target normal cost.....                                                                                                                                                                               | <b>6c</b> 127,144                                                             |

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

|                                                                                                                                                                                                                                                               |                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b><br>Matthew C. Kaiser <i>MCK</i><br>Signature of actuary<br>Matthew C. Kaiser<br>Type or print name of actuary<br>Willis Towers Watson US LLC<br>Firm name<br>1001 Lakeside Avenue<br>Suite 1500<br>Cleveland OH 44114<br>Address of the firm | November 25, 2024<br>Date<br>2305784<br>Most recent enrollment number<br>216-937-4000<br>Telephone number (including area code) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|

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

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

**Schedule SB (Form 5500) 2023**  
**v. 230728**

|                |                                                            |
|----------------|------------------------------------------------------------|
| <b>Part II</b> | <b>Beginning of Year Carryover and Prefunding Balances</b> |
|----------------|------------------------------------------------------------|

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 185,575                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 185,575                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-7.94</u> % .....                                                                               | 0                     | -14,735                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>8.00</u> %..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                     |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 0                     | 170,840                |

|                 |                            |
|-----------------|----------------------------|
| <b>Part III</b> | <b>Funding Percentages</b> |
|-----------------|----------------------------|

|           |                                                                                                                                                                  |           |          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 124.81 % |
| <b>15</b> | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 129.10 % |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 121.13 % |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %        |

## Part IV Contributions and Liquidity Shortfalls

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

| Part 1. Information about the employer(s) and employee(s). |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                   | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                            |                                   |                                 |                          |                                   |                                 |
|                                                            |                                   |                                 |                          |                                   |                                 |
|                                                            |                                   |                                 |                          |                                   |                                 |
|                                                            |                                   |                                 |                          |                                   |                                 |
|                                                            |                                   |                                 |                          |                                   |                                 |
|                                                            |                                   |                                 |                          |                                   |                                 |
|                                                            |                                   |                                 |                          |                                   |                                 |
|                                                            |                                   |                                 |                          |                                   |                                 |
|                                                            |                                   |                                 |                          |                                   |                                 |
|                                                            |                                   |                                 |                          |                                   |                                 |
|                                                            |                                   |                                 |                          |                                   |                                 |
|                                                            |                                   |                                 |                          |                                   |                                 |
|                                                            |                                   |                                 |                          |                                   |                                 |
|                                                            |                                   |                                 |                          |                                   |                                 |
|                                                            |                                   |                                 |                          |                                   |                                 |
|                                                            |                                   |                                 | Totals ►                 | 18(b)                             | 0 18(c)                         |
|                                                            |                                   |                                 |                          |                                   | 0                               |

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

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

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☐ Yes ☒ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

| Quarter 1: January to March of this financial year |         |         |         |
|----------------------------------------------------|---------|---------|---------|
| (1) 1st                                            | (2) 2nd | (3) 3rd | (4) 4th |
|                                                    |         |         |         |

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

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>8.00 %                                                                                                                       | 2nd segment:<br>8.00 % | 3rd segment:<br>8.00 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                                                                                                              |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b>                                           |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 127,144            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 127,144            |               |
| <b>32</b> Amortization installments:                                                                                                                                                 |                     |                    |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | Outstanding Balance | Installment        |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                       | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

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

|                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                                                                             |
|--------------------------|---------------------------------------------------------------------------------------------|
| <b>Plan Sponsor</b>      | WFMJ Television, Inc.                                                                       |
| <b>EIN/PN</b>            | 34-1396336/003                                                                              |
| <b>Plan Name</b>         | The Youngtown Newspaper Guild-Vindicator Printing Company Employees' Retirement Income Plan |
| <b>Valuation Date</b>    | March 1, 2023                                                                               |
| <b>Enrolled Actuary</b>  | Matthew C. Kaiser                                                                           |
| <b>Enrollment Number</b> | 23-05784                                                                                    |

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

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

|                 |                                                                                             |
|-----------------|---------------------------------------------------------------------------------------------|
| Plan Name:      | The Youngtown Newspaper Guild-Vindicator Printing Company Employees' Retirement Income Plan |
| EIN / PN:       | 34-1396336/003                                                                              |
| Plan Sponsor:   | WFMJ Television, Inc.                                                                       |
| Valuation Date: | March 1, 2023                                                                               |

## **SCHEDULE SB ATTACHMENTS**

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**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of March 1, 2022**

Since there are no active participants in the plan, the entry for line 22 was left blank.

Plan Name: The Youngtown Newspaper Guild-Vindicator Printing Company Employees'  
Retirement Income Plan  
EIN / PN: 34-1396336/003  
Plan Sponsor: WFMJ Television, Inc.  
Valuation Date: March 1, 2023

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

December 22, 1972, as amended and restated effective March 1, 2010, and most recently amended effective July 2, 2011.

**Plan Year** The twelve-month period ending on the last day of February.

**Coverage and Participation** Participation in the plan is closed effective July 2, 2011.

### Definitions

**Normal Retirement Date (NRD)** The attainment of age 65 and completion of five years of eligibility service.

**Eligibility/Vesting service** Granted for periods of employment (whether or not continuous) as an eligible employee but excluding any unpaid leave in excess of one year (computed to the nearest 1/12<sup>th</sup> of a year).

**Credited service** Prior to March 1, 1976, this was based on continuous service and after that date credit is given for periods of covered employment including certain unpaid leaves but excluding any absence in excess of one year (computed to the nearest 1/12 of a year).  
Credited service is frozen effective July 2, 2011.

**Final average compensation** Average of the final ten years (before retirement or termination) of basic compensation plus classified advertising department commissions, but the average cannot exceed \$2,000.00.  
Final Average Compensation/Salary is frozen effective July 2, 2011.

### Eligibility for Benefits

**Normal retirement** Retirement on NRD.

**Early retirement** First day of any month after the attainment of age 55 and the completion of 10 years of vesting service.

Plan Name: The Youngtown Newspaper Guild-Vindicator Printing Company Employees' Retirement Income Plan  
EIN / PN: 34-1396336/003  
Plan Sponsor: WFMJ Television, Inc.  
Valuation Date: March 1, 2023

## SCHEDULE SB ATTACHMENTS

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|                                     |                                                                                                                                                                                                                                                       |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vested termination</b>           | A participant becomes vested upon completion of five consecutive years of vesting service.                                                                                                                                                            |
| <b>Disability</b>                   | Total and permanent disability after completion of ten years of eligibility service and attainment of age 45.                                                                                                                                         |
| <b>Pre-retirement death benefit</b> | The spouse of an active or terminated employee who dies after five or more years of eligibility service will receive a benefit commencing as of the employee's earliest retirement date provided the employee has been married for at least one year. |

### Benefits Paid Upon the Following Events

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | 39.00% of average monthly compensation, reduced proportionately if credited service is under 30 years. The benefit is further reduced by any benefit payable from the Equitable Group Annuity Contract No. 643.                                                                                                                                                                                                             |
| <b>Early retirement</b>     | Benefit is equal to either: (i) deferred benefit payable at age 65 equal to the normal pension but using average monthly compensation at the time of early retirement and using his credited service only to his retirement date, or (ii) an immediate pension equal to (i) but reduced 6-2/3% per year for the first 5 years and 3-1/3% per year for each additional year for early retirement commencing prior to age 65. |
| <b>Vested termination</b>   | Deferred vested benefit payable commencing at age 65 equal to the benefit described under the early retirement section. Also, for terminating employees with at least 10 years of vesting service, a benefit reduced as described under the early retirement section, is payable between ages 55 and 65.                                                                                                                    |
| <b>Disability</b>           | Benefit payable immediately equal to the benefit described under the early retirement section without any reduction for early commencement.                                                                                                                                                                                                                                                                                 |
| <b>Pre-retirement death</b> | The benefit (based on the accrued benefit at time of death) is determined as though the employee retires on his earliest possible retirement date and elects a 50% contingent basis.                                                                                                                                                                                                                                        |

|                 |                                                                                             |
|-----------------|---------------------------------------------------------------------------------------------|
| Plan Name:      | The Youngtown Newspaper Guild-Vindicator Printing Company Employees' Retirement Income Plan |
| EIN / PN:       | 34-1396336/003                                                                              |
| Plan Sponsor:   | WFMJ Television, Inc.                                                                       |
| Valuation Date: | March 1, 2023                                                                               |

# SCHEDULE SB ATTACHMENTS

## Other Plan Provisions

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b>                 | The normal form of payment for single participants is a Life Only annuity. However, if the participant has a spouse an employee may elect to receive his benefit on a straight-life basis or on an actuarially equivalent 50%, 75% or 100% Joint and Survivor basis. Unless otherwise elected, any benefit payable under the Plan shall be paid on a 50% Joint and Survivor basis, if the employee is then married or on a straight-life basis otherwise. |
| <b>Plan participants' contributions</b> | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Actuarial equivalence</b>            | 1971 Group Annuity Mortality Table, based on a dispersion of 90% males, 10% females and an interest rate of 6% per year.                                                                                                                                                                                                                                                                                                                                  |
| <b>Maximum on benefits and pay</b>      | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.                                                                                                |

## Future Plan Changes

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

## Changes in Benefits Valued Since Prior Year

None.

## Substantive Commitments

No substantive commitments other than the above plan provisions have been included in this valuation.

|                 |                                                                                             |
|-----------------|---------------------------------------------------------------------------------------------|
| Plan Name:      | The Youngtown Newspaper Guild-Vindicator Printing Company Employees' Retirement Income Plan |
| EIN / PN:       | 34-1396336/003                                                                              |
| Plan Sponsor:   | WFMJ Television, Inc.                                                                       |
| Valuation Date: | March 1, 2023                                                                               |

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis

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

| Interest rates            | Reflecting Stabilization | Not Reflecting Stabilization |
|---------------------------|--------------------------|------------------------------|
| • First segment rate      | 8.00%                    | 1.76%                        |
| • Second segment rate     | 8.00%                    | 3.36%                        |
| • Third segment rate      | 8.00%                    | 3.76%                        |
| • Effective interest rate | 8.00%                    | 3.41%                        |

#### Annual rates of increase

- Compensation None.
- Future Social Security wage bases None.
- Statutory limits on compensation  
Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefits or compensation limit.

Plan Name: The Youngtown Newspaper Guild-Vindicator Printing Company Employees' Retirement Income Plan  
EIN / PN: 34-1396336/003  
Plan Sponsor: WFMJ Television, Inc.  
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# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inclusion date</b>           | The valuation date coincident with or next following the date on which the employee becomes a participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>New or rehired employees</b> | It was assumed there will be no new or rehired employees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Mortality</b>                | Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021). |
| <b>Termination</b>              | Rates varying by age and gender.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

### Representative Termination Rates

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

|                   |                                                            |
|-------------------|------------------------------------------------------------|
| <b>Disability</b> | Wyatt 1985 Disability Study Class 1 male and female rates. |
|-------------------|------------------------------------------------------------|

|                 |                                                                                             |
|-----------------|---------------------------------------------------------------------------------------------|
| Plan Name:      | The Youngtown Newspaper Guild-Vindicator Printing Company Employees' Retirement Income Plan |
| EIN / PN:       | 34-1396336/003                                                                              |
| Plan Sponsor:   | WFMJ Television, Inc.                                                                       |
| Valuation Date: | March 1, 2023                                                                               |

# SCHEDULE SB ATTACHMENTS

## Retirement

Rates varying by age, average age 65.

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

| Age      | Retirement Rate |
|----------|-----------------|
| Under 60 | 0%              |
| 60       | 2%              |
| 61       | 3%              |
| 62       | 10%             |
| 63       | 10%             |
| 64       | 15%             |
| 65       | 37.5%           |
| 66-69    | 50%             |
| 70       | 100%            |

## Benefit commencement date:

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

## Form of payment

Married participants are assumed to elect a 50% Joint and Survivor annuity and single participants are assumed to elect a single life annuity.

## Percent married

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

## Spouse age

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

## Covered pay

Compensation paid after July 2, 2011 for purposes of determining a participant's Average Monthly Compensation shall be disregarded.

Plan Name: The Youngtown Newspaper Guild-Vindicator Printing Company Employees' Retirement Income Plan  
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Plan Sponsor: WFMJ Television, Inc.  
Valuation Date: March 1, 2023

# SCHEDULE SB ATTACHMENTS

|                               |                                                                                                                                                                                                                |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan-related expenses</b>  | The amount included this year for administrative expenses is \$127,144.                                                                                                                                        |
| <b>Suspension of benefits</b> | It is assumed that suspension of benefits notices have been issued to participants who are working past normal retirement age. Therefore, no actuarial increased benefits have been included in the valuation. |

## Methods

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>            | First day of plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Funding target</b>            | Present value of accrued benefits as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Target normal cost</b>        | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Actuarial value of assets</b> | <p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p> |

|                 |                                                                                             |
|-----------------|---------------------------------------------------------------------------------------------|
| Plan Name:      | The Youngtown Newspaper Guild-Vindicator Printing Company Employees' Retirement Income Plan |
| EIN / PN:       | 34-1396336/003                                                                              |
| Plan Sponsor:   | WFMJ Television, Inc.                                                                       |
| Valuation Date: | March 1, 2023                                                                               |

# SCHEDULE SB ATTACHMENTS

## Benefits not valued

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

## Sources of Data and Other Information

The plan sponsor furnished participant data as of 3/1/2023. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

## Assumptions Rationale - Significant Economic Assumptions

### Discount rate

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

### Plan-related expenses

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

## Assumptions Rationale - Significant Demographic Assumptions

### Healthy Mortality

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

### Disabled Mortality

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

Plan Name: The Youngtown Newspaper Guild-Vindicator Printing Company Employees' Retirement Income Plan  
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# SCHEDULE SB ATTACHMENTS

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## Termination and Retirement

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

## Source of Prescribed Methods

### Funding methods

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

## Changes in Assumptions and Methods

### Change in Assumptions and Methods Since Prior Valuation

- The segment rates used to calculate the funding target without regard to the community newspaper funding relief election were updated from an applicable month of November 2021 to November 2022.
- The mortality table used to calculate the funding target and target normal cost was updated to use the MP-2021 projection scale as specified in the regulations under §1.430(h)(3)-1.

Plan Name: The Youngtown Newspaper Guild-Vindicator Printing Company Employees' Retirement Income Plan  
EIN / PN: 34-1396336/003  
Plan Sponsor: WFMJ Television, Inc.  
Valuation Date: March 1, 2023

**SUPPLEMENTAL SCHEDULE**

THE YOUNGSTOWN NEWSPAPER GUILD –  
VINDICATOR PRINTING COMPANY EMPLOYEES' RETIREMENT INCOME PLAN (003)  
EIN 34-1396336

As of February 29, 2024

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

| a.                        | b. ISSUER OR SIMILAR PARTY                    | c. DESCRIPTION OF INVESTMENT    | d. COST             | e. CURRENT<br>VALUE |
|---------------------------|-----------------------------------------------|---------------------------------|---------------------|---------------------|
| <u>MONEY MARKET FUNDS</u> |                                               |                                 |                     |                     |
| a.                        | Federated Money Market - Treasury Obligations | 98,051.610 shares               | \$ 98,052           | \$ 98,052           |
|                           |                                               | <b>TOTAL MONEY MARKET FUNDS</b> | <b>\$ 98,052</b>    | <b>\$ 98,052</b>    |
| <u>EQUITY SECURITIES</u>  |                                               |                                 |                     |                     |
| a.                        | Ishares Russell 1000 Growth ETF               | 1,054.000 shares                | \$ 113,125          | \$ 349,022          |
| b.                        | Ishares U.S. Treasury Bond ETF                | 28,422.000 shares               | 712,288             | 643,758             |
| c.                        | Ishares Core Dividend Growth ETF              | 3,997.000 shares                | 147,825             | 224,551             |
| d.                        | Vanguard FTSE Developed Markets ETF           | 3,910.000 shares                | 185,614             | 190,339             |
| e.                        | Ishares Core S&P Small Cap ETF                | 1,304.000 shares                | 139,234             | 139,984             |
| f.                        | Vanguard Total Bond Market ETF                | 8,973.000 shares                | 680,647             | 648,030             |
| g.                        | Ishares Core S&P Mid Cap ETF                  | 9,115.000 shares                | 520,330             | 525,571             |
|                           |                                               | <b>TOTAL EQUITY SECURITIES</b>  | <b>\$ 2,499,063</b> | <b>\$ 2,721,255</b> |
| <u>MUTUAL FUNDS</u>       |                                               |                                 |                     |                     |
| a.                        | Invesco Developing Markets Fund               | 1,108.731 shares                | \$ 39,459           | \$ 41,999           |
| b.                        | John Hancock Disciplined Value Fund           | 22,124.115 shares               | 428,974             | 518,589             |
| c.                        | JPMorgan U.S. Equity Fund                     | 34,036.282 shares               | 534,335             | 779,431             |
| d.                        | Pimco Investment Grade Corporate Bond Fund    | 26,247.445 shares               | 272,435             | 232,027             |
| e.                        | T. Rowe Price Large-Cap Growth Fund           | 6,320.213 shares                | 198,548             | 459,543             |
| f.                        | T. Rowe Price QM US Small Cap Growth Fund     | 4,365.773 shares                | 137,457             | 191,308             |
|                           |                                               | <b>TOTAL MUTUAL FUNDS</b>       | <b>\$ 1,611,208</b> | <b>\$ 2,222,897</b> |
|                           |                                               | <b>TOTAL INVESTMENTS</b>        | <b>\$ 4,208,323</b> | <b>\$ 5,042,204</b> |

**SUPPLEMENTAL SCHEDULE - (CONTINUED)**

THE YOUNGSTOWN NEWSPAPER FUND  
VINDICATOR PRINTING COMPANY EMPLOYEES' RETIREMENT INCOME PLAN (003)  
EIN 34-1396336

For the year ended February 29, 2024

**FORM 5500 - SCHEDULE H, PART IV, LINE 40 - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)**

| a. IDENTITY OF PARTY INVOLVED                                                |                                                   | b. DESCRIPTION OF ASSETS |           | c. PURCHASE PRICE | d. SELLING PRICE | f. EXPENSE INCURRED WITH TRANSACTION | g. COST OF ASSETS | h. CURRENT VALUE OF ASSETS ON TRANSACTION DATE | i. NET GAIN OR (LOSS) |
|------------------------------------------------------------------------------|---------------------------------------------------|--------------------------|-----------|-------------------|------------------|--------------------------------------|-------------------|------------------------------------------------|-----------------------|
| Category (i) - Single Transaction Exceeds 5% of Value                        |                                                   |                          |           |                   |                  |                                      |                   |                                                |                       |
| Doubleline TTL RTN Bond-R6                                                   | 35,787,307 Shares Sold in 1 Transaction           | \$                       | -         | \$                | 310,634          | \$                                   | -                 | \$                                             | (5,590)               |
| Eaton Vance-Altioma SMD-R6                                                   | 12,777,343 Shares Sold in 1 Transaction           | -                        | -         | -                 | 517,482          | -                                    | -                 | -                                              | 65,893                |
| Federated Hermes Treasury Obligations                                        | 969,836,800 Shares Sold in 1 Transaction          | -                        | -         | -                 | 969,837          | -                                    | -                 | -                                              | -                     |
| Federated Hermes Treasury Obligations                                        | 967,052,480 Shares Purchased in 1 Transaction     | -                        | 967,052   | -                 | -                | -                                    | -                 | -                                              | -                     |
| Shares Core S&P Mid-Cap ETF                                                  | 9,115,000 Shares Purchased in 1 Transaction       | -                        | 520,330   | -                 | -                | 137                                  | -                 | 520,330                                        | -                     |
| Vanguard Total Bond Market                                                   | 4,309,000 Shares Purchased in 1 Transaction       | -                        | 310,313   | -                 | -                | 43                                   | -                 | 310,313                                        | -                     |
| Category (ii) - Series of Transactions with Same Broker Exceeds 5% of Value  |                                                   |                          |           |                   |                  |                                      |                   |                                                |                       |
| Shares Russell 1000 Growth ETF                                               | 46,000 Shares Sold in 1 Transaction               | \$                       | -         | \$                | 11,271           | \$                                   | -                 | \$                                             | 722                   |
| Shares US Treasury Bond ETF                                                  | 493,000 Shares Purchased in 1 Transaction         | -                        | 11,530    | -                 | -                | 4                                    | 10,549            | -                                              | -                     |
| Shares Core Dividend Growth ETF                                              | 161,000 Shares Sold in 1 Transaction              | -                        | -         | -                 | 8,097            | 1                                    | 8,036             | 8,097                                          | 61                    |
| Vanguard Short Term Bond ETF                                                 | 43,000 Shares Purchased in 1 Transaction          | -                        | 3,289     | -                 | -                | -                                    | -                 | 3,289                                          | -                     |
| Vanguard Total Market                                                        | 64,000 Shares Purchased in 1 Transaction          | -                        | 4,728     | -                 | -                | -                                    | -                 | 4,728                                          | -                     |
| Vanguard FTSE Developed Markets ETF                                          | 157,000 Shares Sold in 1 Transaction              | -                        | -         | -                 | 7,145            | 1                                    | 6,935             | 7,145                                          | 210                   |
| Shares US Treasury Bond ETF                                                  | 582,000 Shares Sold in 1 Transaction              | -                        | -         | -                 | 13,123           | 4                                    | 13,251            | 13,123                                         | (128)                 |
| Shares Core S&P Mid-Cap ETF                                                  | 9,115,000 Shares Purchased in 1 Transaction       | -                        | 520,330   | -                 | -                | 137                                  | -                 | 520,330                                        | -                     |
| Vanguard Total Bond Market                                                   | 4,309,000 Shares Purchased in 1 Transaction       | -                        | 310,313   | -                 | -                | 43                                   | -                 | 310,313                                        | -                     |
| Category (iii) - Series of Transactions in Same Security Exceeds 5% of Value |                                                   |                          |           |                   |                  |                                      |                   |                                                |                       |
| Federated Hermes Treasury Obligations                                        | 1,552,263,270 Shares Purchased in 59 Transactions | \$                       | 1,552,260 | \$                | -                | -                                    | -                 | \$                                             | -                     |
| Federated Hermes Treasury Obligations                                        | 1,521,114,290 Shares Sold in 27 Transactions      | -                        | -         | -                 | 1,521,115        | -                                    | -                 | 1,521,115                                      | -                     |
| Doubleline TTL RTN Bond-R6                                                   | 1,492,547 Shares Reinvested in 11 Transactions    | -                        | 12,990    | -                 | -                | -                                    | -                 | 12,990                                         | -                     |
| Doubleline TTL RTN Bond-R7                                                   | 3,058,022 Shares Purchased in 2 Transactions      | -                        | 27,100    | -                 | -                | -                                    | -                 | 27,100                                         | -                     |
| Doubleline TTL RTN Bond-R8                                                   | 37,869,627 Shares Sold in 5 Transactions          | -                        | -         | -                 | 328,834          | -                                    | 334,630           | 328,834                                        | (5,796)               |
| Eaton Vance-Altioma SMD-R6                                                   | 385,593 Shares Reinvested in 1 Transaction        | -                        | 14,333    | -                 | -                | -                                    | -                 | 14,333                                         | -                     |
| Eaton Vance-Altioma SMD-R6                                                   | 15,144,066 Shares Sold in 8 Transactions          | -                        | -         | -                 | 606,082          | -                                    | 535,158           | 606,082                                        | 70,924                |
| Shares Core S&P Mid-Cap ETF                                                  | 9,115,000 Shares Purchased in 1 Transaction       | -                        | 520,330   | -                 | -                | 137                                  | -                 | 520,330                                        | -                     |
| Vanguard Total Bond Market                                                   | 6,256,000 Shares Purchased in 5 Transactions      | -                        | 450,566   | -                 | -                | 71                                   | -                 | 450,566                                        | -                     |
| Vanguard Total Bond Market                                                   | 177,000 Shares Sold in 4 Transactions             | -                        | -         | -                 | 12,803           | 2                                    | 12,766            | 12,803                                         | 37                    |
| Category (iv) - Single Transaction with One Broker Exceeds 5% of Value       |                                                   |                          |           |                   |                  |                                      |                   |                                                |                       |
| Shares Russell 1000 Growth ETF                                               | 46,000 Shares Sold in 1 Transaction               | \$                       | -         | \$                | 11,271           | \$                                   | -                 | \$                                             | 722                   |
| Shares US Treasury Bond ETF                                                  | 493,000 Shares Purchased in 1 Transaction         | -                        | 11,530    | -                 | -                | 4                                    | 10,549            | -                                              | -                     |
| Shares Core Dividend Growth ETF                                              | 161,000 Shares Sold in 1 Transaction              | -                        | -         | -                 | 8,097            | 1                                    | 8,036             | 8,097                                          | 61                    |
| Vanguard Short Term Bond ETF                                                 | 43,000 Shares Purchased in 1 Transaction          | -                        | 3,289     | -                 | -                | -                                    | -                 | 3,289                                          | -                     |
| Vanguard Total Bond Market                                                   | 64,000 Shares Purchased in 1 Transaction          | -                        | 4,728     | -                 | -                | -                                    | -                 | 4,728                                          | -                     |
| Vanguard FTSE Developed Markets ETF                                          | 157,000 Shares Sold in 1 Transaction              | -                        | -         | -                 | 7,145            | 1                                    | 6,935             | 7,145                                          | 210                   |
| Shares US Treasury Bond ETF                                                  | 582,000 Shares Sold in 1 Transaction              | -                        | -         | -                 | 13,123           | 4                                    | 13,251            | 13,123                                         | (128)                 |
| Shares Core S&P Mid-Cap ETF                                                  | 9,115,000 Shares Purchased in 1 Transaction       | -                        | 520,330   | -                 | -                | 137                                  | -                 | 520,330                                        | -                     |
| Vanguard Total Bond Market                                                   | 4,309,000 Shares Purchased in 1 Transaction       | -                        | 310,313   | -                 | -                | 43                                   | -                 | 310,313                                        | -                     |