

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>INDEPENDENT TELEVISION SERVICE, INC. 403(B) RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>INDEPENDENT TELEVISION SERVICE, INC.</u></p> <p><u>1435 FOLSOM STREET</u> <u>SAN FRANCISCO, CA 94103-1532</u></p>	<p>1c Effective date of plan <u>01/01/1991</u></p> <p>2b Employer Identification Number (EIN) <u>52-1654276</u></p> <p>2c Plan Sponsor's telephone number <u>415-356-8383</u></p> <p>2d Business code (see instructions) <u>512100</u></p>

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.	06/26/2025	JANICE HUI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	144
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	64
	6a(2)	66
	6b	0
	6c	85
	6d	151
	6e	1
	6f	152
	6g(1)	140
	6g(2)	149
h	7	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2F 2G 2L 2M 2T 3D

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan INDEPENDENT TELEVISION SERVICE, INC. 403(B) RETIREMENT PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INDEPENDENT TELEVISION SERVICE, INC.		D Employer Identification Number (EIN) 52-1654276	

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

1 Coverage Information:

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	385498	124	10/01/2023	09/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1934248
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	9360074

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 2019904

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	84588	
(4) Transferred from separate account.....	7c(4)	65388	
(5) Other (specify below)	7c(5)	1201	

▶ PLAN SERVICING CREDIT

(6) Total additions..... **7c(6)** 151177

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2171081

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	189700	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account.....	7e(3)	47133	
(4) Other (specify below)	7e(4)		

(5) Total deductions..... **7e(5)** 236833

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1934248

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

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid.....		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount		10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan INDEPENDENT TELEVISION SERVICE, INC. 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INDEPENDENT TELEVISION SERVICE, INC.	D Employer Identification Number (EIN) 52-1654276	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

(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

(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

(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

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)

TIAA

730 THIRD AVE
NEW YORK, NY 10017

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	18046	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>INDEPENDENT TELEVISION SERVICE, INC. 403(B) RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INDEPENDENT TELEVISION SERVICE, INC.</u>	D Employer Identification Number (EIN) <u>52-1654276</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>		
c EIN-PN	<u>13-1624203-004</u>	d Entity code	<u>P</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>220688</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan INDEPENDENT TELEVISION SERVICE, INC. 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 INDEPENDENT TELEVISION SERVICE, INC.	D Employer Identification Number (EIN) 52-1654276

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.

		(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)	243079	0
(2) Participant contributions	1b(2)	308	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	22495	48126
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	321108	220688
(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)	12659039	16413444
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2019904	1934248
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	15265933	18616506
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	15265933	18616506

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	307926	
(B) Participants	2a(1)(B)	725722	
(C) Others (including rollovers)	2a(1)(C)	46866	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1080514
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2751	
(F) Other	2b(1)(F)	84588	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		87339
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	177736	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-29775
(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)		3347118
c Other income	2c		8496
d Total income. Add all income amounts in column (b) and enter total	2d		4671428

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1302959	
(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)		1302959
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)	17896	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		17896
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1320855

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3350573
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: **PENSION ASSURANCE LLP**

(2) EIN: **30-0840934**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	308
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 type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	600000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i 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"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

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

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>INDEPENDENT TELEVISION SERVICE, INC. 403(B) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INDEPENDENT TELEVISION SERVICE, INC.</u>	D Employer Identification Number (EIN) <u>52-1654276</u>	

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-1624203</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J600957A.

Independent Television Service Inc. 403(b) Retirement Plan

Financial Statements with Auditor's Report
As of September 30, 2024 and 2023

Index

Independent Auditor's Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits as of September 30, 2024 and 2023	4
Statement of Changes in Net Assets Available for Benefits for the Year Ended September 30, 2024	5
Notes to Financial Statements	6
ERISA-Required Supplemental Schedules:	
Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of September 30, 2024	18
Schedule H, line 4a—Schedule of Delinquent Participant Contributions for the Year Ended September 30, 2024	20

Note: Schedules other than those listed above have been omitted because the information is otherwise disclosed, not applicable or is not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

INDEPENDENT AUDITOR'S REPORT

To the plan administrator and participants of
Independent Television Service Inc. 403(b) Retirement Plan:

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

We have performed audits of the financial statements of Independent Television Service Inc. 403(b) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statements of Net Assets Available for Benefits as of September 30, 2024 and 2023, the related Statement of Changes in Net Assets Available for Benefits for the Year Ended September 30, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of September 30, 2024 and 2023, and for the year ended September 30, 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts or custodial accounts issued to current or former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 2g to the financial statements, the Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity contracts or custodial accounts issued to current or former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts or custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of September 30, 2024, and Schedule H, line 4a—Schedule of Delinquent Participant Contributions for the Year Ended September 30, 2024, are presented for the purpose 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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on these supplemental schedules.

PENSION ASSURANCE LLP

Agoura Hills, California
June 10, 2025

Independent Television Service Inc. 403(b) Retirement Plan
Statements of Net Assets Available for Benefits
As of September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value:		
Non-benefit-responsive investment contracts	\$ 1,464,391	\$ 1,413,802
Pooled separate accounts	9,360,074	8,122,007
Mutual funds	7,274,058	4,858,140
	18,098,523	14,393,949
Investments, at contract value:		
Fully benefit-responsive investment contracts	469,857	606,102
Receivables:		
Participant contributions	-	308
Employer contributions	-	243,079
Notes receivable from participants	48,126	22,495
	48,126	265,882
Total assets	18,616,506	15,265,933
Liabilities	-	-
Net assets available for benefits	\$ 18,616,506	\$ 15,265,933

See accompanying notes.

**Independent Television Service Inc. 403(b) Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended September 30, 2024**

Additions to net assets attributable to:	
Contributions:	
Participant	\$ 725,722
Employer	307,926
Rollover	46,866
	1,080,514
Interest income on notes receivable from participants	2,901
Investment income:	
Net realized and unrealized appreciation in fair value of investments	3,385,629
Interest and dividends	202,534
	3,588,163
Total additions	4,671,578
Deductions from net assets attributable to:	
Benefits paid to participants	1,302,959
Plan expenses	18,046
Total deductions	1,321,005
Net increase	3,350,573
Net assets available for benefits:	
Beginning of year	15,265,933
End of year	\$ 18,616,506

See accompanying notes.

Independent Television Service Inc. 403(b) Retirement Plan

Notes to Financial Statements
For the Year Ended September 30, 2024

1. Plan Description

The following description of Independent Television Service Inc. 403(b) Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

a. General

The Plan, originally effective January 1, 1991, and restated October 1, 2018, is a defined contribution plan covering all employees of Independent Television Service Inc. (the Employer), excluding certain classes of employees as set forth in the plan document. Participants are immediately eligible to make contributions to the Plan. Participants are eligible to receive employer matching contributions after completing six months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions

Participants may contribute up to 100 percent of annual compensation in either pre-tax or Roth deferrals into the Plan, as defined in the plan document and allowed by law. Participants may also roll over amounts representing distributions from other qualified plans. The Plan permits catch-up contributions for participants who have attained age 50 by the end of the plan year. The Employer provides for matching contributions equal to 100 percent of participant deferrals up to 5 percent of compensation, as defined in the plan document. The Employer may also make discretionary nonelective contributions allocated to participants employed on the last day of the plan year who completed at least 1,000 hours during the plan year. For the year ended September 30, 2024, employer contributions totaling \$327,202 were allocated to participants, of which \$307,926 was contributed by the Employer and \$19,276 was allocated from forfeitures.

c. Participant Accounts

Each participant's account is credited with the participant's contribution, allocations of the Employer's contribution, if applicable, and the Plan's earnings and losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their accounts into various investment options offered by the Plan.

Independent Television Service Inc. 403(b) Retirement Plan

Notes to Financial Statements
For the Year Ended September 30, 2024

d. Vesting

Participants are immediately vested in their contributions and employer matching contributions plus actual earnings thereon. Vesting in the Employer's discretionary nonelective contribution portion of their accounts plus actual earnings thereon is based on years of credited service as follows:

Credited Service	Percent Vested
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

e. Distribution of Benefits

Upon termination of employment due to termination of service, death, disability, or retirement, participants may elect to receive the value of their vested account balance in an annuity, partial payments, installments, or a lump-sum distribution. In-service withdrawal options are available to participants under certain circumstances.

f. Forfeited Accounts

At September 30, 2024 and 2023, forfeited non-vested accounts totaled \$11,694 and \$15,712, respectively. Forfeited non-vested accounts may be used to reduce future employer contributions and pay plan expenses.

g. Notes Receivable from Participants and Loans to Participants

Participants may borrow the lesser of \$50,000 (reduced by the participant's highest outstanding loan balance during the 12-month period ending on the date of the loan) or 50 percent of their vested account balance. Loan terms range up to five years but may be extended if the proceeds are to be used for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at 4.25 to 9.50 percent.

Prior to October 1, 2020, loans were issued directly from Teachers Insurance and Annuity Association of America (TIAA) assets and loan principal was not advanced from participant accounts. The loans were secured by the balance in the participant's account. A total of \$0 and \$2,744 in participant account balances held in the TIAA Traditional Benefit Responsive investment option served as collateral for these loans at September 30, 2024 and 2023, respectively.

Principal and interest for all loans are paid ratably on a payment schedule established when the loan is originated. Participants make payments directly to Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF).

Independent Television Service Inc. 403(b) Retirement Plan

Notes to Financial Statements
For the Year Ended September 30, 2024

2. Summary of Significant Accounting Policies

a. Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

b. Use of Estimates

The preparation of financial statements in conformity with 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, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

c. Investment Valuation and Income Recognition

Except as noted below, 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are generally recorded on a trade-date basis. As permitted by Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 962-325, *Plan Accounting—Defined Contribution Plans: Investments—Other*, settlement-date basis may be used when (a) the settlement date is after the financial statement date, (b) the fair value of the securities purchased or sold did not change significantly from the trade date to the financial statement date, and (c) the purchases or sales do not significantly affect the composition of the plan's net assets available for benefits.

Under a group annuity contract with TIAA and CREF, the Insurers, the Plan offers variable annuities, which provide participants with a menu of investment options offering variable returns. These investment options correspond with pooled separate accounts, or subaccounts thereof, whose investment returns vary based on the performance of underlying investments. Invested assets are held in legally separate accounts, which are nominally owned by the Insurers but beneficially owned by participating plans and protected from the claims of the Insurers' general creditors. These investments are reflected as pooled separate accounts in the Plan's financial statements, because the unit of account is a unit of interest in separate accounts of the Insurers under the variable annuity provisions of the group annuity contract.

Independent Television Service Inc. 403(b) Retirement Plan

Notes to Financial Statements
For the Year Ended September 30, 2024

c. Investment Valuation and Income Recognition (Continued)

Some of the variable annuity investment offerings have the legal form of both legally separate assets of an insurance company and portfolio offerings of a registered investment company. In such cases, these investments have been presented as pooled separate accounts in the financial statements.

Investments in fully benefit-responsive investment contracts are reported at contract value. Contract value, also referred to as book value, is equal to total contributions allocated to the investment, less withdrawals and expenses, plus accrued interest.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

d. Notes Receivable from Participants and Loans to Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. These are referred to as participant loans in the Form 5500 and related supplemental schedules. Delinquent loans are treated as distributions based upon the terms of the plan document.

For loans to participants issued directly from TIAA and CREF, repayments are made to TIAA and CREF and not the Plan. Accordingly, loans to participants are not included in plan assets. The amount of loans to participants that are secured by the plan assets is disclosed (see Note 1g).

e. Plan Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Plan expenses include fees for certain participant-initiated transactions that are charged directly to the account of the participant who incurred them. Investment-related expenses are included in net realized and unrealized appreciation in fair value of investments.

f. Payment of Benefits

Benefits are recorded when paid.

Independent Television Service Inc. 403(b) Retirement Plan

Notes to Financial Statements
For the Year Ended September 30, 2024

g. Excluded Contracts and Accounts

The plan administrator has elected to exclude certain contracts and accounts from plan assets in accordance with the Department of Labor's Field Access Bulletin (FAB) 2009-02 due to the fact that:

- the contract or account was issued to a current or former employee before January 1, 2009;
- the Employer ceased to have any obligation to make contributions (including employee salary reduction contributions) and, in fact, stopped making contributions to the contract or account before January 1, 2009;
- all the rights under the contract or account are legally enforceable against the insurer or by the individual owner of the contract or account without any involvement by the Employer;
- the individual owner of the contract is fully vested in the contract or account.

The Plan's financial statements were prepared based on available records to the exclusion of the above described contracts. The amounts of the balances and transactions associated with these excluded contracts and, therefore, the effect of their exclusion on these financial statements was indeterminate due to the lack of availability of related records.

h. Subsequent Events

The Plan has evaluated the subsequent events through June 10, 2025, the date the financial statements were available to be issued.

3. Risks and Uncertainties

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

Independent Television Service Inc. 403(b) Retirement Plan

Notes to Financial Statements
For the Year Ended September 30, 2024

4. Fair Value Measurement

FASB ASC 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability;• inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2024 and 2023.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the United States Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Non-benefit-responsive investment contracts: Valued at fair value by discounting the related cash flows by a risk-adjusted discount rate which correlates closely with the investment contract's historical crediting rates. The fair value calculated using the risk-adjusted discount rate does not differ materially from contract value. As such, the investment contracts are reported at contract value, which is considered by plan management to be a reasonable and materially accurate approximation of fair value. Contract value equals the total cash contributions, transfers, and interest credited to the contract, less the total of withdrawals, transfers and administrative expenses deducted from the contract.

Independent Television Service Inc. 403(b) Retirement Plan

Notes to Financial Statements
For the Year Ended September 30, 2024

4. Fair Value Measurement (Continued)

Pooled separate accounts: Carried at fair value using NAV as a practical expedient. Valued at the NAV of units held by the Plan at year-end, which is considered by plan management to be the best approximation of fair value. The unit values are calculated based on the collective values of the underlying investments. Funds held in pooled separate accounts may be redeemed daily without restriction, with the exception of the TIAA Real Estate Account. Funds held in the TIAA Real Estate Account are limited to one transfer out per calendar year. Although most of the underlying assets of the account cannot be quickly sold and converted to liquid assets, the TIAA general account provides the TIAA Real Estate Account with a liquidity guarantee ensuring that funds are available to meet participant redemption, transfer or withdrawal requests.

The Plan has identified the following classes of investment for its pooled separate accounts based on the nature and risks of the underlying investments. The fair values for each major class of investment are disclosed in the tables below.

The following describes the significant investment strategies of each major class of investment.

- U.S. equity: Funds are invested directly and/or indirectly in a diversified portfolio of domestic stocks to achieve a variety of investment goals including capital appreciation, current income, specific industry exposure, or index replication. The CREF Social Choice fund invests primarily in domestic stocks to achieve a long-term favorable rate of return comparable to the performance of the broader financial markets while giving special consideration to certain social criteria.
- International equity: Funds are invested in a diversified portfolio of stocks of companies internationally to achieve long-term returns through capital appreciation and/or current income.
- Balanced: Funds are invested in actively managed portfolios of stocks, bonds, other debt securities, money market instruments, and/or other investments, both domestically and internationally, with the goal of achieving a targeted balance of capital preservation, capital appreciation, and current income. Target date funds are designed so that the balance of risk and return is oriented to the target year, which is generally the year the investor expects to retire.
- Real Estate: The TIAA Real Estate Account invests primarily in real estate or real estate related investments with the goal of providing favorable long-term returns through rental income and capital appreciation.
- Fixed income: Some funds in this category are primarily invested in U.S. treasury and government agency securities, commercial paper and certificates of deposit with the goal of capital preservation and liquidity. The CREF Inflation-Linked Bond fund invests in U.S. treasury inflation-linked securities or other inflation-linked bonds with the goal of outpacing inflation. Other funds invest in U.S. treasury and government agency securities, corporate bonds, and mortgage-backed or other asset-backed securities with the goal of current income and capital preservation.

Independent Television Service Inc. 403(b) Retirement Plan

Notes to Financial Statements
For the Year Ended September 30, 2024

4. Fair Value Measurement (Continued)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024 and 2023.

Assets at Fair Value as of September 30, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 7,274,058	\$ -	\$ -	\$ 7,274,058
Non-benefit-responsive investment contracts	-	-	1,464,391	1,464,391
Total assets in the fair value hierarchy	7,274,058	-	1,464,391	8,738,449
Investments measured at NAV as a practical expedient (1)	-	-	-	9,360,074
Investments, at fair value	<u>\$ 7,274,058</u>	<u>\$ -</u>	<u>\$ 1,464,391</u>	<u>\$ 18,098,523</u>

Assets at Fair Value as of September 30, 2023

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 4,858,140	\$ -	\$ -	\$ 4,858,140
Non-benefit-responsive investment contracts	-	-	1,413,802	1,413,802
Total assets in the fair value hierarchy	4,858,140	-	1,413,802	6,271,942
Investments measured at NAV as a practical expedient (1)	-	-	-	8,122,007
Investments, at fair value	<u>\$ 4,858,140</u>	<u>\$ -</u>	<u>\$ 1,413,802</u>	<u>\$ 14,393,949</u>

(1) In accordance with FASB ASC 820, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables above are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Independent Television Service Inc. 403(b) Retirement Plan

Notes to Financial Statements
For the Year Ended September 30, 2024

4. Fair Value Measurement (Continued)

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended September 30, 2024.

	Non-benefit- responsive investment contracts
Balance, beginning of year	\$ 1,413,802
Purchases	119,134
Sales	<u>(68,545)</u>
Balance, end of year	<u>\$ 1,464,391</u>

The following tables present information about significant unobservable inputs related to the Plan's investment in assets categorized as level 3 in the FASB ASC 820 fair value hierarchy at September 30, 2024 and 2023.

Significant Unobservable Inputs Related to Level 3 Assets at September 30, 2024

<u>Type</u>	<u>Fair value</u>	<u>Valuation technique</u>	<u>Significant unobservable inputs</u>	<u>Range</u>
Non-benefit- responsive investment contracts	\$1,464,391	Discounted cash flow	Risk-adjusted discount rate	3.00% to 6.50%

Significant Unobservable Inputs Related to Level 3 Assets at September 30, 2023

<u>Type</u>	<u>Fair value</u>	<u>Valuation technique</u>	<u>Significant unobservable inputs</u>	<u>Range</u>
Non-benefit- responsive investment contracts	\$1,413,802	Discounted cash flow	Risk-adjusted discount rates	4.80% to 6.50%

Independent Television Service Inc. 403(b) Retirement Plan

Notes to Financial Statements
For the Year Ended September 30, 2024

5. Investment Contract with Insurance Company

The Plan holds a fully benefit-responsive investment contract with TIAA. TIAA holds the contributions in its general account. The contract is credited with interest at a guaranteed minimum rate of 3 percent and any additional amounts as declared by the TIAA Board of Trustees. The guaranteed investment contract issuer is contractually obligated to repay the principal and interest at the guaranteed rate to the Plan.

Because the investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of net assets available for plan benefits attributable to the investment contract. Contract value, as reported to the Plan by the Insurer, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

6. Certified Investment Information

Management has elected to have the audits of the Plan 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. Accordingly, TIAA and CREF, the Insurers of the Plan, have certified that the following investment information is complete and accurate:

- Fair value and contract value of investments and the carrying amount of notes receivable from participants as reflected in the Statements of Net Assets Available for Benefits as of September 30, 2024 and 2023.
- Investment income and interest income on notes receivable from participants as reflected in the Statement of Changes in Net Assets Available for Benefits for the Year Ended September 30, 2024.
- Investment information as reflected in Note 4 to these financial statements.
- Investment information reflected in the Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of September 30, 2024.

As permitted by ERISA Section 103(a)(3)(C), the audit need not extend to any statements or information related to the certified investment information.

Independent Television Service Inc. 403(b) Retirement Plan

Notes to Financial Statements
For the Year Ended September 30, 2024

7. Tax Exempt Status

The Employer has adopted a volume submitter plan document that received a favorable opinion letter dated August 7, 2017, from the Internal Revenue Service (IRS). The plan administrator believes the Plan has been operated in accordance with the applicable provisions of the Internal Revenue Code (IRC). The Employer routinely self-reviews the administration of the Plan and self-corrects any compliance issues in accordance with the Employee Plan Compliance Resolution System. Accordingly, the plan administrator believes that the Plan and related trust are designed in accordance with applicable sections of the IRC and, accordingly, are exempt from income taxes.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of September 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Party-In-Interest Transactions

The following table presents exempt transactions with parties-in-interest, as defined by ERISA.

Party-in-interest	Relationship	ERISA Sec. 408(a) exemption
TIAA and CREF	Insurer	Deposits, investment transactions, distributions in accordance with plan provisions, reasonable compensation for necessary services
TIAA and CREF	Recordkeeper	Reasonable compensation for necessary services
FuturePlan by Ascensus	Third-party administrator	Reasonable compensation for necessary services
One Digital	Investment advisor	Qualified investment advice to participants or beneficiaries, reasonable compensation for necessary services
Plan Sponsor employees and their beneficiaries	Plan participants and beneficiaries	Loans in accordance with plan provisions

9. Plan Termination

The Employer has the right under the plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts.

Independent Television Service Inc. 403(b) Retirement Plan

Notes to Financial Statements
For the Year Ended September 30, 2024

10. Non-exempt Transactions

Certain participant contributions were not remitted within the maximum period of time permitted by the Department of Labor's Rules and Regulations and, therefore, constitute the lending of monies from the Plan to the Employer. These non-exempt transactions are detailed in the attached supplemental schedule, Schedule H, line 4a—Schedule of Delinquent Participant Contributions for the Year Ended September 30, 2024.

Independent Television Service Inc. 403(b) Retirement Plan
EIN: 52-1654276 PLAN: 001
Schedule H, line 4i—Schedule of Assets (Held at End of Year)
As of September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value	
Fully Benefit-Responsive Investment Contracts:				
*	Teachers Insurance and Annuity Association of America	TIAA Traditional Benefit-Responsive	** \$	469,857
Non-Benefit-Responsive Investment Contracts:				
*	Teachers Insurance and Annuity Association of America	TIAA Traditional Non-Benefit-Responsive	**	1,464,391
Mutual Funds:				
	Nuveen	Nuveen Core Impact Bond Fund R6 Class	**	183,354
	Dimensional Funds Advisors	DFA Emerging Markets Core Equity Portfolio I	**	139,732
	Dimensional Funds Advisors	DFA US Targeted Value Portfolio Institutional	**	83,407
	Vanguard	Vanguard Small-Cap Index Admiral	**	150,056
	Vanguard	Vanguard Mid-Cap Index Admiral	**	73,464
	Nuveen	Nuveen Core Plus Bond Fund R6 Class	**	468,892
	American Funds	American Funds Washington Mutual Investment R6	**	113,531
	Dimensional Funds Advisors	DFA Intl Social Core Equity Institutional	**	141,921
	Janus Henderson	Janus Henderson Triton N	**	10,802
	Janus Henderson	Janus Henderson Enterprise N	**	45,551
	AQR Funds	AQR Large Cap Defensive Style R6	**	70,561
	American Funds	American Funds 2025 Target Retirement R6	**	68,769
	American Funds	American Funds 2030 Target Retirement R6	**	599,656
	American Funds	American Funds 2035 Target Retirement R6	**	1,480,625
	American Funds	American Funds 2040 Target Retirement R6	**	287,275
	American Funds	American Funds 2045 Target Retirement R6	**	875,149
	American Funds	American Funds 2050 Target Retirement R6	**	309,671
	American Funds	American Funds 2015 Target Retirement R6	**	90,247
	American Funds	American Funds 2055 Target Retirement R6	**	292,578
	American Funds	American Funds 2060 Target Retirement R6	**	96,015
	American Funds	American Funds 2020 Target Retirement R6	**	6
	Vanguard	Vanguard 500 Index Admiral	**	816,666
	Vanguard	Vanguard FTSE Social Index Admiral	**	68,778
	Vanguard	Vanguard Mid-Cap Value Index Admiral	**	35,397
	Vanguard	Vanguard Total International Stock Index Admiral	**	327,278
	Franklin Templeton Investments	Putnam Large Cap Value Fund R6	**	259,519
	AllianceBernstein	AB Large Cap Growth Fund Class Z	**	86,828
	Vanguard	Vanguard Federal Money Market Investment	**	98,330
		Total mutual funds		7,274,058

Continued on next page

- * Represents a party-in-interest as defined by ERISA
** Not applicable for participant-directed plans

See independent auditor's report and accompanying notes.

Independent Television Service Inc. 403(b) Retirement Plan
EIN: 52-1654276 PLAN: 001
Schedule H, line 4i—Schedule of Assets (Held at End of Year)
As of September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment	Cost	Current Value
	Pooled Separate Accounts:			
*	College Retirement Equities Fund	CREF Stock R1	**	1,242,607
*	College Retirement Equities Fund	CREF Money Market R1	**	384,343
*	College Retirement Equities Fund	CREF Social Choice R1	**	1,156,105
*	College Retirement Equities Fund	CREF Global Equities R1	**	801,851
*	College Retirement Equities Fund	CREF Growth R1	**	1,067,997
*	College Retirement Equities Fund	CREF Equity Index R1	**	1,087,332
*	College Retirement Equities Fund	CREF Inflation-Linked Bond R1	**	240,365
*	Teachers Insurance and Annuity Association of America	TIAA Real Estate	**	220,688
*	College Retirement Equities Fund	CREF Core Bond R1	**	270,183
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Core Plus Bond T4	**	20,717
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Equity Index T4	**	76,267
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Core Equity T4	**	30,225
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen International Equity T4	**	189,594
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Large-Cap Growth T4	**	38,058
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Large-Cap Value T4	**	105,100
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2015 T4	**	6,656
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2025 T4	**	402,297
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2030 T4	**	203,480
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2035 T4	**	701,268
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2040 T4	**	379,233
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2045 T4	**	222,062
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2050 T4	**	27,447
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2055 T4	**	25,099
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2060 T4	**	895
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Mid-Cap Growth T4	**	21,787
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Mid-Cap Value T4	**	41,483
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Real Estate Securities T4	**	84,319
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Small-Cap Blend Index T4	**	32,351
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Quant Small-Cap Equity T4	**	109,583
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Large Cap Responsible Equity Fund T4	**	170,682
		Total pooled separate accounts		<u>9,360,074</u>
*	Participant Loans	Loans to participants, bearing interest rates ranging from 4.25 to 9.50%		48,126
				<u>\$ 18,616,506</u>
*	Represents a party-in-interest as defined by ERISA			
**	Not applicable for participant-directed plans			

See independent auditor's report and accompanying notes.

Independent Television Service Inc. 403(b) Retirement Plan
EIN: 52-1654276 PLAN: 001
Schedule H, line 4a—Schedule of Delinquent Participant Contributions
For the Year Ended September 30, 2024

<u>Participant Contributions Transferred Late to the Plan</u>		<u>Total that Constitute Non-Exempt Prohibited Transactions</u>				
<u>Plan Year</u>	<u>Amount Transferred Late</u>	<u>Check Here if Late Participant Loan Repayments are Included</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP and PTE 2002-51</u>
2023	\$ 308	N/A	\$ -	\$ 308	\$ -	\$ -

* See Note 10 to the financial statements.

See independent auditor's report and accompanying notes.

Independent Television Service Inc. 403(b) Retirement Plan
EIN: 52-1654276 PLAN: 001
Schedule H, line 4a—Schedule of Delinquent Participant Contributions
For the Year Ended September 30, 2024

Participant Contributions Transferred Late to the Plan		Total that Constitute Non-Exempt Prohibited Transactions				
Plan Year	Amount Transferred Late	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2023	\$ 308	N/A	\$ -	\$ 308	\$ -	\$ -

* See Note 10 to the financial statements.

See independent auditor's report and accompanying notes.

Independent Television Service Inc. 403(b) Retirement Plan
EIN: 52-1654276 PLAN: 001
Schedule H, line 4i—Schedule of Assets (Held at End of Year)
As of September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value	
Fully Benefit-Responsive Investment Contracts:				
*	Teachers Insurance and Annuity Association of America	TIAA Traditional Benefit-Responsive	** \$	469,857
Non-Benefit-Responsive Investment Contracts:				
*	Teachers Insurance and Annuity Association of America	TIAA Traditional Non-Benefit-Responsive	**	1,464,391
Mutual Funds:				
	Nuveen	Nuveen Core Impact Bond Fund R6 Class	**	183,354
	Dimensional Funds Advisors	DFA Emerging Markets Core Equity Portfolio I	**	139,732
	Dimensional Funds Advisors	DFA US Targeted Value Portfolio Institutional	**	83,407
	Vanguard	Vanguard Small-Cap Index Admiral	**	150,056
	Vanguard	Vanguard Mid-Cap Index Admiral	**	73,464
	Nuveen	Nuveen Core Plus Bond Fund R6 Class	**	468,892
	American Funds	American Funds Washington Mutual Investment R6	**	113,531
	Dimensional Funds Advisors	DFA Intl Social Core Equity Institutional	**	141,921
	Janus Henderson	Janus Henderson Triton N	**	10,802
	Janus Henderson	Janus Henderson Enterprise N	**	45,551
	AQR Funds	AQR Large Cap Defensive Style R6	**	70,561
	American Funds	American Funds 2025 Target Retirement R6	**	68,769
	American Funds	American Funds 2030 Target Retirement R6	**	599,656
	American Funds	American Funds 2035 Target Retirement R6	**	1,480,625
	American Funds	American Funds 2040 Target Retirement R6	**	287,275
	American Funds	American Funds 2045 Target Retirement R6	**	875,149
	American Funds	American Funds 2050 Target Retirement R6	**	309,671
	American Funds	American Funds 2015 Target Retirement R6	**	90,247
	American Funds	American Funds 2055 Target Retirement R6	**	292,578
	American Funds	American Funds 2060 Target Retirement R6	**	96,015
	American Funds	American Funds 2020 Target Retirement R6	**	6
	Vanguard	Vanguard 500 Index Admiral	**	816,666
	Vanguard	Vanguard FTSE Social Index Admiral	**	68,778
	Vanguard	Vanguard Mid-Cap Value Index Admiral	**	35,397
	Vanguard	Vanguard Total International Stock Index Admiral	**	327,278
	Franklin Templeton Investments	Putnam Large Cap Value Fund R6	**	259,519
	AllianceBernstein	AB Large Cap Growth Fund Class Z	**	86,828
	Vanguard	Vanguard Federal Money Market Investment	**	98,330
		Total mutual funds		7,274,058

Continued on next page

- * Represents a party-in-interest as defined by ERISA
** Not applicable for participant-directed plans

See independent auditor's report and accompanying notes.

Independent Television Service Inc. 403(b) Retirement Plan
EIN: 52-1654276 PLAN: 001
Schedule H, line 4i—Schedule of Assets (Held at End of Year)
As of September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value	
Pooled Separate Accounts:				
*	College Retirement Equities Fund	CREF Stock R1	**	1,242,607
*	College Retirement Equities Fund	CREF Money Market R1	**	384,343
*	College Retirement Equities Fund	CREF Social Choice R1	**	1,156,105
*	College Retirement Equities Fund	CREF Global Equities R1	**	801,851
*	College Retirement Equities Fund	CREF Growth R1	**	1,067,997
*	College Retirement Equities Fund	CREF Equity Index R1	**	1,087,332
*	College Retirement Equities Fund	CREF Inflation-Linked Bond R1	**	240,365
*	Teachers Insurance and Annuity Association of America	TIAA Real Estate	**	220,688
*	College Retirement Equities Fund	CREF Core Bond R1	**	270,183
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Core Plus Bond T4	**	20,717
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Equity Index T4	**	76,267
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Core Equity T4	**	30,225
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen International Equity T4	**	189,594
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Large-Cap Growth T4	**	38,058
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Large-Cap Value T4	**	105,100
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2015 T4	**	6,656
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2025 T4	**	402,297
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2030 T4	**	203,480
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2035 T4	**	701,268
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2040 T4	**	379,233
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2045 T4	**	222,062
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2050 T4	**	27,447
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2055 T4	**	25,099
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Lifecycle 2060 T4	**	895
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Mid-Cap Growth T4	**	21,787
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Mid-Cap Value T4	**	41,483
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Real Estate Securities T4	**	84,319
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Small-Cap Blend Index T4	**	32,351
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Quant Small-Cap Equity T4	**	109,583
*	Teachers Insurance and Annuity Association of America	TIAA Access Nuveen Large Cap Responsible Equity Fund T4	**	170,682
		Total pooled separate accounts		<u>9,360,074</u>
*	Participant Loans	Loans to participants, bearing interest rates ranging from 4.25 to 9.50%		48,126
				<u>\$ 18,616,506</u>
*	Represents a party-in-interest as defined by ERISA			
**	Not applicable for participant-directed plans			

See independent auditor's report and accompanying notes.