

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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.) [X] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2015
2a Plan sponsor's name (employer, if for a single-employer plan): GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
2b Employer Identification Number (EIN): 36-4197661
2c Plan Sponsor's telephone number: 585-598-0030
2d Business code (see instructions): 511110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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	411
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	26
a(2) Total number of active participants at the end of the plan year	6a(2)	24
b Retired or separated participants receiving benefits.....	6b	254
c Other retired or separated participants entitled to future benefits	6c	67
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	345
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	54
f Total. Add lines 6d and 6e	6f	399
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1B 1I 3H

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

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 0

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>36-4197661</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>32340193</u>
	b Actuarial value	2b	<u>33365102</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>314</u>	<u>31485836</u>
	b For terminated vested participants	<u>71</u>	<u>2303224</u>
	c For active participants	<u>26</u>	<u>1743482</u>
	d Total	<u>411</u>	<u>35532542</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.05 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>384480</u>
	c Target normal cost	6c	<u>384480</u>

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

SIGN HERE Signature of actuary <u>KATHLEEN BEHR</u> Type or print name of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>800 NORTH GLEBE ROAD</u> <u>FLOOR 10</u> <u>ARLINGTON, VA 22203</u> Address of the firm	<u>10/06/2025</u> Date <u>23-07380</u> Most recent enrollment number <u>703-258-8000</u> Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>14.22</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1294
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.18</u> %		67
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		1361
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	93.75 %
15	Adjusted funding target attainment percentage	15	93.75 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.32 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/15/2024	187000	0					
07/15/2024	187000	0					
10/15/2024	49000	0					
01/15/2025	142000	0					
09/08/2025	89000	0					
			Totals ▶	18(b)	654000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	630411

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 59
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 384480
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	2221230	243933	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 628413
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 628413
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 630411
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 1998
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.	D Employer Identification Number (EIN) 36-4197661	

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

NORTHERN TRUST CORPORATION

36-2723087

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

NORTHERN TRUST INVESTMENTS

36-3608252

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

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

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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)

ONEDIGITAL INVESTMENT ADVISORS LLC

82-1434504

(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?
17 27 28 50	NONE	65000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	64924	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 59 62 63 64 65 68 99 52 49	NONE	44888	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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)

USI CONSULTING GROUP, INC.

13-4032401

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 14 50 15 64 70	NONE	26094	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHAFFNER, KNIGHT & MINNAUGH & CO.

25-1690617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HARTER, SECRET & EMERY LLP

16-0766172

(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?
29 50	NONE	6558	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION 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>GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>36-4197661</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: NT COLLECT. SHORT TERM INVEST. FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC.

c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>643903</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MFB NT COLLECT. ALL COUNTRY WORLD

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC.

c EIN-PN <u>45-6138589-039</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5747350</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)

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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.	D Employer Identification Number (EIN) 36-4197661

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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	274000	231000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	87853	87001
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)		
(9) Value of interest in common/collective trusts	1c(9)	5901105	6391253
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	26156360	25754891
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	32419318	32464145
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	48626	36287
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	48626	36287
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	32370692	32427858

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)	654000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		654000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	645738	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		645738
(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)		366098
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		1807793
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3473629

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3014215	
(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)		3014215
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)	26094	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	14750	
(5) Investment advisory and investment management fees	2i(5)	54167	
(6) Bank or trust company trustee/custodial fees	2i(6)	44888	
(7) Actuarial fees	2i(7)	64924	
(8) Legal fees	2i(8)	6558	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	190867	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		402248
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3416463

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		57166
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: **SCHAFFNER KNIGHT MINNAUGH CO,PC**

(2) EIN: **25-1690617**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 557758.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION 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>GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>36-4197661</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		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 36-1561860

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

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

3		0
---	--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Times Publishing Company Defined Benefit Pension Plan

Financial Statements and Supplemental Schedules

December 31, 2024



Erie, PA  Jamestown, NY

**Times Publishing Company Defined Benefit Pension Plan
Financial Statements and Supplemental Schedules**

Years Ended December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

Gannett Benefit Plans Committee
Times Publishing Company Defined Benefit Pension Plan

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

We have performed audits of the financial statements of Times Publishing Company Defined Benefit Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's

Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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 within one year after the date that the financial statements are issued or available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Schiffman, Krongold, Mincugh & Company P.C.
Erie, Pennsylvania
September 29, 2025

Times Publishing Company Defined Benefit Pension Plan
Statements of Net Assets Available for Benefits

	December 31	
	2024	2023
Assets		
Investments, at fair value:		
Mutual funds	\$ 18,371,568	\$ 19,626,857
Exchange-traded funds	7,383,323	6,529,503
Common collective trusts	6,391,253	5,901,105
	32,146,144	32,057,465
Plan Sponsor contributions receivable	231,000	274,000
Accrued interest and dividends	38,748	34,111
Other	48,253	53,742
Total assets	32,464,145	32,419,318
Liabilities		
Other	36,287	48,626
Total liabilities	36,287	48,626
Net assets available for benefits	\$ 32,427,858	\$ 32,370,692

See notes to financial statements.

**Times Publishing Company Defined Benefit Pension Plan
Statements of Changes in Net Assets Available for Benefits**

	Years Ended December 31	
	2024	2023
Additions to net assets attributed to:		
Plan Sponsor contributions	\$ 654,000	\$ 777,000
Interest and dividend income	702,579	686,467
Total additions to net assets	1,356,579	1,463,467
Deductions from net assets attributed to:		
Benefits paid directly to participants	3,014,215	3,317,709
Administrative expenses	402,248	479,891
Total deductions from net assets	3,416,463	3,797,600
Net realized and unrealized appreciation in fair value of investments	2,117,050	3,502,125
Net increase in net assets available for benefits	57,166	1,167,992
Net assets available for benefits:		
Beginning of year	32,370,692	31,202,700
End of year	\$ 32,427,858	\$ 32,370,692

See notes to financial statements.

Times Publishing Company Defined Benefit Pension Plan
Notes to Financial Statements
December 31, 2024

1. Description of Plan and Plan Benefits

The Times Publishing Company Defined Benefit Pension Plan (the Plan) is a non-contributory, defined benefit pension plan which formed on January 1, 2015 upon the merger of three previously existing pension plans sponsored by Times Publishing Company: Retirement Plan for Salaried Employees of Times Publishing Company (Salaried Plan), Pension Plan for Employees Represented by Erie Typographical Union Local 77 of Times Publishing Company (Local 77 Plan), and Pension Plan for Employees Represented by Erie Newspaper Guild Local 187 of Times Publishing Company (Local 187 Plan). The Plan provides, in general, for monthly pensions upon retirement at or after age 65 or earlier with certain minimum age and service requirements. Pension benefits for individuals eligible under the Salaried Plan generally depend on the participant's years of service and average monthly compensation during the 60-month period prior to retirement. Pension benefits for individuals eligible under the Local 77 Plan and Local 187 Plan generally depend on the benefit in effect at retirement and length of service. The monthly benefit unit in effect at December 31, 2024 was \$46 and \$53 for the Local 77 Plan and Local 187 Plan, respectively. Under the plan, a participant is fully vested in his accrued benefit after five years of continuous service.

A more detailed description of the Plan, including vesting and benefit provisions, is available in the summary plan description and plan document.

The Company froze the Salaried Plan, Local 77 Plan, and Local 187 Plan effective May 31, 2007, January 5, 2001, and December 31, 2009, respectively. Employees participating in the Plan on those dates will not accrue additional benefits. Employees hired after those dates will not be eligible to participate in the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Valuation of Investments

The Plan's investments are stated at fair value, determined in accordance with the *Fair Value Measurements and Disclosures* topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) (see Note 4). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

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

Times Publishing Company Defined Benefit Pension Plan Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Risks and Uncertainties

The Plan invests in a combination of mutual funds, common collective trusts and exchange-traded funds. In general, such investment securities are exposed to various risks and uncertainties, including interest rate risk, credit risk, market volatility, changes in the economic and political environment, regulatory changes and foreign currency risk. Due to the level of risk and uncertainty associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect investment balances and the amounts reported in the statements of net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions. These assumptions are described in Note 5. To the extent that actuarial experience differs from the actuarial assumptions utilized, the differences could have a material effect on the amount of accumulated plan benefits.

Administrative Expenses

Substantially all of the costs of administering the Plan are funded directly from the assets of the Plan. At times the Plan Sponsor will pay administrative expenses on behalf of the Plan.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Funding Policy

Gannett Co., Inc. (the Plan Sponsor) contributes to the Plan amounts equivalent to those amounts necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to retirees or their beneficiaries and to fund prior service costs (the estimated liability for accrued benefits arising from qualified service before establishment of the Plan) over periods as permitted by the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code. The actuarial method used by the Plan is the Projected Unit Credit method.

The investment income and net unrealized appreciation in investments serve to adjust future contributions that would otherwise be required to provide for the defined level of benefits under the plan.

The Plan Sponsor contribution for the years ended December 31, 2024 and 2023 met the minimum funding requirement under the provisions of ERISA.

Subsequent Events

The Plan has evaluated subsequent events through September 29, 2025, the date the financial statements were available to be issued.

Times Publishing Company Defined Benefit Pension Plan Notes to Financial Statements (continued)

3. Investments

For the years ended December 31, 2024 and 2023, the Plan Administrator elected the method of compliance permitted under ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under this election, all investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net realized and unrealized appreciation in the fair value of investments, interest and dividend income, and administrative expenses for the years ended December 31, 2024 and 2023, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Northern Trust Company, the trustee (the Plan Trustee).

4. Fair Value Measurements

Investments are recorded at estimated fair value in accordance with FASB ASC's *Fair Value Measurements and Disclosures* topic. This topic establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets 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's *Fair Value Measurements and Disclosures* topic 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 investments measured at fair value.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end funds that are registered with the U.S. 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.

Exchange-traded funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Times Publishing Company Defined Benefit Pension Plan
Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

Common collective trusts: Valued based on information reported by the investment advisor using the audited financial statements of the collective trust at year end, based on the fair value of the underlying investments. Redemptions of investments in the common collective trusts may be made daily without a notice period. The net unit values of the tiers of the common collective trusts are determined as of the close of each business day.

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 investments at fair value as of December 31:

	Investments at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 18,371,568	\$ -	\$ -	\$ 18,371,568
Exchange-traded funds	7,383,323	-	-	7,383,323
Common collective trusts:				
Equity	-	5,747,350	-	5,747,350
Fixed income	-	643,903	-	643,903
Total investments at fair value	\$ 25,754,891	\$ 6,391,253	\$ -	\$ 32,146,144

	Investments at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 19,626,857	\$ -	\$ -	\$ 19,626,857
Exchange-traded funds	6,529,503	-	-	6,529,503
Common collective trusts:				
Equity	-	5,438,094	-	5,438,094
Fixed income	-	463,011	-	463,011
Total investments at fair value	\$ 26,156,360	\$ 5,901,105	\$ -	\$ 32,057,465

5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable to the service employees have rendered under the Plan's provisions. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death or disability and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from the firm of Willis Towers Watson US LLC (the Plan Actuary) and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Times Publishing Company Defined Benefit Pension Plan
Notes to Financial Statements (continued)

5. Actuarial Present Value of Accumulated Plan Benefits (continued)

The more significant actuarial assumptions used to determine the actuarial present value of accumulated plan benefits at December 31, 2024 are as follows:

Discount rate	5.75%
Assumed rate of return	7.50% compounded annually
Mortality basis	Pri-2012 Mortality Base Table projected after 2012 using the same model and assumptions as the MP-2021 projection scale with separate tables for contingent survivors.
Normal retirement age	The later of age 65 or 5 years of service
Early retirement age	Permitted after age 55 and 10 years of service
Asset valuation method	Market Value of Assets

The more significant actuarial assumptions used to determine the actuarial present value of accumulated plan benefits at December 31, 2023 are as follows:

Discount rate	5.40%
Assumed rate of return	7.50% compounded annually
Mortality basis	Pri-2012 Mortality Base Table projected after 2012 using the same model and assumptions as the MP-2021 projection scale with separate tables for contingent survivors.
Normal retirement age	The later of age 65 or 5 years of service
Early retirement age	Permitted after age 55 and 10 years of service
Asset valuation method	Market Value of Assets

The actuarial present value of accumulated plan benefits as of December 31, 2024 and 2023 as computed by the Plan Actuary, is presented below:

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Participants currently receiving benefits	\$ 28,559,421	\$ 30,742,125
Other participants	3,480,211	4,005,064
	<u>32,039,632</u>	<u>34,747,189</u>
Non-vested benefits	61,931	51,358
Actuarial present value of accumulated plan benefits	<u>\$ 32,101,563</u>	<u>\$ 34,798,547</u>

Times Publishing Company Defined Benefit Pension Plan
Notes to Financial Statements (continued)

5. Actuarial Present Value of Accumulated Plan Benefits (continued)

The following presents the changes in the actuarial present value of accumulated plan benefits during the years ended December 31:

	2024	2023
Actuarial present value of accumulated plan benefits at beginning of year	\$ 34,798,547	\$ 35,207,225
Additional benefits accumulated, net of actuarial (gains)/losses	(535,501)	180,200
Benefits paid	(3,008,726)	(3,371,451)
Change in actuarial assumptions	(950,643)	871,848
Increase in interest due to decrease in discount period	1,797,886	1,910,725
Actuarial present value of accumulated plan benefits at end of year	\$ 32,101,563	\$ 34,798,547

The assumptions and calculations used in determining the actuarial present value of accumulated plan benefits are based on the presumption that the Plan will continue on an ongoing basis.

6. Plan Termination

The Plan Sponsor plans to continue the benefits of the pension plan indefinitely. Nevertheless, it reserves the right to amend, modify, suspend or terminate the Plan. In the event the Plan would be terminated or contributions would be permanently discontinued, the Plan provides that the net assets available for plan benefits would become fully vested, subject to benefit limitations described in the Plan, and be allocated to each beneficiary and participant in the order provided for under ERISA. To the extent unfunded vested benefits may exist, ERISA provides that such benefits are payable by the Pension Benefit Guarantee Corporation (PBGC) to beneficiaries and participants up to specified limitations, as described in ERISA.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

7. Tax Status

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated October 22, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the Code). Plan management believes the Plan is operating in compliance with the Code. Therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification.

During the years ended December 31, 2024 and 2023, management evaluated the Plan's tax positions in accordance with the FASB guidance on accounting for uncertainty in income taxes and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included 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. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to 2021.

Times Publishing Company Defined Benefit Pension Plan
Notes to Financial Statements (continued)

8. Party-in-interest Transactions

Certain Plan investments are shares of funds managed by the Plan Trustee, therefore, transactions with these investments qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are based on investment performance. These fees are not prohibited; payments are for reasonable compensation for the operation of the Plan.

SUPPLEMENTAL SCHEDULES

Times Publishing Company Defined Benefit Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
Employer Identification Number 36-4197661
Plan Number 001
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Vanguard Index Trust Small Cap Admiral	Mutual Fund, 26,741 shares	\$ 2,553,009	\$ 3,079,501
	Fidelity 500 Index	Mutual Fund, 15,429 shares	2,070,269	3,150,405
	Fidelity US Bond Index	Mutual Fund, 1,188,030 shares	13,901,092	12,141,662
*	Northern Trust Collective All Country World ex-US Index Fund	Common Collective Trust Fund, 262,304 shares	3,260,991	5,747,350
*	Northern Trust Collective Short Term Investment Fund	Common Collective Trust Fund, 643,903 shares	643,903	643,903
	FlexShares iBoxx 3-Year Target Duration TIPS Index Fund	Exchange-traded Fund, 29,598 shares	743,870	698,217
	FlexShares Trust Quality Dividend Defensive Index Fund	Exchange-traded Fund, 94,757 shares	3,072,583	6,685,106
		Total investments	<u>\$ 26,245,717</u>	<u>\$ 32,146,144</u>

* Party-in-interest

Times Publishing Company Defined Benefit Pension Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Employer Identification Number 36-4197661
Plan Number 001
For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)		
Identity of Party Involved	Description of Asset	Number of Purchases	Purchase Price	Number of Sales	Selling Price	Cost of Asset	Current Value on Transaction Date	Net (Loss) Gain
<i>Category (i) – Single transactions in excess of 5% of Plan assets</i>								
Fidelity Western Asset	US Bond Index	1	\$ 2,500,000	-	\$ -	\$ 2,500,000	\$ 2,500,000	\$ -
	Core Plus Bond Fund	-	-	1	2,715,379	3,405,345	2,715,379	(689,966)
<i>Category (iii) – Series of transactions by issue in excess of 5% of Plan assets</i>								
Fidelity	US Bond Index	14	\$ 4,315,647	-	\$ -	\$ 4,315,647	\$ 4,315,647	\$ -
Fidelity	500 Index	-	-	3	3,100,000	2,297,804	3,100,000	802,196
Northern Trust	Collective Short Term Investment Fund	46	3,634,993	29	3,454,101	3,454,101	3,454,101	-

Note: Reportable transactions are transactions or series of transactions in excess of 5% of the fair value of the Plan assets available for benefits at the beginning of the plan year.

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2024.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	1	1	0	0	0	0	0	0	0	0	0	2
40-44	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	1	0	0	0	0	0	0	0	1
50-54	0	0	1	1	1	0	0	0	0	0	0	3
55-59	0	1	2	9	3	1	0	0	0	0	0	16
60-64	0	1	0	0	0	0	1	0	0	0	0	2
65-69	0	0	1	1	0	0	0	0	0	0	0	2
70 & over	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	3	4	12	4	1	1	0	0	0	0	26

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
 EIN / PN: 36-4197661/001
 Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

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

Interest rates for plan funding purposes:	Reflecting Interest Rate Stabilization	Not Reflecting Interest Rate Stabilization
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.05%	4.40%

Annual rates of increase

- Compensation: N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

Lump Sum Conversion Rate

For the PPA funding valuation, lump sums are determined using the 3-segment rates reflecting interest rate stabilization.

Plan Related Expenses

The amount included for plan-related expenses is \$384,480.

Demographic Assumptions

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees. The plan is closed and frozen.

Mortality

- Healthy Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries)

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024)..

- Disabled Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Retirement

The rates at which participants are assumed to retire are shown below. The average retirement age is 59.

Attained Age	Males & Females
55	0.160
56	0.160
57	0.190
58	0.190
59	0.180
60	0.180
61	0.180
62	0.250
63	0.250
64	0.250
65	0.380
66	0.380
67	0.380
68	0.380
69	0.380
70	1.000

All participants are assumed to retire by age 70, or immediately if older.

Disability Rates

None Assumed.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Representative Termination Rates not due to disability, retirement or mortality

Attained Age	Males and Females
20	0.210
25	0.210
30	0.170
35	0.160
40	0.150
45	0.140
50	0.130
55	0.130

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained early or normal retirement age
- Deferred vested benefit The later of age 65 or termination of employment
- Retirement benefit Upon termination of employment or at the earlier of age 65 or age 60 and 5 years of service.

Form of Payment

All employees are assumed to elect the normal form of benefit

Marriage

It is assumed that 80% of active male participants and 50% of active female participants are married to an eligible spouse.

Female spouses are assumed to be three years younger than male participants; male spouses are assumed to be three years older than female participants.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Method

Valuation date

First day of plan year

Funding Target

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

Target normal cost

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

Decrement timing

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

Actuarial Value of Assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not Included in Valuation

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

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
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SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor through its third party administrator, furnished participant data as of 1/1/2024. The data files were reviewed and approved by Gannett on June 28, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor.

Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussion with the plan sponsor, assumptions or estimates were made when data were not available or were apparently inconsistent. The discussion also would consider adjustments to reflect any significant events that occurred between the date the data was collected and the measurement date; no such adjustments were made in this valuation. Please see the GHP Data Summary provided to Gannett on April 4, 2024 for sources of data, a summary of data questions and answers and a description of assumptions that were made for missing or apparently inconsistent data.

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

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates represent a best estimate of future experience. Termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed. The current assumptions are based on a study published by WTW on September 17, 2020.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement	<p>Retirement rates represent a best estimate of future experience. Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed. The current assumptions are based on a study published by WTW on September 17, 2020.</p>
Form of payment	<p>The following optional forms are available under this plan: 5 year Certain and Continuous, 50% Joint and Survivor, 75% Joint and Survivor, 100% Joint and Survivor. For Central Publishing Employees: Life Annuity, 5 Year Certain and Continuous, 10 Year Certain and Continuous, and 75% Joint and Survivor.</p> <p>Terminated vested participants as of August 31, 2019 with a present value under \$100,000 as of December 1, 2019 were given the opportunity to take a lump sum distribution payable in 2019. Any participant who did not choose the lump sum will receive an annuity upon election.</p> <p>The conversion factors are based on the 1983 Group Annuity Mortality Table for males and 7.50% interest.</p>
Percent married	<p>The assumed percentage married is based on the general population statistics on the marital status of individuals of retirement age.</p>
Spouse age	<p>The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age.</p>

Changes in Assumptions and Methods

Change in assumptions since prior valuation	<p>The segment interest rates used to calculate the funding target was updated to the current valuation date as required by IRC §430.</p> <p>The mortality table used to calculate the funding target was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430 and was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430. .</p>
Change in methods since prior valuation	<p>None.</p>

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
EIN/PN	36-4197661/001
Plan Name	TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
Valuation Date	January 1, 2024
Enrolled Actuary	Kathleen E Behr
Enrollment Number	23-07380

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

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

Plan Name	Times Publishing Company Defined Benefit Pension Plan
Plan Sponsor EIN	36-4197661
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.	D Employer Identification Number (EIN) 36-4197661	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	32,340,193
	b Actuarial value	2b	33,365,102
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	314	31,485,836
	b For terminated vested participants	71	2,303,224
	c For active participants	26	1,743,482
	d Total	411	35,532,542
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.05%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	384,480
	c Target normal cost	6c	384,480

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

SIGN HERE	KATHLEEN E BEHR KB Signature of actuary	10/6/2025 Date
	KATHLEEN BEHR Type or print name of actuary	2307380 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	703-258-8000 Telephone number (including area code)
	800 North Glebe Road Floor 10 Arlington VA 22203 Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 59
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 384,480
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	2,221,230		243,933	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 628,413
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 628,413
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 630,411
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 1,998
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
EIN/PN	36-4197661/001
Plan Name	TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
Valuation Date	January 1, 2024
Enrolled Actuary	Kathleen E Behr
Enrollment Number	23-07380

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

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

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

Interest rates for plan funding purposes:	Reflecting Interest Rate Stabilization	Not Reflecting Interest Rate Stabilization
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.05%	4.40%

Annual rates of increase

- Compensation: N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

Lump Sum Conversion Rate

For the PPA funding valuation, lump sums are determined using the 3-segment rates reflecting interest rate stabilization.

Plan Related Expenses

The amount included for plan-related expenses is \$384,480.

Demographic Assumptions

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees. The plan is closed and frozen.

Mortality

- Healthy Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries)

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SCHEDULE SB ATTACHMENTS

combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024)..

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None Assumed.

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SCHEDULE SB ATTACHMENTS

Method

Valuation date

First day of plan year

Funding Target

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Target normal cost

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EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
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SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

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Plan Name:	TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN:	36-4197661/001
Plan Sponsor:	GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement	<p>Retirement rates represent a best estimate of future experience. Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed. The current assumptions are based on a study published by WTW on September 17, 2020.</p>
Form of payment	<p>The following optional forms are available under this plan: 5 year Certain and Continuous, 50% Joint and Survivor, 75% Joint and Survivor, 100% Joint and Survivor. For Central Publishing Employees: Life Annuity, 5 Year Certain and Continuous, 10 Year Certain and Continuous, and 75% Joint and Survivor.</p> <p>Terminated vested participants as of August 31, 2019 with a present value under \$100,000 as of December 1, 2019 were given the opportunity to take a lump sum distribution payable in 2019. Any participant who did not choose the lump sum will receive an annuity upon election.</p> <p>The conversion factors are based on the 1983 Group Annuity Mortality Table for males and 7.50% interest.</p>
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Change in assumptions since prior valuation	<p>The segment interest rates used to calculate the funding target was updated to the current valuation date as required by IRC §430.</p> <p>The mortality table used to calculate the funding target was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430 and was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430. .</p>
Change in methods since prior valuation	<p>None.</p>

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Summary of Principal Pension Plan Provisions – Times plan

Salaried

Plan Provisions

The Plan was amended and restated effective January 1, 2015 to merge the Salaried, Guild Local 187, and ITU Local 77 participant into one plan. Last amended effective January 1, 2016.

Participation Each employee shall become a participant on the date he becomes a member of the Union. Employees hired after December 31, 2009 are not eligible to participate in the plan.

Definitions

Plan Year The 12-month period beginning each January 1.

Compensation Annual W-2 compensation paid to an employee, as limited by IRC Section 401(a)(17) including deferrals under Sections 125, 132(f)(4), 402(e)(3), 402(h), or 403(b) but excluding reimbursement of moving expenses and the taxable value of life insurance. If the employee receives credit for less than a full year of Credited Service in a plan year, earnings shall be annualized to be annual W-2 compensation in such year multiplied by two thousand eighty and divided by actual number of Hours Service credited in such plan year.

Average Monthly Earnings 1/60th of Compensation for the highest 5 years of employment. Frozen as of May 31, 2007.

Final Average Earnings 1/60th of Compensation, up to the taxable wage base for that year, for the 5 years of employment immediately preceding termination, retirement, disability or death. Frozen as of May 31, 2007.

Social Security Covered Compensation Covered Compensation means the average of the Social Security Maximum Taxable Wage Bases for the 35-year period ending with the year in which Social Security Retirement Age is attained. Social Security Retirement Age is 65 for employees born before 1938, 67 for those born after 1954, and 66 for those born in between. Frozen as of May 31, 2007.

Vesting Service One year of Vesting Service is earned for each plan year in which 1,000 hours are credited.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Credited Service One year of Credited Service is earned for each plan year in which 2,080 hours are worked on or after July 1, 1976. Partial credit will be granted for any plan year in which the participant is credited with more than 1,000 but less than 2,080 hours of service, rounded to two decimal places. Service is credited under 1,000 hours worked in year of hire, termination, disability or death. Prior to July 1, 1976, credited service is measured according to the number of years and completed months of Credited Service earned under the terms of the plan in effect on June 30, 1976. If a participant was actively employed on May 31, 2007, they receive credit for ½ year of Credited Service for 2007. Credited Service was frozen effective May 31, 2007.

Accrued Benefit A ten year certain and continuous annuity equal to (a) minus (b) times the ratio of current Credited Service to Credited Service at Normal Retirement Date.

(a) 2% of Average Monthly Earnings times Years of Credited Service at Normal Retirement Date up to 25 years plus 1% of Average Monthly Earnings times Years of Credited Service at Normal Retirement Date over 25 years.

(b) 0.5% of the lesser of Final Average Earnings or 1/12th of Covered Compensation times Years of Credited Service at Normal Retirement Date up to 35 years.

In no event shall the Accrued Benefit from the plan be less than the Rate of Benefit in effect on the earlier of the date of termination from employment or the date of retirement, times Credited Service at that date.

<u>Retirement Date</u>	<u>Rate of Benefit</u>
On or after July 14, 1997	
But before January 1, 2000	\$36.00
On or after January 1, 2000	\$52.00

If a participant was previously a participant under the Guild Local 187 Plan, the Typographical Union Local 77 plan or the ITU Negotiated Pension Plan, and then transferred to the Salaried plan, the Accrued Benefit will be calculated using the participant's total Credited Service, including Credited Service accrued under the previous plan. The Accrued Benefit under this plan will be offset by the benefit of the previous plan.

Effective November 1, 1996, the accrued benefit is calculated under a different formula for certain key employees. The Accrued Benefit is as follows:

<u>Officer</u>	<u>Accrued Benefit Formula</u>
President, CEO and Publisher	2.3% of Average Monthly Earnings Multiplied by all years of Credited Service
Chairman and Editor	2.2% of Average Monthly Earnings Multiplied by all years of Credited Service

Benefit accruals were frozen as of May 31, 2007.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits

Normal Retirement Benefit

Eligibility:

Age 65, or if later, the 5th anniversary of the date on which the participant commenced participation in the plan.

Monthly Benefit:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

Age 55 and 10 years of Vesting Service.

Monthly Benefit:

The Accrued Benefit starting at age 65, or starting at early retirement reduced by 2% per year if terminated on or after July 14, 1997 or reduced by 6% per year or otherwise. If the sum of the participant's age and service equals at least 100 and the participant's termination date occurs on or after July 14, 1997, the participant will receive the benefit in an unreduced amount.

Disability Retirement Benefit

Eligibility:

Total and permanent disability at any age.

Monthly Benefit:

The Accrued Benefit payable at age 65.

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement but after completion of at least five years of Vesting Service.

Monthly Benefit:

The Accrued Benefit commencing in full at normal retirement, or in a reduced amount under the early retirement provisions.

Death Benefit

Eligibility:

If a vest

ed active or former employer dies after having been married for one year.

Monthly Benefit

A monthly benefit for life commencing on the first of the month coincident with or next following the date of death. The benefit is equal to 100% of the vested benefit on the date of death, adjusted for the 100% joint and survivor annuity form of payment.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Optional Forms Available

The following optional forms are available under this plan: 10 Year Certain Continuous, 50% Joint and Survivor, and 100% Joint and Survivor. For Central Publishing employees: Life Annuity, 5 Year Certain and Continuous, 10 Year Certain and Continuous, and 75% Joint and Survivor.

The conversion factors are based on the 1983 Group Annuity Mortality Table for males and 7.50% interest.

Benefits Payable as Lump Sum

This plan pays only small benefit amounts (lump sums less than \$5,000).

Terminated vested participants as of August 31, 2019 with a present value under \$100,000 as of December 31, 2019 were given the opportunity to take a lump sum distribution payable in 2019. Any participant who did not choose the lump sum will receive an annuity upon election.

The conversion factors are based on the Applicable Mortality Table and the Applicable Interest Rate as required under IRC Section 417(c)(3).

Maximum Benefit Limit

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement age.

Plan Compensation Limit

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.

Future Plan Changes

No future plan changes were recognized in determining pension cost.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Guild Local 187

Plan Provisions

The Plan was amended and restated effective January 1, 2015 to merge the Salaried, Guild Local 187, and ITU Local 77 participant into one plan. Last amended effective January 1, 2016.

Participation Each employee shall become a participant on the date he becomes a member of the Union. Employees hired after December 31, 2009 are not eligible to participate in the plan.

Definitions

Plan Year The 12-month period beginning each January 1.

Vesting Service One year of Vesting Service is earned for plan year in which 1,000 hours are worked.

Credited Services One year of Credited Service is earned for each plan year in which 2,015 hours are worked. Partial credit will be granted for any plan year in which the participant is credited with more than 1,000 but less than 2,015 hours of service, rounded to two decimal places. No Credited Service is earned after December 31, 2009.

Accrued Benefit A monthly life annuity starting at age 65 equal to the Benefit Unit in effect on the earlier of the participant's termination date or retirement date, multiplied by the participant's years of Credited Service up to a maximum number of years according to the following schedule

<u>Termination Date On or After</u>	<u>Benefit Unit</u>	<u>Maximum Years of Credited Service</u>
3/2/1988	27.55	28
3/2/1989	27.95	28
3/2/1990	28.35	28
3/2/1991	28.75	29
3/2/1992	29.35	29
3/2/1993	29.75	29
3/2/1994	32.70	29
3/2/1995	33.95	29
3/2/1996	35.20	29
1/1/1998	47.00	30
7/1/2000	53.00	30

Benefit accruals were frozen as of December 31, 2009.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
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Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

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Benefits

Normal Retirement Benefit

Eligibility:

Age 65 or, if later, the 5th anniversary of the date on which the participant commenced participation in the plan.

Monthly Benefit:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

Age 55 and 10 years of Vesting Service.

Monthly Benefit:

The Accrued Benefit starting at age 65, or starting at early retirement but reduced by 2% per year if terminated on or after March 2, 1997, 4% per year if terminated between March 2, 1993 and March 1, 1997, and 6% per year if terminated prior to March 2, 1993.

Disability Retirement Benefit

None.

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement but after completion of at least five years of Vesting Service.

Monthly Benefit:

The Accrued Benefit commencing in full at normal retirement, or in a reduced amount under the early retirement provisions.

Death Benefit

Eligibility:

If a vested active or former employee dies after having been married for one year.

Monthly Benefit:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.

In the event that the present value of the benefit is less than the present value of a single payment of \$100 per year of service (maximum \$1,000), the spouse will receive the lump sum minimum benefit.

Transferred Participant

Transferred participants are plan members who transfer to an employment category not represented by Erie Newspaper Guild Local 187. The accrued monthly benefit for a transferred participant is frozen as of the transfer date.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Optional Forms Available

The following optional forms are available under this plan: Life Annuity, 50% Joint and Survivor, 75% Joint and Survivor, 100% Joint and Survivor.

The conversion factors are based on the 1983 Group Annuity Mortality Table for males and 7.50% interest.

Benefits Available as Lump Sum

This plan pays only small benefit amounts (lump sums less than \$5,000).

Terminated vested participants as of August 31, 2019 with a present value under \$100,000 as of December 31, 2019 were given the opportunity to take a lump sum distribution payable in 2019. Any participant who did not choose the lump sum will receive an annuity upon election.

The conversion factors are based on the Applicable Mortality Table and Applicable Interest Rate as required under IRC Section 417(c)(3).

Maximum Benefit Limit

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

Future Plan Changes

No future plan changes were recognized in determining pension cost.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

ITU Local 77

Plan Provisions

The Plan was amended and restated effective January 1, 2015 to merge the Salaried, Guild Local 187, and ITU Local 77 participant into one plan. Last amended effective January 1, 2016.

Participation

Any employee covered by the Union participates in the plan immediately upon hire. Effective January 1, 1986 a Union employee participates on the date he has been credited with at least 1,000 hours of service. Effective January 5, 2001 the union was dissolved and no participants remained active in the plan.

Definitions

Plan Year

The 12-month period beginning each January 1.

Year of Service

A Plan Year in which 1,000 hours of service are completed. No service will be earned after January 5, 2001, the date the union was dissolved.

Accrued Benefit

A five year Certain and Continuous annuity starting at age 65 equal to a past service benefit as listed in the plan document plus a monthly benefit according to the following benefit schedule. The Accrued Benefit was frozen on January 5, 2001, the date the union was dissolved.

For persons who retire on or after July 1, 1990:

Service before January 1, 1986	\$ 5.84
Service from January 1, 1986 to December 31, 1986	25.84
Service from January 1, 1987 to June 30, 1987	27.34
Service from July 1, 1987 to June 30, 1988	30.34
Service from July 1, 1988 to June 30, 1989	36.22
Service from July 1, 1989 to June 30, 1990	39.16
Service after July 1, 1990	42.10

For persons who retire on or after July 1, 1991:

Service before January 1, 1986	\$ 6.88
Service from January 1, 1986 to December 31, 1986	26.88
Service from January 1, 1987 to June 30, 1987	28.38
Service from July 1, 1987 to June 30, 1988	31.38
Service from July 1, 1988 to June 30, 1989	37.26
Service from July 1, 1989 to June 30, 1990	40.20
Service after July 1, 1990	43.14

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SCHEDULE SB ATTACHMENTS

For persons who retire on or after July 1, 1992:

Service before January 1, 1986	\$ 7.92
Service from January 1, 1986 to December 31, 1986	27.92
Service from January 1, 1987 to June 30, 1987	29.42
Service from July 1, 1987 to June 30, 1988	32.42
Service from July 1, 1988 to June 30, 1989	38.30
Service from July 1, 1989 to June 30, 1990	41.24
Service after July 1, 1990	44.18

For persons who retire on or after July 1, 1993:

Service before January 1, 1986	\$ 8.96
Service from January 1, 1986 to December 31, 1986	28.96
Service from January 1, 1987 to June 30, 1987	30.46
Service from July 1, 1987 to June 30, 1988	33.46
Service from July 1, 1988 to June 30, 1989	39.34
Service from July 1, 1989 to June 30, 1990	42.28
Service after July 1, 1990	45.22

For persons who retire on or after June 1, 1994:

Service before January 1, 1986	\$ 9.07
Service from January 1, 1986 to December 31, 1986	29.07
Service from January 1, 1987 to June 30, 1987	30.57
Service from July 1, 1987 to June 30, 1988	33.57
Service from July 1, 1988 to June 30, 1989	39.45
Service from July 1, 1989 to June 30, 1990	42.39
Service after July 1, 1990	45.33

For persons who retire on or after October 30, 1995:

Service before January 1, 1986	\$ 9.40
Service from January 1, 1986 to December 31, 1986	29.40
Service from January 1, 1987 to June 30, 1987	30.90
Service from July 1, 1987 to June 30, 1988	33.90
Service from July 1, 1988 to June 30, 1989	42.72
Service from July 1, 1989 to June 30, 1997	45.66
Service after July 1, 1997	46.21

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits

Normal Retirement Benefit

Eligibility:

Age 65, or, if later, the 5th anniversary of the date on which the participant commenced participation in the plan.

Monthly Benefit:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

Age 55 and 10 Years of Service.

Monthly Benefit:

The Accrued Benefit, starting at age 65, or starting at early retirement but reduced by 2% per year if terminated on or after January 1, 2000, 5% per year if terminated between June 1, 1997 and December 31, 1999, and 6% per year if terminated prior to June 1, 1997.

Disability Retirement Benefit

Eligibility:

Permanent and total disability at any age after completing 10 Years of Service.

Monthly Benefit:

The Accrued Benefit at disability retirement date commencing immediately. A disability retirement benefit is payable during the continuance of disability to age 65 at which time it converts to a normal retirement benefit.

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement but after completion of at least five Years of Service.

Monthly Benefit:

The accrued benefit commencing in full at normal retirement, or in a reduced amount under early retirement provisions.

Death Benefit

Eligibility:

If a vested active or former employee dies while married.

Monthly Benefit:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the accrued benefit on the date of death.

Transferred Participant

Transferred participants are plan members who transfer to an employment category not represented by Erie Typographical Union Local 77. The accrued monthly benefit for a transferred participant is frozen as of the transfer date.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Optional Forms Available

The following optional forms are available under this plan: 5 year Certain and Continuous, 50% Joint and Survivor, 100% Joint and Survivor.

Terminated vested participants as of August 31, 2019 with a present value under \$100,000 as of December 31, 2019 were given the opportunity to take a lump sum distribution payable in 2019. Any participant who did not choose the lump sum will receive an annuity upon election.

The conversion factors are based on the 1983 Group Annuity Mortality Table for males and 7.50% interest.

Benefits Payable as Lump Sum

This plan pays only small benefit amounts (lump sums less than \$5,000).

The conversion factors are based on the Applicable Mortality Table and Applicable Interest Rate as required under IRC Section 417(c)(3).

Maximum Benefit Limit

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

Future Plan Changes

No future plan changes were recognized in determining pension cost.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	1	1	0	0	0	0	0	0	0	0	0	2
40-44	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	1	0	0	0	0	0	0	0	1
50-54	0	0	1	1	1	0	0	0	0	0	0	3
55-59	0	1	2	9	3	1	0	0	0	0	0	16
60-64	0	1	0	0	0	0	1	0	0	0	0	2
65-69	0	0	1	1	0	0	0	0	0	0	0	2
70 & over	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	3	4	12	4	1	1	0	0	0	0	26

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
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 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(485,891)	15.00000	(485,891)	(44,207)
2. Shortfall	01/01/2023	2,383,579	14.00000	2,287,129	218,290
3. Shortfall	01/01/2022	(2,043,887)	13.00000	(1,877,183)	(188,879)
4. Shortfall	01/01/2021	458,903	12.00000	401,077	42,789
5. Shortfall	01/01/2020	2,300,007	11.00000	1,896,098	215,940
Total				2,221,230	243,933

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
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Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Summary of Principal Pension Plan Provisions – Times plan

Salaried

Plan Provisions

The Plan was amended and restated effective January 1, 2015 to merge the Salaried, Guild Local 187, and ITU Local 77 participant into one plan. Last amended effective January 1, 2016.

Participation Each employee shall become a participant on the date he becomes a member of the Union. Employees hired after December 31, 2009 are not eligible to participate in the plan.

Definitions

Plan Year The 12-month period beginning each January 1.

Compensation Annual W-2 compensation paid to an employee, as limited by IRC Section 401(a)(17) including deferrals under Sections 125, 132(f)(4), 402(e)(3), 402(h), or 403(b) but excluding reimbursement of moving expenses and the taxable value of life insurance. If the employee receives credit for less than a full year of Credited Service in a plan year, earnings shall be annualized to be annual W-2 compensation in such year multiplied by two thousand eighty and divided by actual number of Hours Service credited in such plan year.

Average Monthly Earnings 1/60th of Compensation for the highest 5 years of employment. Frozen as of May 31, 2007.

Final Average Earnings 1/60th of Compensation, up to the taxable wage base for that year, for the 5 years of employment immediately preceding termination, retirement, disability or death. Frozen as of May 31, 2007.

Social Security Covered Compensation Covered Compensation means the average of the Social Security Maximum Taxable Wage Bases for the 35-year period ending with the year in which Social Security Retirement Age is attained. Social Security Retirement Age is 65 for employees born before 1938, 67 for those born after 1954, and 66 for those born in between. Frozen as of May 31, 2007.

Vesting Service One year of Vesting Service is earned for each plan year in which 1,000 hours are credited.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Credited Service One year of Credited Service is earned for each plan year in which 2,080 hours are worked on or after July 1, 1976. Partial credit will be granted for any plan year in which the participant is credited with more than 1,000 but less than 2,080 hours of service, rounded to two decimal places. Service is credited under 1,000 hours worked in year of hire, termination, disability or death. Prior to July 1, 1976, credited service is measured according to the number of years and completed months of Credited Service earned under the terms of the plan in effect on June 30, 1976. If a participant was actively employed on May 31, 2007, they receive credit for ½ year of Credited Service for 2007. Credited Service was frozen effective May 31, 2007.

Accrued Benefit A ten year certain and continuous annuity equal to (a) minus (b) times the ratio of current Credited Service to Credited Service at Normal Retirement Date.

(a) 2% of Average Monthly Earnings times Years of Credited Service at Normal Retirement Date up to 25 years plus 1% of Average Monthly Earnings times Years of Credited Service at Normal Retirement Date over 25 years.

(b) 0.5% of the lesser of Final Average Earnings or 1/12th of Covered Compensation times Years of Credited Service at Normal Retirement Date up to 35 years.

In no event shall the Accrued Benefit from the plan be less than the Rate of Benefit in effect on the earlier of the date of termination from employment or the date of retirement, times Credited Service at that date.

<u>Retirement Date</u>	<u>Rate of Benefit</u>
On or after July 14, 1997	
But before January 1, 2000	\$36.00
On or after January 1, 2000	\$52.00

If a participant was previously a participant under the Guild Local 187 Plan, the Typographical Union Local 77 plan or the ITU Negotiated Pension Plan, and then transferred to the Salaried plan, the Accrued Benefit will be calculated using the participant's total Credited Service, including Credited Service accrued under the previous plan. The Accrued Benefit under this plan will be offset by the benefit of the previous plan.

Effective November 1, 1996, the accrued benefit is calculated under a different formula for certain key employees. The Accrued Benefit is as follows:

<u>Officer</u>	<u>Accrued Benefit Formula</u>
President, CEO and Publisher	2.3% of Average Monthly Earnings Multiplied by all years of Credited Service
Chairman and Editor	2.2% of Average Monthly Earnings Multiplied by all years of Credited Service

Benefit accruals were frozen as of May 31, 2007.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits

Normal Retirement Benefit

Eligibility:

Age 65, or if later, the 5th anniversary of the date on which the participant commenced participation in the plan.

Monthly Benefit:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

Age 55 and 10 years of Vesting Service.

Monthly Benefit:

The Accrued Benefit starting at age 65, or starting at early retirement reduced by 2% per year if terminated on or after July 14, 1997 or reduced by 6% per year or otherwise. If the sum of the participant's age and service equals at least 100 and the participant's termination date occurs on or after July 14, 1997, the participant will receive the benefit in an unreduced amount.

Disability Retirement Benefit

Eligibility:

Total and permanent disability at any age.

Monthly Benefit:

The Accrued Benefit payable at age 65.

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement but after completion of at least five years of Vesting Service.

Monthly Benefit:

The Accrued Benefit commencing in full at normal retirement, or in a reduced amount under the early retirement provisions.

Death Benefit

Eligibility:

If a vest

ed active or former employer dies after having been married for one year.

Monthly Benefit

A monthly benefit for life commencing on the first of the month coincident with or next following the date of death. The benefit is equal to 100% of the vested benefit on the date of death, adjusted for the 100% joint and survivor annuity form of payment.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Optional Forms Available

The following optional forms are available under this plan: 10 Year Certain Continuous, 50% Joint and Survivor, and 100% Joint and Survivor. For Central Publishing employees: Life Annuity, 5 Year Certain and Continuous, 10 Year Certain and Continuous, and 75% Joint and Survivor.

The conversion factors are based on the 1983 Group Annuity Mortality Table for males and 7.50% interest.

Benefits Payable as Lump Sum

This plan pays only small benefit amounts (lump sums less than \$5,000).

Terminated vested participants as of August 31, 2019 with a present value under \$100,000 as of December 31, 2019 were given the opportunity to take a lump sum distribution payable in 2019. Any participant who did not choose the lump sum will receive an annuity upon election.

The conversion factors are based on the Applicable Mortality Table and the Applicable Interest Rate as required under IRC Section 417(c)(3).

Maximum Benefit Limit

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement age.

Plan Compensation Limit

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.

Future Plan Changes

No future plan changes were recognized in determining pension cost.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Guild Local 187

Plan Provisions

The Plan was amended and restated effective January 1, 2015 to merge the Salaried, Guild Local 187, and ITU Local 77 participant into one plan. Last amended effective January 1, 2016.

Participation Each employee shall become a participant on the date he becomes a member of the Union. Employees hired after December 31, 2009 are not eligible to participate in the plan.

Definitions

Plan Year The 12-month period beginning each January 1.

Vesting Service One year of Vesting Service is earned for plan year in which 1,000 hours are worked.

Credited Services One year of Credited Service is earned for each plan year in which 2,015 hours are worked. Partial credit will be granted for any plan year in which the participant is credited with more than 1,000 but less than 2,015 hours of service, rounded to two decimal places. No Credited Service is earned after December 31, 2009.

Accrued Benefit A monthly life annuity starting at age 65 equal to the Benefit Unit in effect on the earlier of the participant's termination date or retirement date, multiplied by the participant's years of Credited Service up to a maximum number of years according to the following schedule

<u>Termination Date On or After</u>	<u>Benefit Unit</u>	<u>Maximum Years of Credited Service</u>
3/2/1988	27.55	28
3/2/1989	27.95	28
3/2/1990	28.35	28
3/2/1991	28.75	29
3/2/1992	29.35	29
3/2/1993	29.75	29
3/2/1994	32.70	29
3/2/1995	33.95	29
3/2/1996	35.20	29
1/1/1998	47.00	30
7/1/2000	53.00	30

Benefit accruals were frozen as of December 31, 2009.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits

Normal Retirement Benefit

Eligibility:

Age 65 or, if later, the 5th anniversary of the date on which the participant commenced participation in the plan.

Monthly Benefit:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

Age 55 and 10 years of Vesting Service.

Monthly Benefit:

The Accrued Benefit starting at age 65, or starting at early retirement but reduced by 2% per year if terminated on or after March 2, 1997, 4% per year if terminated between March 2, 1993 and March 1, 1997, and 6% per year if terminated prior to March 2, 1993.

Disability Retirement Benefit

None.

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement but after completion of at least five years of Vesting Service.

Monthly Benefit:

The Accrued Benefit commencing in full at normal retirement, or in a reduced amount under the early retirement provisions.

Death Benefit

Eligibility:

If a vested active or former employee dies after having been married for one year.

Monthly Benefit:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.

In the event that the present value of the benefit is less than the present value of a single payment of \$100 per year of service (maximum \$1,000), the spouse will receive the lump sum minimum benefit.

Transferred Participant

Transferred participants are plan members who transfer to an employment category not represented by Erie Newspaper Guild Local 187. The accrued monthly benefit for a transferred participant is frozen as of the transfer date.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Optional Forms Available

The following optional forms are available under this plan: Life Annuity, 50% Joint and Survivor, 75% Joint and Survivor, 100% Joint and Survivor.

The conversion factors are based on the 1983 Group Annuity Mortality Table for males and 7.50% interest.

Benefits Available as Lump Sum

This plan pays only small benefit amounts (lump sums less than \$5,000).

Terminated vested participants as of August 31, 2019 with a present value under \$100,000 as of December 31, 2019 were given the opportunity to take a lump sum distribution payable in 2019. Any participant who did not choose the lump sum will receive an annuity upon election.

The conversion factors are based on the Applicable Mortality Table and Applicable Interest Rate as required under IRC Section 417(c)(3).

Maximum Benefit Limit

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

Future Plan Changes

No future plan changes were recognized in determining pension cost.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

ITU Local 77

Plan Provisions

The Plan was amended and restated effective January 1, 2015 to merge the Salaried, Guild Local 187, and ITU Local 77 participant into one plan. Last amended effective January 1, 2016.

Participation Any employee covered by the Union participates in the plan immediately upon hire. Effective January 1, 1986 a Union employee participates on the date he has been credited with at least 1,000 hours of service. Effective January 5, 2001 the union was dissolved and no participants remained active in the plan.

Definitions

Plan Year The 12-month period beginning each January 1.

Year of Service A Plan Year in which 1,000 hours of service are completed. No service will be earned after January 5, 2001, the date the union was dissolved.

Accrued Benefit A five year Certain and Continuous annuity starting at age 65 equal to a past service benefit as listed in the plan document plus a monthly benefit according to the following benefit schedule. The Accrued Benefit was frozen on January 5, 2001, the date the union was dissolved.

For persons who retire on or after July 1, 1990:

Service before January 1, 1986	\$ 5.84
Service from January 1, 1986 to December 31, 1986	25.84
Service from January 1, 1987 to June 30, 1987	27.34
Service from July 1, 1987 to June 30, 1988	30.34
Service from July 1, 1988 to June 30, 1989	36.22
Service from July 1, 1989 to June 30, 1990	39.16
Service after July 1, 1990	42.10

For persons who retire on or after July 1, 1991:

Service before January 1, 1986	\$ 6.88
Service from January 1, 1986 to December 31, 1986	26.88
Service from January 1, 1987 to June 30, 1987	28.38
Service from July 1, 1987 to June 30, 1988	31.38
Service from July 1, 1988 to June 30, 1989	37.26
Service from July 1, 1989 to June 30, 1990	40.20
Service after July 1, 1990	43.14

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Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
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SCHEDULE SB ATTACHMENTS

For persons who retire on or after July 1, 1992:

Service before January 1, 1986	\$ 7.92
Service from January 1, 1986 to December 31, 1986	27.92
Service from January 1, 1987 to June 30, 1987	29.42
Service from July 1, 1987 to June 30, 1988	32.42
Service from July 1, 1988 to June 30, 1989	38.30
Service from July 1, 1989 to June 30, 1990	41.24
Service after July 1, 1990	44.18

For persons who retire on or after July 1, 1993:

Service before January 1, 1986	\$ 8.96
Service from January 1, 1986 to December 31, 1986	28.96
Service from January 1, 1987 to June 30, 1987	30.46
Service from July 1, 1987 to June 30, 1988	33.46
Service from July 1, 1988 to June 30, 1989	39.34
Service from July 1, 1989 to June 30, 1990	42.28
Service after July 1, 1990	45.22

For persons who retire on or after June 1, 1994:

Service before January 1, 1986	\$ 9.07
Service from January 1, 1986 to December 31, 1986	29.07
Service from January 1, 1987 to June 30, 1987	30.57
Service from July 1, 1987 to June 30, 1988	33.57
Service from July 1, 1988 to June 30, 1989	39.45
Service from July 1, 1989 to June 30, 1990	42.39
Service after July 1, 1990	45.33

For persons who retire on or after October 30, 1995:

Service before January 1, 1986	\$ 9.40
Service from January 1, 1986 to December 31, 1986	29.40
Service from January 1, 1987 to June 30, 1987	30.90
Service from July 1, 1987 to June 30, 1988	33.90
Service from July 1, 1988 to June 30, 1989	42.72
Service from July 1, 1989 to June 30, 1997	45.66
Service after July 1, 1997	46.21

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits

Normal Retirement Benefit

Eligibility:

Age 65, or, if later, the 5th anniversary of the date on which the participant commenced participation in the plan.

Monthly Benefit:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

Age 55 and 10 Years of Service.

Monthly Benefit:

The Accrued Benefit, starting at age 65, or starting at early retirement but reduced by 2% per year if terminated on or after January 1, 2000, 5% per year if terminated between June 1, 1997 and December 31, 1999, and 6% per year if terminated prior to June 1, 1997.

Disability Retirement Benefit

Eligibility:

Permanent and total disability at any age after completing 10 Years of Service.

Monthly Benefit:

The Accrued Benefit at disability retirement date commencing immediately. A disability retirement benefit is payable during the continuance of disability to age 65 at which time it converts to a normal retirement benefit.

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement but after completion of at least five Years of Service.

Monthly Benefit:

The accrued benefit commencing in full at normal retirement, or in a reduced amount under early retirement provisions.

Death Benefit

Eligibility:

If a vested active or former employee dies while married.

Monthly Benefit:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the accrued benefit on the date of death.

Transferred Participant

Transferred participants are plan members who transfer to an employment category not represented by Erie Typographical Union Local 77. The accrued monthly benefit for a transferred participant is frozen as of the transfer date.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Optional Forms Available	<p>The following optional forms are available under this plan: 5 year Certain and Continuous, 50% Joint and Survivor, 100% Joint and Survivor.</p> <p>Terminated vested participants as of August 31, 2019 with a present value under \$100,000 as of December 31, 2019 were given the opportunity to take a lump sum distribution payable in 2019. Any participant who did not choose the lump sum will receive an annuity upon election.</p> <p>The conversion factors are based on the 1983 Group Annuity Mortality Table for males and 7.50% interest.</p>
Benefits Payable as Lump Sum	<p>This plan pays only small benefit amounts (lump sums less than \$5,000).</p> <p>The conversion factors are based on the Applicable Mortality Table and Applicable Interest Rate as required under IRC Section 417(c)(3).</p>
Maximum Benefit Limit	<p>The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.</p>

Future Plan Changes

No future plan changes were recognized in determining pension cost.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024

Plan Name	Times Publishing Company Defined Benefit Pension Plan
Plan Sponsor EIN	36-4197661
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(485,891)	15.00000	(485,891)	(44,207)
2. Shortfall	01/01/2023	2,383,579	14.00000	2,287,129	218,290
3. Shortfall	01/01/2022	(2,043,887)	13.00000	(1,877,183)	(188,879)
4. Shortfall	01/01/2021	458,903	12.00000	401,077	42,789
5. Shortfall	01/01/2020	2,300,007	11.00000	1,896,098	215,940
Total				2,221,230	243,933

Plan Name: TIMES PUBLISHING COMPANY DEFINED BENEFIT PENSION PLAN
EIN / PN: 36-4197661/001
Plan Sponsor: GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS, INC.
Valuation Date: January 1, 2024