

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... [X] an amended return/report [] a short plan year return/report... 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... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan THE JOHNSTOWN TRIBUNE PUBLISHING COMPANY NON-BARGAINING PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 10/01/1954
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CNHI, LLC 201 MONROE STREET SUITE 450 MONTGOMERY, AL 36104
2b Employer Identification Number (EIN) 04-3314494
2c Plan Sponsor's telephone number 334-293-5800
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 (2023) v. 230707

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	171
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	10
	6a(2)	8
	6b	86
	6c	54
	6d	148
	6e	21
	6f	169
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **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>THE JOHNSTOWN TRIBUNE PUBLISHING COMPANY NON-BARGAINING 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>CNHI, LLC</u>	D Employer Identification Number (EIN) <u>04-3314494</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>10</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value	2a		<u>5865875</u>
b Actuarial value	2b		<u>5978647</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>107</u>	<u>3879843</u>	<u>3879843</u>
b For terminated vested participants	<u>54</u>	<u>903708</u>	<u>903708</u>
c For active participants	<u>10</u>	<u>374132</u>	<u>374132</u>
d Total	<u>171</u>	<u>5157683</u>	<u>5157683</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>5.17 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>92300</u>
c Target normal cost	6c		<u>92300</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		<u>07/15/2025</u>	
	Signature of actuary	Date	
	<u>ALLEGRA BARRETT</u>	<u>23-09020</u>	Most recent enrollment number
	Type or print name of actuary	<u>312-878-2440</u>	Telephone number (including area code)
	<u>OCTOBER THREE CONSULTING LLC</u>		
	Firm name		
	<u>233 SOUTH WACKER DRIVE, SUITE 8350</u> <u>CHICAGO, IL 60606-7147</u>		
	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 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	713300
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	713300
10	Interest on line 9 using prior year's actual return of <u>15.35</u> %	0	109492
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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>5.33</u> %		0
	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		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	95000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	727792

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.80 %
15	Adjusted funding target attainment percentage	15	115.91 %
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	102.31 %
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
Totals ▶			18(b)	0	18(c)
					0

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

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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input 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 92300
b Excess assets, if applicable, but not greater than line 31a				31b 92300
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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 0
	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 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan THE JOHNSTOWN TRIBUNE PUBLISHING COMPANY NON-BARGAINING PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CNHI, LLC	D Employer Identification Number (EIN) 04-3314494	

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

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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)

CHARLES SCHWAB INSTITUTIONAL

94-1737782

(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?
27 21 51	NONE	63210	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)

RSM US LLP

42-0714325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	25725	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)

MCCREADY AND KEENE, INC.

35-0500670

(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?
49	NONE	17120	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

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

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

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

a Name: PHILLIP J. LOFTUS	b EIN: 91-0675641
c Position: ENROLLED ACTUARY	
d Address: 71 S. WACKER DRIVE 31ST FLOOR CHICAGO, IL 60606	e Telephone: 312-726-0677

Explanation: PHIL LEFT MCCREADY AND KEENE IN APRIL 2025.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan THE JOHNSTOWN TRIBUNE PUBLISHING COMPANY NON-BARGAINING PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CNHI, LLC	D Employer Identification Number (EIN) 04-3314494

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)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	238127	174675
(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)	2936039	3784111
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	443595	868544
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2248114	1925543

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	5865875	6752873
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5865875	6752873

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	968	
(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)		
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	155630	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	4796355	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4273316	
(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)	689606	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		21458
d Total income. Add all income amounts in column (b) and enter total.....	2d		1390701

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	397648	
(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)		397648
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	25725	
(5) Investment advisory and investment management fees.....	2i(5)	8944	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	54266	
(7) Actuarial fees.....	2i(7)	17120	
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		106055
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		503703

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		886998
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: RSM US LLP

(2) EIN: 42-0714325

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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 542422.

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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>THE JOHNSTOWN TRIBUNE PUBLISHING COMPANY NON-BARGAINING 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>CNHI, LLC</u>	D Employer Identification Number (EIN) <u>04-3314494</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): <u>94-1737782</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	1

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 _____.

The Johnstown Tribune Publishing Company Non- Bargaining Pension Plan

Financial Report
September 30, 2024

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Independent Auditor's Report

Plan Administrator
The Johnstown Tribune Publishing Company Non-Bargaining Pension Plan

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

We have performed audits of the financial statements of The Johnstown Tribune Publishing Company Non-Bargaining 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 September 30, 2024 and 2023, 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 September 30, 2024 and 2023, and for the years then ended, 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 of Schedule H, Line 4i—Schedule of assets (held at end of year) as of September 30, 2024 and Schedule H, Line 4j—Schedule of reportable transactions for the year ended September 30, 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).

RSM US LLP

Birmingham, Alabama
October 8, 2025

The Johnstown Tribune Publishing Company Non-Bargaining Pension Plan

**Statements of Net Assets Available for Benefits
September 30, 2024 and 2023**

	2024	2023
Assets		
Investments at fair value	\$ 6,752,873	\$ 5,865,875
Total assets	<u>6,752,873</u>	<u>5,865,875</u>
Net assets available for benefits	<u>\$ 6,752,873</u>	<u>\$ 5,865,875</u>

See notes to financial statements.

The Johnstown Tribune Publishing Company Non-Bargaining Pension Plan

**Statements of Changes in Net Assets Available for Benefits
Years Ended September 30, 2024 and 2023**

	2024	2023
Additions to net assets attributed to:		
Investment income:		
Net appreciation in the fair value of investments	\$ 1,234,103	\$ 712,727
Dividends and interest	<u>156,598</u>	<u>120,386</u>
	<u>1,390,701</u>	<u>833,113</u>
Deductions from net assets attributed to:		
Benefits paid to participants	397,648	378,657
Administrative expenses	<u>106,055</u>	<u>109,192</u>
Total deductions	<u>503,703</u>	<u>487,849</u>
Net increase in net assets available for benefits	886,998	345,264
Net assets available for benefits:		
Beginning of year	<u>5,865,875</u>	5,520,611
End of year	<u>\$ 6,752,873</u>	<u>\$ 5,865,875</u>

See notes to financial statements.

The Johnstown Tribune Publishing Company Non-Bargaining Pension Plan

Notes to Financial Statements

Note 1. Plan Description

The following description of The Johnstown Tribune Publishing Company Non-Bargaining Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a noncontributory, defined benefit plan and is sponsored by Community Newspaper Holdings, LLC (the Sponsor), which owns the Johnstown Tribune Democrat. All employees of the Johnstown Tribune Democrat who are not members represented by the Johnstown Graphics Communications Union Local 188-C and the Communications Workers of America Local 14815 were eligible to participate on the first entry date following their initial employment. As of June 30, 2005, the Plan was frozen to new participants.

Pension benefits and vesting: Participants are vested in 20% of accumulated plan benefits after three years, and are increased to 100% after seven years. Upon normal retirement (age 65), a participant shall be fully vested and entitled to receive monthly pension benefits thereafter equal to the following:

- a. The participant's accrued benefit as of September 30, 1989; plus
- b. \$6 multiplied by the participant's years of credited service for benefit accrual purposes after September 30, 1989; plus
- c. 1% of the participant's plan compensation multiplied by the participant's years of credited service for benefit accrual purposes after October 1, 1989.

Effective June 30, 2005, an amendment was adopted to curtail the Plan such that no participant in the Plan would accrue any further benefits after such date. Employees participating in the Plan as of June 30, 2005, will continue to participate in the Plan in accordance with the Plan as amended. Individuals not participating as of June 30, 2005, will not be eligible to participate in the Plan. No benefits will accrue with respect to employment after June 30, 2005. For participants employed on June 30, 2005, any accrued benefit will be frozen and the monthly pension benefit will ultimately be computed as if the participant terminated employment on that date.

The normal payment for an unmarried participant is in the form of a pension for the life of the participant with 120 guaranteed payments. In general, if a participant is married, he or she will receive an actuarially equivalent pension in the form of the qualified joint and 50% survivor annuity.

Death benefits are not available unless the participant is fully vested. Death benefits are 50% of the amount that would have been payable under the qualified joint and 50% survivor annuity.

Plan termination: While the Sponsor has not expressed any intent to terminate the Plan, it is free to do so at any time, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In the event of termination of the Plan, benefits will be paid to the extent that funds are available in the Plan. Benefits will be provided to participants using a method acceptable to the Internal Revenue Service (IRS) and the Pension Benefit Guaranty Corporation (PBGC), a federal insurance agency.

**The Johnstown Tribune Publishing Company
Non-Bargaining Pension Plan**

Notes to Financial Statements

Note 1. Plan Description (Continued)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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 Sponsor and the level of benefits guaranteed by the PBGC.

Any Plan assets remaining after satisfaction of all liabilities to participants and beneficiaries and other parties may be distributed to the employer subject to the consent of the IRS and the PBGC.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates: The preparation of financial statements in conformity with U.S. GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Pension Plan Committee determines the Plan's valuation policies utilizing information provided by the trustee and investment advisors. See Note 5 for discussion of fair value measurements.

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

Funding policy: The Sponsor contributes such amounts as are deemed necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to participants and satisfy the minimum funding requirements of ERISA. The Plan has met the ERISA minimum funding requirements for the years ended September 30, 2024 and 2023.

Payment of benefits: Benefit payments to participants are recorded upon distribution.

**The Johnstown Tribune Publishing Company
Non-Bargaining Pension Plan**

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Administrative expenses: The Plan's expenses are paid either by the Plan or the Sponsor, as provided by the Plan document. Expenses that are paid directly by the Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Investment-related expenses are included in net appreciation of fair value of investments.

Subsequent events: The Plan Administrator has evaluated subsequent events (events occurring after September 30, 2024) through October 8, 2025, the date the financial statements were available for issuance.

Note 3. Information Certified or Provided by Charles Schwab Trust Bank (Trustee)

The following is a summary of the Plan's asset information as of September 30, 2024 and 2023, and for the years then ended, included throughout the Plan's financial statements and ERISA-required supplemental schedules, obtained by management and agreed to or derived from information certified by Charles Schwab Trust Bank, the trustee of the Plan. The Plan Administrator has obtained certifications from the trustee that the information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to the information that appears throughout the financial statements and ERISA-required supplemental schedules related to the following assets:

	September 30	
	2024	2023
Investments at fair value:		
Exchange traded funds	\$ 2,032,258	\$ 2,281,506
Mutual funds	868,544	443,595
Common stocks	3,784,111	2,936,039
Options	(106,715)	(33,392)
Interest-bearing cash	174,675	238,127
	<u>\$ 6,752,873</u>	<u>\$ 5,865,875</u>

The trustee also certified to the completeness and accuracy of \$1,234,103 and \$712,727 of net appreciation in the fair value of investments and \$156,598 and \$120,386 of dividends and interest related to the aforementioned plan assets for the years ended September 30, 2024 and 2023, respectively.

**The Johnstown Tribune Publishing Company
Non-Bargaining Pension Plan**

Notes to Financial Statements

Note 4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their average compensation during years preceding the valuation date. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during their years of credited service. Benefits payable are based on employees' compensation during their years of credited service. Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included to the extent they are deemed attributable to employee service rendered to the valuation date.

An actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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.

Significant assumptions underlying the actuarial computations are:

Actuarial cost method	Unit credit method
Mortality rates for healthy and disabled participants	Mortality Projection Scale (MP-2021)
Interest rate	6.00%
Retirement age	65 and 5 years of vesting service
Termination rates	Sarason T-5

At October 1, 2023, the date of the most recent actuarial valuation, the actuarial present value of accumulated plan benefits was:

Actuarial present value of vested benefits:	
Retired participants currently receiving benefits	\$ 3,609,394
Other vested participants	1,179,991
	<u>4,789,385</u>
Actuarial present value of nonvested benefits	-
Total actuarial present value of accumulated plan benefits	<u>\$ 4,789,385</u>

The following is a summary of the factors affecting the year-to-year change in the actuarial present value of accumulated plan benefits, at October 1, 2023:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 6,427,164</u>
Increase (decrease) during the year attributable to:	
Interest	208,883
Benefits paid	(378,657)
Actuarial gains/losses	(47,442)
Effect of change in assumptions	(1,420,563)
Net decrease	<u>(1,637,779)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 4,789,385</u>

**The Johnstown Tribune Publishing Company
Non-Bargaining Pension Plan**

Notes to Financial Statements

Note 4. Actuarial Present Value of Accumulated Plan Benefits (Continued)

In the October 1, 2023, actuarial valuation, the interest rate increased resulting in a net decrease in changes in assumptions of \$1,420,563 to the actuarial present value of accumulated plan benefits.

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

Note 5. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

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:

- 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 input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

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

Common stocks, exchange traded funds, options: Valued at the closing price reported on the active market in which the individual securities are traded.

Interest-bearing cash: Valued at the stated available balance.

**The Johnstown Tribune Publishing Company
Non-Bargaining Pension Plan**

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024 and 2023:

Description	Assets at Fair Value as of September 30, 2024			
	Level 1	Level 2	Level 3	Total
Exchange traded funds	\$ 2,032,258	\$ -	\$ -	\$ 2,032,258
Mutual funds	868,544	-	-	868,544
Common stocks	3,784,111	-	-	3,784,111
Options	(106,715)	-	-	(106,715)
Interest-bearing cash	174,675	-	-	174,675
Total assets at fair value	<u>\$ 6,752,873</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,752,873</u>

Description	Assets at Fair Value as of September 30, 2023			
	Level 1	Level 2	Level 3	Total
Exchange traded funds	\$ 2,281,506	\$ -	\$ -	\$ 2,281,506
Mutual funds	443,595	-	-	443,595
Common stocks	2,936,039	-	-	2,936,039
Options	(33,392)	-	-	(33,392)
Interest-bearing cash	238,127	-	-	238,127
Total assets at fair value	<u>\$ 5,865,875</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,865,875</u>

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits.

Note 6. Pension Protection Act

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA) imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage (FTAP). A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The 2023 AFTAP for the Plan is 116%. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

Note 7. Related-Party Transactions and Parties-in-Interest

Charles Schwab Trust Bank is the trustee of the Plan as of September 30, 2024 and 2023. Transactions with Charles Schwab Trust Bank qualify as parties-in-interest transactions. Fees paid by the Plan to the trustee totaled \$62,672 and \$72,121 for the years ended September 30, 2024 and 2023, respectively. The Sponsor also paid certain administrative expenses of the Plan.

**The Johnstown Tribune Publishing Company
Non-Bargaining Pension Plan**

Notes to Financial Statements

Note 8. Tax Status

The Plan has received a determination letter from the IRS, dated February 17, 2011, stating that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the Code), and therefore, the related trust is exempt from taxation. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes the Plan is designed, and is currently being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any significant uncertain tax positions that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and may impact the funded position of the Plan.

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

The Johnstown Tribune Publishing Company Non-Bargaining Pension Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) September 30, 2024

Employer Identification Number: 04-3314494

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost	Current Value
	A T & T INC	Common Stock	\$ 67,690	\$ 55,440
	CISCO SYSTEMS INC	Common Stock	85,511	90,101
	J P MORGAN CHASE & CO	Common Stock	72,796	155,615
	MICROSOFT CORP	Common Stock	94,635	199,229
	ABBOTT LABORATORIES	Common Stock	64,029	79,807
	AMAZON COM INC	Common Stock	233,860	354,027
	APPLE INC	Common Stock	63,959	186,400
	APPLIED MATERIALS	Common Stock	65,375	242,460
	BANK OF NEW YORK CO NE	Common Stock	50,466	86,232
	BRISTOL-MYERS SQUIBB	Common Stock	66,869	56,914
	GENERAL DYNAMICS CORP	Common Stock	41,571	90,660
	HOME DEPOT INC	Common Stock	55,746	81,040
	JOHNSON & JOHNSON	Common Stock	57,748	64,824
	ORACLE CORPORATION	Common Stock	63,144	204,480
	QUALCOMM INC	Common Stock	63,912	136,040
	SOUTHERN CO	Common Stock	60,895	90,180
	WAL-MART STORES INC	Common Stock	66,201	129,200
	AIR PRODS & CHEMS INC	Common Stock	16,004	16,673
	ALLEGION PUBLIC LTD CO F	Common Stock	8,287	11,368
	AMERICAN ELEC PWR INC	Common Stock	11,996	13,851
	AMERICAN INTL GROUP	Common Stock	24,169	28,413
	ASTRAZENECA PLC	Common Stock	6,303	7,479
	BAXTER INTERNATIONAL	Common Stock	42,912	36,527
	BP PLC F	Common Stock	36,955	36,695
	BR AMERN TOBACCO PLC ADR F	Common Stock	23,229	23,777
	CARDINAL HEALTH INC	Common Stock	29,182	39,787
	CIGNA CORP	Common Stock	12,025	16,629
	CITIGROUP INC	Common Stock	40,555	46,199
	CNH INDUSTRIAL NV	Common Stock	6,924	6,660
	COGNIZANT TECH SOL CL A	Common Stock	26,213	25,932
	COMCAST CORP NEW CL A	Common Stock	30,750	29,866
	CONSTELLATION BRAND CL A	Common Stock	8,098	8,246
	CROWN CASTLE INTL CO REIT	Common Stock	18,706	21,472
	CVS HEALTH CORPORATION	Common Stock	39,139	42,507
	DIAGEO PLC	Common Stock	7,381	6,877
	DOLLAR GENERAL CORP	Common Stock	34,741	18,013
	DOMINION RES INC VA	Common Stock	7,989	8,380
	ELECTRONIC ARTS	Common Stock	19,773	20,512
	ELEVANCE HEALTH INC	Common Stock	20,883	21,840
	ELI LILLY & COMPANY	Common Stock	11,343	15,947
	ENTERGY CORP	Common Stock	11,877	13,819
	EXELON CORPORATION	Common Stock	13,893	14,395
	FIDELITY NATL FINL NEW	Common Stock	14,603	18,804
	FIDELITY NATL INFORMATION	Common Stock	27,003	25,041
	FIRST CITIZENS BANCSHARES	Common Stock	19,891	46,024
	FORTREA HOLDINGS INC	Common Stock	5,379	2,920
	FOX CORP	Common Stock	8,478	8,805
	GALLAGHER ARTHUR J & CO	Common Stock	7,068	11,536
	GENERAL MOTORS CO	Common Stock	22,503	25,245
	HASBRO	Common Stock	14,820	20,828
	HESS CORP	Common Stock	23,830	21,456

(Continued)

The Johnstown Tribune Publishing Company Non-Bargaining Pension Plan

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)
September 30, 2024**

Employer Identification Number: 04-3314494

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost	Current Value
	HEWLETT PACKARD ENTERPRISE	Common Stock	\$ 8,498	\$ 9,309
	HP INC	Common Stock	36,530	36,265
	HUMANA INC	Common Stock	18,684	14,253
	INTERCONTINENTAL EXCHANGE I	Common Stock	17,300	23,614
	INTERNATIONAL FLAVORS & FR	Common Stock	7,710	10,808
	INTERPUBLIC GROUP COS INC	Common Stock	11,937	12,019
	JOHNSON CTLS INTL F	Common Stock	16,846	19,558
	KEURIG DR PEPPER INC	Common Stock	11,134	12,818
	KIMBERLY-CLARK CORP	Common Stock	15,804	15,935
	KON PHILIPS ELEC NV NEWF	Common Stock	13,374	17,243
	KRAFT HEINZ COMPANY	Common Stock	36,013	32,933
	LABCORP HLDGS INC	Common Stock	24,576	22,125
	LEAR CORPORATION	Common Stock	11,111	9,059
	LEIDOS HOLDINGS INC	Common Stock	11,226	18,419
	L3HARRIS TECHNOLOGIE	Common Stock	35,602	39,724
	MEDTRONIC PLC	Common Stock	40,730	36,282
	MICRON TECHNOLOGY INC	Common Stock	6,718	10,890
	NEWELL RUBBERMAID INC	Common Stock	12,784	4,470
	P G & E CORP	Common Stock	13,751	16,350
	PFIZER INCORPORATED	Common Stock	6,970	7,148
	PPG INDS INC	Common Stock	13,367	13,378
	PRUDENTIAL CORP PLC ADR	Common Stock	10,102	7,601
	RAYTHEON TECHNOLOGIES CO	Common Stock	20,155	28,594
	SANOFI ADR	Common Stock	30,543	34,636
	SEALED AIR CORP NEW	Common Stock	28,953	19,457
	SEMPRA ENERGY	Common Stock	20,813	22,413
	SHELL PLC	Common Stock	25,148	27,897
	SONY CORP ADR	Common Stock	18,463	19,893
	SS&C TECHNOLOGIES HL	Common Stock	33,775	37,179
	STANLEY BLACK & DECKER	Common Stock	8,078	9,912
	SUNCOR ENERGY INC	Common Stock	13,562	15,063
	TAIWAN SEMICONDUCTOR MFG	Common Stock	6,913	11,462
	TECK RESOURCES LTD CL B	Common Stock	8,517	9,142
	UBS GROUP AG	Common Stock	7,487	7,666
	VERIZON COMMUNICATN	Common Stock	24,472	25,644
	VISA INC CL A	Common Stock	13,940	16,497
	WABTEC CORP	Common Stock	10,495	11,452
	WELLS FARGO & CO	Common Stock	47,191	52,197
	WILLIAMS CO. INC.	Common Stock	8,498	11,960
	WILLIS TOWERS WATSON	Common Stock	13,847	17,674
	BLACKROCK FLEXIBLE INCOME ETF	Exchange Traded Fund	83,116	85,059
	BLACKROCK US EQY FCTR ROTN ET	Exchange Traded Fund	177,472	206,339
	INNOVATOR LADDERED	Exchange Traded Fund	12,476	16,485
	ISHARES CORE S&P 500 ETF	Exchange Traded Fund	183,608	235,919
	ISHARES JP MORGAN USD EMERGIN	Exchange Traded Fund	51,066	57,832
	ISHARES MSCI EAFE GROWTH ETF	Exchange Traded Fund	107,910	117,554
	ISHARES MSCI EAFE VALUE ETF	Exchange Traded Fund	133,316	144,113
	ISHARES MSCI EMERGING MKT ETF	Exchange Traded Fund	82,416	87,021
	ISHARES US TECHNOLOGY ETF	Exchange Traded Fund	67,892	91,427
	ISHARES 20+ YEAR TREASURY BON	Exchange Traded Fund	283,548	308,132
	ISHARS EDG MSCI USA QLTY FCTR	Exchange Traded Fund	173,770	205,299

(Continued)

The Johnstown Tribune Publishing Company Non-Bargaining Pension Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)
September 30, 2024

Employer Identification Number: 04-3314494

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost	Current Value
	SPDR BARCLAY CAP BD	Exchange Traded Fund	\$ 103,990	\$ 112,740
	SPDR S&P 500 GROWTH ETF	Exchange Traded Fund	187,584	209,506
	SPDR S&P 500 VALUE ETF	Exchange Traded Fund	102,070	115,446
	SPDR BLOOMBERG	Exchange Traded Fund	39,226	39,386
	CASH	Interest Bearing Cash	174,675	174,675
	BLACKROCK ALT CAP STRAT INS	Mutual Funds	80,623	87,038
	BLACKROCK EVENT DRIVEN EQTY	Mutual Funds	80,993	84,543
	BLACKROCK GLOBAL EQ MKT NE	Mutual Funds	129,779	140,265
	BLACKROCK HIGH EQTY INCM FD	Mutual Funds	153,486	172,852
	BLACKROCK STRAT INCM OPPTY	Mutual Funds	53,971	57,092
	BLACKROCK TACTICAL OPPTY FU	Mutual Funds	55,216	55,369
	BLACKROCK UNCONSTRAINED EQ	Mutual Funds	58,224	58,144
	GOLDMAN SACHS EMERGING MRK	Mutual Funds	57,650	62,857
	GOLDMAN SACHS GQG PRT INTL	Mutual Funds	73,104	84,816
	GUGGENHEIM TOTAL RETURN BD	Mutual Funds	56,670	56,670
	MID-AMERICAN APARTMENT CMNTYS INC	Mutual Funds	8,279	8,898
	AAPL 241220C00250000	Options	(5,835)	(3,436)
	ABT 241115C00120000	Options	(1,481)	(1,106)
	AMAT 241220C00230000	Options	(9,212)	(7,288)
	AMAT 250117C00230000	Options	(887)	(885)
	AMZN 250117C00190000	Options	(1,954)	(3,563)
	AMZN 250117C00195000	Options	(2,729)	(4,813)
	AMZN 250117C00220000	Options	(7,554)	(2,475)
	AMZN 250221C00190000	Options	(1,821)	(2,964)
	BK 241220C00065000	Options	(1,315)	(6,459)
	BK 241220C00070000	Options	(577)	(1,833)
	BMJ 241220C00052500	Options	(306)	(464)
	BMJ 250117C00047000	Options	(1,416)	(5,103)
	CSCO 250321C00055000	Options	(1,954)	(3,198)
	GD 250117C00320000	Options	(1,927)	(1,755)
	HD 250117C00380000	Options	(1,979)	(7,550)
	JNJ 250117C00160000	Options	(1,082)	(3,248)
	JPM 250117C00230000	Options	(3,426)	(2,355)
	MSFT 250321C00465000	Options	(5,735)	(6,500)
	ORCL 241220C00160000	Options	(6,233)	(19,855)
	QCOM 250117C00190000	Options	(6,925)	(5,980)
	SO 250117C00085000	Options	(1,810)	(7,762)
	T 241220C00021000	Options	(222)	(725)
	T 250117C00020000	Options	(586)	(2,286)
	T 250117C00023000	Options	(252)	(273)
	WMT 241115C00080000	Options	(2,330)	(4,839)
			<u>\$ 5,351,508</u>	<u>\$ 6,752,873</u>

The above information has been certified by Charles Schwab Trust Bank, the trustee, to be accurate and complete.

The Johnstown Tribune Publishing Company Non-Bargaining Pension Plan

**Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended September 30, 2024**

Employer Identification Number: 04-3314494
Plan Number: 001

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value on Transaction Date	Net Gain
Series of transactions in excess of 5%						
ISHARES CORE S&P TOTAL US STOCK	Exchange Traded Fund	\$ -	\$ 373,517	\$ 322,342	\$ 373,517	\$ 51,175
ISHARES CORE S&P 500 ETF	Exchange Traded Fund	319,417	-	319,417	319,417	-
SPDR S&P 500 ETF	Exchange Traded Fund	-	613,419	407,268	613,419	206,151

Transactions are measured against the September 30, 2023, net asset value of \$5,865,875.

The above information has been certified by Charles Schwab Trust Bank, the trustee, to be accurate and complete.

Schedule SB Line 26 - Schedule of Active Participant Data

Plan Name: Johnstown Tribune Publishing Company Non-Bargaining Pension Plan

EIN: 04-3314494 Plan Number: 001

ANALYSIS OF EMPLOYEES BY AGE AND SERVICE AS OF OCTOBER 1, 2023

YEARS OF CREDITED SERVICE

Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up			
	No.	Avg. Accben.	No.	Avg. Accben.	No.	Avg. Accben.	No.	Avg. Accben.	No.	Avg. Accben.	No.	Avg. Accben.	No.	Avg. Accben.	No.	Avg. Accben.	No.	Avg. Accben.	No.	Avg. Accben.		
Under 25	0		0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		0		0		0		0		0		0		0		0		0	
30 to 34	0		0		0		0		0		0		0		0		0		0		0	
35 to 39	0		0		0		0		0		0		0		0		0		0		0	
40 to 44	0		0		0		0		0		0		1		0		0		0		0	
45 to 49	0		0		0		0		0		0		0		0		0		0		0	
50 to 54	0		0		0		0		0		0		0		1		0		0		0	
55 to 59	0		0		0		0		0		0		1		0		0		0		0	
60 to 64	0		0		0		0		0		0		1		1		0		0		5	
65 to 69	0		0		0		0		0		0		0		0		0		0		0	
70 & up	0		0		0		0		0		0		0		0		0		0		0	

The plan is "hard frozen" and for any cell that has 20 or more participants, the average accrued benefit is also shown.

Schedule SB, Part V - Statement Of Actuarial Assumptions / Methods

Plan Name: Johnstown Tribune Publishing Company Non-Bargaining Pension Plan
EIN: 04-3314494
Plan Number: 001
Plan Year: October 1, 2023 to September 30, 2024

PPA Funding

ACTUARIAL COST METHOD

Accrued Benefit
(Unit Credit)

ASSET VALUATION METHOD

See Below

Accrued Benefit (Unit Credit)

The funding target is equal to the sum of the individual accrued liabilities for all participants. The individual's accrued liability is the present value of the benefit accrued in prior plan years. The target normal cost is the present value of benefits accruing in the plan year. Experience gains and losses are included in the calculation of the funding target and are amortized as part of the shortfall amortization.

Actuarial Value of Assets

The Actuarial Value of Assets is a 24-month average determined in accordance with Notice 2009-22. Actuarial Value of Assets must fall within 90% to 110% of market value. The assumed rate of return for determining the actuarial value of assets is the lesser of 7.00% or the segment rate specified in Notice 2009-22.

Schedule SB, Part V - Statement Of Actuarial Assumptions / Methods

Plan Name: Johnstown Tribune Publishing Company Non-Bargaining Pension Plan
EIN: 04-3314494
Plan Number: 001
Plan Year: October 1, 2023 to September 30, 2024

	<u>PPA Funding</u>
Segmented Interest Rates	
Segment 1 (0-5 years)	4.75%
Segment 2 (5-20 years)	5.00%
Segment 3 (20+ years)	5.74%
Applicable Month	October
Effective Interest Rate	5.17%
Future Salary Increases	Not Applicable
Mortality	2023 Optional Combined Table for Small Plans
Additional Mortality Improvement	None Assumed
Disability	None Assumed
Termination	Sarason T-5 (set back 5 years for females)
Retirement Age	Age 65 with 5 years vesting
Percent Married	80%
Age Difference in Participant & Spouse	Males two years older than females
Administrative Expense	Anticipated Administrative Expenses

The Johnstown Tribune Publishing Company Non-Bargaining Pension Plan

**Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended September 30, 2024**

Employer Identification Number: 04-3314494
Plan Number: 001

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value on Transaction Date	Net Gain
Series of transactions in excess of 5%						
ISHARES CORE S&P TOTAL US STOCK	Exchange Traded Fund	\$ -	\$ 373,517	\$ 322,342	\$ 373,517	\$ 51,175
ISHARES CORE S&P 500 ETF	Exchange Traded Fund	319,417	-	319,417	319,417	-
SPDR S&P 500 ETF	Exchange Traded Fund	-	613,419	407,268	613,419	206,151

Transactions are measured against the September 30, 2023, net asset value of \$5,865,875.

The above information has been certified by Charles Schwab Trust Bank, the trustee, to be accurate and complete.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <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.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

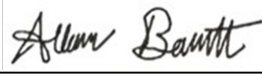
▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE JOHNSTOWN TRIBUNE PUBLISHING COMPANY NON-BARGAINING 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 CNHI, LLC	D Employer Identification Number (EIN) 04-3314494	
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>10</u> Day <u>01</u> Year <u>2023</u>			
2 Assets:			
a Market value.....	2a	5,865,875	
b Actuarial value	2b	5,978,647	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	107	3,879,843	3,879,843
b For terminated vested participants.....	54	903,708	903,708
c For active participants.....	10	374,132	374,132
d Total	171	5,157,683	5,157,683
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	5.17%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses	6b	92,300	
c Target normal cost.....	6c	92,300	

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>07/15/2025</u> Date
	<u>Allegra Barrett</u> Type or print name of actuary	<u>2309020</u> Most recent enrollment number
	<u>October Three Consulting LLC</u> Firm name	<u>312-878-2440</u> Telephone number (including area code)
	<u>233 South Wacker Drive, Suite 8350</u> <u>Chicago IL 60606-7147</u> 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 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	713,300
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	713,300
10	Interest on line 9 using prior year's actual return of <u>15.35</u> %.....	0	109,492
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	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>5.33</u> %.....		0
	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.....		0
	d Portion of (c) to be added to prefunding balance.....		
12	Other reductions in balances due to elections or deemed elections.....	0	95,000
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	727,792

Part III		Funding Percentages	
14	Funding target attainment percentage.....	14	101.80 %
15	Adjusted funding target attainment percentage.....	15	115.91 %
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	102.31 %
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	
Totals ▶			18(b)	0	18(c)	0

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

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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

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	92,300
b Excess assets, if applicable, but not greater than line 31a	31b	92,300

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement.....	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
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. 2019 2020 2021

Schedule B, line 22 - Description of Weighted Average Retirement Age

Plan Name: Johnstown Tribune Publishing Company Non-Bargaining Pension Plan
EIN: 04-3314494
Plan Number: 001
Plan Year: October 1, 2023 to September 30, 2024

(a)	(b)	(c)	
Retirement Age	Retirement Rate	Survival to Age	(a) x (b) x (c)
65	1.000	1.000	65.0
AVERAGE RETIREMENT AGE			65.0

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Johnstown Tribune Publishing Company Non-Bargaining Pension Plan
EIN: 04-3314494
Plan Number: 001
Plan Year: October 1, 2023 to September 30, 2024

Normal Retirement, continued	Benefit service is earned each plan year according to the following table:	
	<u>Credit</u>	<u>Hours of employment</u>
	0.0	Less than 88 hours
	0.1	88 through 269 hours
	0.2	270 through 451 hours
	0.3	452 through 633 hours
	0.4	634 through 815 hours
	0.5	816 through 997 hours
	0.6	998 through 1,179 hours
	0.7	1,180 through 1,361 hours
	0.8	1,362 through 1,543 hours
0.9	1,544 through 1,725 hours	
1.0	1,726 or more hours	

Effective June 30, 2005, future accrual of Benefit Service ceased for all active participants in the plan.

Early Retirement	The accrued retirement benefit as of the early retirement date shall be payable commencing at normal retirement. However, a participant may elect to have his benefit commence prior to normal retirement in a reduced monthly amount determined by applying a reduction of 1/180 for each completed month of the first 5 years and 1/360 for each completed month of the next 5 years (and actuarially thereafter) by which the commencement date precedes the normal retirement date.
Late Retirement	The standard retirement benefit but based on benefit service and monthly compensation as of the late retirement date.

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Johnstown Tribune Publishing Company Non-Bargaining Pension Plan
EIN: 04-3314494
Plan Number: 001
Plan Year: October 1, 2023 to September 30, 2024

Termination The accrued retirement benefit as of the termination date, multiplied by the vested percentage, shall be payable at normal retirement date. The vested percentage is 20% if the participant has 3 years of vesting service, increasing by 20% for each additional year up to 100% for 7 or more years of vesting service. If the participant becomes eligible for an early retirement, the participant may elect early commencement with the benefit reduced in the same manner as an early retirement benefit.

Death For a vested married participant with a qualified spouse, the spouse shall receive 50% of the amount that would have been payable under the 50% joint and survivor option (the QPSA death benefit).

For an active participant who has attained age 50, the death benefit shall be a single sum equal to the participant's monthly accrued benefit multiplied by a factor as follows:

<u>Factor</u>	<u>Participant's Age</u>
50	50 but less than 60
60	60 but less than 61
70	61 but less than 62
80	62 but less than 63
90	63 but less than 64
100	64 or more

Such single sum shall be reduced by the actuarially equivalent present value of any QPSA (as described above).

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Johnstown Tribune Publishing Company Non-Bargaining Pension Plan

EIN: 04-3314494

Plan Number: 001

Plan Year: October 1, 2023 to September 30, 2024

FORMS OF PAYMENT:

Normal	Life annuity with 10 years certain For purposes of Qualified Joint and Survivor Rules: -Single: Actuarially Equivalent single life annuity -Married: Actuarially Equivalent Qualified Joint and Survivor Annuity
Optional	Life annuity Life annuity with 5 or 15 years certain Joint and 50%, 66 2/3%, 75%, or 100% Survivor Annuity
Actuarial Equivalence	<u>Lump Sums:</u> - Interest: 417(e) Applicable Interest Rate Lookback: second month preceding first day of the Plan Year (i.e., August) - Mortality: 417(e) Applicable Mortality Table <u>Optional Forms of Payments:</u> -Separate factors for each optional form payment defined in section 4.05 of the plan document <u>All Other:</u> - Interest: 7.00% - Mortality: 1983 Group Annuity Mortality tables (male for participants, female for beneficiaries) with ages set back 3 years.

Note: If information given in this Summary disagrees or appears to disagree with the provisions of the plan legal document, the provisions of the document prevail.

The Johnstown Tribune Publishing Company Non-Bargaining Pension Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) September 30, 2024

Employer Identification Number: 04-3314494

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost	Current Value
	A T & T INC	Common Stock	\$ 67,690	\$ 55,440
	CISCO SYSTEMS INC	Common Stock	85,511	90,101
	J P MORGAN CHASE & CO	Common Stock	72,796	155,615
	MICROSOFT CORP	Common Stock	94,635	199,229
	ABBOTT LABORATORIES	Common Stock	64,029	79,807
	AMAZON COM INC	Common Stock	233,860	354,027
	APPLE INC	Common Stock	63,959	186,400
	APPLIED MATERIALS	Common Stock	65,375	242,460
	BANK OF NEW YORK CO NE	Common Stock	50,466	86,232
	BRISTOL-MYERS SQUIBB	Common Stock	66,869	56,914
	GENERAL DYNAMICS CORP	Common Stock	41,571	90,660
	HOME DEPOT INC	Common Stock	55,746	81,040
	JOHNSON & JOHNSON	Common Stock	57,748	64,824
	ORACLE CORPORATION	Common Stock	63,144	204,480
	QUALCOMM INC	Common Stock	63,912	136,040
	SOUTHERN CO	Common Stock	60,895	90,180
	WAL-MART STORES INC	Common Stock	66,201	129,200
	AIR PRODS & CHEMS INC	Common Stock	16,004	16,673
	ALLEGION PUBLIC LTD CO F	Common Stock	8,287	11,368
	AMERICAN ELEC PWR INC	Common Stock	11,996	13,851
	AMERICAN INTL GROUP	Common Stock	24,169	28,413
	ASTRAZENECA PLC	Common Stock	6,303	7,479
	BAXTER INTERNATIONAL	Common Stock	42,912	36,527
	BP PLC F	Common Stock	36,955	36,695
	BR AMERN TOBACCO PLC ADR F	Common Stock	23,229	23,777
	CARDINAL HEALTH INC	Common Stock	29,182	39,787
	CIGNA CORP	Common Stock	12,025	16,629
	CITIGROUP INC	Common Stock	40,555	46,199
	CNH INDUSTRIAL NV	Common Stock	6,924	6,660
	COGNIZANT TECH SOL CL A	Common Stock	26,213	25,932
	COMCAST CORP NEW CL A	Common Stock	30,750	29,866
	CONSTELLATION BRAND CL A	Common Stock	8,098	8,246
	CROWN CASTLE INTL CO REIT	Common Stock	18,706	21,472
	CVS HEALTH CORPORATION	Common Stock	39,139	42,507
	DIAGEO PLC	Common Stock	7,381	6,877
	DOLLAR GENERAL CORP	Common Stock	34,741	18,013
	DOMINION RES INC VA	Common Stock	7,989	8,380
	ELECTRONIC ARTS	Common Stock	19,773	20,512
	ELEVANCE HEALTH INC	Common Stock	20,883	21,840
	ELI LILLY & COMPANY	Common Stock	11,343	15,947
	ENTERGY CORP	Common Stock	11,877	13,819
	EXELON CORPORATION	Common Stock	13,893	14,395
	FIDELITY NATL FINL NEW	Common Stock	14,603	18,804
	FIDELITY NATL INFORMATION	Common Stock	27,003	25,041
	FIRST CITIZENS BANCSHARES	Common Stock	19,891	46,024
	FORTREA HOLDINGS INC	Common Stock	5,379	2,920
	FOX CORP	Common Stock	8,478	8,805
	GALLAGHER ARTHUR J & CO	Common Stock	7,068	11,536
	GENERAL MOTORS CO	Common Stock	22,503	25,245
	HASBRO	Common Stock	14,820	20,828
	HESS CORP	Common Stock	23,830	21,456

(Continued)

The Johnstown Tribune Publishing Company Non-Bargaining Pension Plan

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)
September 30, 2024**

Employer Identification Number: 04-3314494

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost	Current Value
	HEWLETT PACKARD ENTERPRISE	Common Stock	\$ 8,498	\$ 9,309
	HP INC	Common Stock	36,530	36,265
	HUMANA INC	Common Stock	18,684	14,253
	INTERCONTINENTAL EXCHANGE I	Common Stock	17,300	23,614
	INTERNATIONAL FLAVORS & FR	Common Stock	7,710	10,808
	INTERPUBLIC GROUP COS INC	Common Stock	11,937	12,019
	JOHNSON CTLS INTL F	Common Stock	16,846	19,558
	KEURIG DR PEPPER INC	Common Stock	11,134	12,818
	KIMBERLY-CLARK CORP	Common Stock	15,804	15,935
	KON PHILIPS ELEC NV NEWF	Common Stock	13,374	17,243
	KRAFT HEINZ COMPANY	Common Stock	36,013	32,933
	LABCORP HLDGS INC	Common Stock	24,576	22,125
	LEAR CORPORATION	Common Stock	11,111	9,059
	LEIDOS HOLDINGS INC	Common Stock	11,226	18,419
	L3HARRIS TECHNOLOGIE	Common Stock	35,602	39,724
	MEDTRONIC PLC	Common Stock	40,730	36,282
	MICRON TECHNOLOGY INC	Common Stock	6,718	10,890
	NEWELL RUBBERMAID INC	Common Stock	12,784	4,470
	P G & E CORP	Common Stock	13,751	16,350
	PFIZER INCORPORATED	Common Stock	6,970	7,148
	PPG INDS INC	Common Stock	13,367	13,378
	PRUDENTIAL CORP PLC ADR	Common Stock	10,102	7,601
	RAYTHEON TECHNOLOGIES CO	Common Stock	20,155	28,594
	SANOFI ADR	Common Stock	30,543	34,636
	SEALED AIR CORP NEW	Common Stock	28,953	19,457
	SEMPRA ENERGY	Common Stock	20,813	22,413
	SHELL PLC	Common Stock	25,148	27,897
	SONY CORP ADR	Common Stock	18,463	19,893
	SS&C TECHNOLOGIES HL	Common Stock	33,775	37,179
	STANLEY BLACK & DECKER	Common Stock	8,078	9,912
	SUNCOR ENERGY INC	Common Stock	13,562	15,063
	TAIWAN SEMICONDUCTOR MFG	Common Stock	6,913	11,462
	TECK RESOURCES LTD CL B	Common Stock	8,517	9,142
	UBS GROUP AG	Common Stock	7,487	7,666
	VERIZON COMMUNICATN	Common Stock	24,472	25,644
	VISA INC CL A	Common Stock	13,940	16,497
	WABTEC CORP	Common Stock	10,495	11,452
	WELLS FARGO & CO	Common Stock	47,191	52,197
	WILLIAMS CO. INC.	Common Stock	8,498	11,960
	WILLIS TOWERS WATSON	Common Stock	13,847	17,674
	BLACKROCK FLEXIBLE INCOME ETF	Exchange Traded Fund	83,116	85,059
	BLACKROCK US EQY FCTR ROTN ET	Exchange Traded Fund	177,472	206,339
	INNOVATOR LADDERED	Exchange Traded Fund	12,476	16,485
	ISHARES CORE S&P 500 ETF	Exchange Traded Fund	183,608	235,919
	ISHARES JP MORGAN USD EMERGIN	Exchange Traded Fund	51,066	57,832
	ISHARES MSCI EAFE GROWTH ETF	Exchange Traded Fund	107,910	117,554
	ISHARES MSCI EAFE VALUE ETF	Exchange Traded Fund	133,316	144,113
	ISHARES MSCI EMERGING MKT ETF	Exchange Traded Fund	82,416	87,021
	ISHARES US TECHNOLOGY ETF	Exchange Traded Fund	67,892	91,427
	ISHARES 20+ YEAR TREASURY BON	Exchange Traded Fund	283,548	308,132
	ISHARS EDG MSCI USA QLTY FCTR	Exchange Traded Fund	173,770	205,299

(Continued)

The Johnstown Tribune Publishing Company Non-Bargaining Pension Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)
September 30, 2024

Employer Identification Number: 04-3314494

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost	Current Value
	SPDR BARCLAY CAP BD	Exchange Traded Fund	\$ 103,990	\$ 112,740
	SPDR S&P 500 GROWTH ETF	Exchange Traded Fund	187,584	209,506
	SPDR S&P 500 VALUE ETF	Exchange Traded Fund	102,070	115,446
	SPDR BLOOMBERG	Exchange Traded Fund	39,226	39,386
	CASH	Interest Bearing Cash	174,675	174,675
	BLACKROCK ALT CAP STRAT INS	Mutual Funds	80,623	87,038
	BLACKROCK EVENT DRIVEN EQTY	Mutual Funds	80,993	84,543
	BLACKROCK GLOBAL EQ MKT NE	Mutual Funds	129,779	140,265
	BLACKROCK HIGH EQTY INCM FD	Mutual Funds	153,486	172,852
	BLACKROCK STRAT INCM OPPTY	Mutual Funds	53,971	57,092
	BLACKROCK TACTICAL OPPTY FU	Mutual Funds	55,216	55,369
	BLACKROCK UNCONSTRAINED EQ	Mutual Funds	58,224	58,144
	GOLDMAN SACHS EMERGING MRK	Mutual Funds	57,650	62,857
	GOLDMAN SACHS GQG PRT INTL	Mutual Funds	73,104	84,816
	GUGGENHEIM TOTAL RETURN BD	Mutual Funds	56,670	56,670
	MID-AMERICAN APARTMENT CMNTYS INC	Mutual Funds	8,279	8,898
	AAPL 241220C00250000	Options	(5,835)	(3,436)
	ABT 241115C00120000	Options	(1,481)	(1,106)
	AMAT 241220C00230000	Options	(9,212)	(7,288)
	AMAT 250117C00230000	Options	(887)	(885)
	AMZN 250117C00190000	Options	(1,954)	(3,563)
	AMZN 250117C00195000	Options	(2,729)	(4,813)
	AMZN 250117C00220000	Options	(7,554)	(2,475)
	AMZN 250221C00190000	Options	(1,821)	(2,964)
	BK 241220C00065000	Options	(1,315)	(6,459)
	BK 241220C00070000	Options	(577)	(1,833)
	BMY 241220C00052500	Options	(306)	(464)
	BMY 250117C00047000	Options	(1,416)	(5,103)
	CSCO 250321C00055000	Options	(1,954)	(3,198)
	GD 250117C00320000	Options	(1,927)	(1,755)
	HD 250117C00380000	Options	(1,979)	(7,550)
	JNJ 250117C00160000	Options	(1,082)	(3,248)
	JPM 250117C00230000	Options	(3,426)	(2,355)
	MSFT 250321C00465000	Options	(5,735)	(6,500)
	ORCL 241220C00160000	Options	(6,233)	(19,855)
	QCOM 250117C00190000	Options	(6,925)	(5,980)
	SO 250117C00085000	Options	(1,810)	(7,762)
	T 241220C00021000	Options	(222)	(725)
	T 250117C00020000	Options	(586)	(2,286)
	T 250117C00023000	Options	(252)	(273)
	WMT 241115C00080000	Options	(2,330)	(4,839)
			<u>\$ 5,351,508</u>	<u>\$ 6,752,873</u>

The above information has been certified by Charles Schwab Trust Bank, the trustee, to be accurate and complete.