Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1958

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)
ASSOCIATED PRESS

200 LIBERTY ST.
NEW YORK, NY 10281

2b Employer Identification Number (EIN)
13-0452880

2c Plan Sponsor's telephone number
212-621-7059

2d Business code (see instructions)
519100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	MARIA MAGDALENA MOISE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ASSOCIATED PRESS INVESTMENT AND MANAGEMENT COMMITTEE

200 LIBERTY ST.
NEW YORK, NY 10281

3b Administrator's EIN
13-0452880

3c Administrator's telephone number
212-621-7059

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**	4141
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	562
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	424
b	Retired or separated participants receiving benefits	**6b**	1903
c	Other retired or separated participants entitled to future benefits	**6c**	1485
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3812
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	282
f	Total. Add lines **6d** and **6e**.	**6f**	4094
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
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 Characteristic Codes in the instructions:

1A 1I 3H 3J

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATED PRESS

D Employer Identification Number (EIN)
13-0452880

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-6033492	60054	000186	0	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	12562
c	Additions: (1) Contributions deposited during the year	7c(1)	6500		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	360		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	6860
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	19422
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	973		
	(2) Administration charge made by carrier	7e(2)	8260		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	3		
	▶ PRIOR PERIOD INTEREST RATE CHANGES				
	(5) Total deductions			7e(5)	9236
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	10186

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATED PRESS

D Employer Identification Number (EIN)
13-0452880

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	000826	0	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	2471085

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	2276216
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	96678		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	96678
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2372894
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	22382		
	(2) Administration charge made by carrier	7e(2)	19644		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ PRIOR PERIOD INTEREST RATE CHANGES	7e(4)	441		
	(5) Total deductions			7e(5)	42467
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2330427

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATED PRESS

D Employer Identification Number (EIN)
13-0452880

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	000827	0	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	474973

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	1136132
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	48149		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	48149
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1184281
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	12219		
	(2) Administration charge made by carrier	7e(2)	13764		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ PRIOR PERIOD INTEREST RATE CHANGES	7e(4)	220		
	(5) Total deductions			7e(5)	26203
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1158078

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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 ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ASSOCIATED PRESS

D Employer Identification Number (EIN)
13-0452880

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	429945330
b Actuarial value	**2b**	440382068

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	2089	278670246	278670246
b For terminated vested participants	1544	105205359	105205359
c For active participants	562	75817950	75817950
d Total	4195	459693555	459693555

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2520000
c Target normal cost	**6c**	2520000

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

09/16/2026
Date

BRIAN SMITHERS, EA, MAAA
Type or print name of actuary

26-08269
Most recent enrollment number

MERCER
Firm name

215-982-4600
Telephone number (including area code)

30 SOUTH 17TH STREET,
19TH FLOOR
PHILADELPHIA, PA 19103
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)		15190594
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		15190594
10	Interest on line 9 using prior year's actual return of -0.54 %		-82029
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 5.11 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	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
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		15108565

Part III Funding Percentages

14	Funding target attainment percentage	14	92.51 %
15	Adjusted funding target attainment percentage	15	92.51 %
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	104.48 %
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)		18(c)

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	
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

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: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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**	
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**	2520000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	34420052	3209344
b Waiver amortization installment		

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**	5729344

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	5729344	5729344

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	
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**	
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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATED PRESS

D Employer Identification Number (EIN)
13-0452880

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

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

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

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

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

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

MERCER INVESTMENTS LLC

30-0282430

(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?
51 52	FIDUCIARY	561037	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WALLACH & ASSOCIATES INC

22-3348744

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16	NONE	2774	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

MERCER (US) INC.

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	151571	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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)

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 51 52	NONE	183168	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

AETNA LIFE INSURANCE COMPANY

06-6033492

(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?
13 50	NONE	41668	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

STATE STREET RESEARCH & MANAGEMENT

13-3142135

(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?
28 50	NONE	7091	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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)

ERNST & YOUNG LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	37192	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

THE BERWYN GROUP

34-1672337

(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?
16 50		6924	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ASSOCIATED PRESS

D Employer Identification Number (EIN)
13-0452880

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	AETNA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a):	AETNA LIFE INSURANCE COMPANY		
c EIN-PN 06-6033492-012	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2946058
a Name of MTIA, CCT, PSA, or 103-12 IE:	MERCER US LARGE CAP PASSIVE EQUITY		
b Name of sponsor of entity listed in (a):	MERCER TRUST COMPANY		
c EIN-PN 03-0566613-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	39876412
a Name of MTIA, CCT, PSA, or 103-12 IE:	MERCER PASSIVE LONG GOVT FIXED		
b Name of sponsor of entity listed in (a):	MERCER TRUST COMPANY LLC		
c EIN-PN 51-0560117-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	143275181
a Name of MTIA, CCT, PSA, or 103-12 IE:	MERCER PASSIVE LONG CREDIT FIXED		
b Name of sponsor of entity listed in (a):	MERCER TRUST COMPANY LLC		
c EIN-PN 26-6700496-016	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	164983956
a Name of MTIA, CCT, PSA, or 103-12 IE:	MERCER LONG STRIPS FIXED INCOME		
b Name of sponsor of entity listed in (a):	MERCER TRUST COMPANY LLC		
c EIN-PN 80-6243236-019	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15306445
a Name of MTIA, CCT, PSA, or 103-12 IE:	SSGA EMG MKTS INDX NL SF CL A		
b Name of sponsor of entity listed in (a):	STATE STREET BANK AND TRUST		
c EIN-PN 04-0025081-496	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12673067
a Name of MTIA, CCT, PSA, or 103-12 IE:	NORTHERN TRUST SHORT TERM INVT FD		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST COMPANY		
c EIN-PN 45-6138589-084	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2498508

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTL INDX NL SF CL A

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST

c EIN-PN 90-0337987-157	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41296377

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL SMALL CAP (R) INDX NL SF CL

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST

c EIN-PN 04-0025081-096	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13166715

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATED PRESS

D Employer Identification Number (EIN)
13-0452880

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8813	7707
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	423921227	433076661
(10) Value of interest in pooled separate accounts	1c(10)	2779358	2946058
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3424910	3498691
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	430134308	439529117
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	117030	389050
1k Total liabilities (add all amounts in lines 1g through1j)	1k	117030	389050
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	430017278	439140067

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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	83930	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		83930
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	33042253	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		33042253

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9941090
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		222072
(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		-1106
d Total income. Add all **income** amounts in column (b) and enter total	2d		43288239
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	30978381	
(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)		30978381
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)	41668	
(3) Recordkeeping fees	2i(3)	2774	
(4) IQPA audit fees	2i(4)	37192	
(5) Investment advisory and investment management fees	2i(5)	561037	
(6) Bank or trust company trustee/custodial fees	2i(6)	183168	
(7) Actuarial fees	2i(7)	151571	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2209659	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3187069
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		34165450
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9122789
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588677.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATED PRESS

D Employer Identification Number (EIN)
13-0452880

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

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

EIN(s): 06-6033492 36-3046063

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** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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: 25.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 75.0 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 0.0 % 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_____.

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	13-0452880	PN	003

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	13-0452880	**PN**	003

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	13-0452880	**PN**	003

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Structured Attachment	Schedule SB, line 26b	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Schedule of Projection of Expected Benefit Payments**	This Form is Open to Public Inspection

Name of Plan	THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	13-0452880	PN	003

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total

Name of Plan	THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	13-0452880	PN	003

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total

Financial Statements and Supplemental Schedules

The Associated Press Consolidated Retirement Plan
Years Ended December 31, 2025 and 2024
With Report of Independent Auditors

The better the question.
The better the answer.
The better the world works.

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The Associated Press Consolidated Retirement Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2025 and 2024

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Report of Independent Auditors

Investment Management Committee
The Associated Press Consolidated Retirement Plan

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

We have performed audits of the financial statements of The Associated Press Consolidated Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the "financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 6 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.

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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,

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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 accounting principles generally accepted in the United States of America.

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

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

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Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2025, and reportable transactions for the year then ended (referred to as the "supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Ernst & Young LLP

October 14, 2026

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The Associated Press Consolidated Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2025	**2024**
Assets		
Investments:		
Common/collective trusts	**$ 433,076,661**	$ 423,921,227
Unallocated insurance contracts	**3,498,691**	3,424,910
Pooled separate accounts	**2,946,058**	2,779,358
Total investments	**439,521,410**	430,125,495
Interest receivable	**7,707**	8,813
Total assets	**439,529,117**	430,134,308
Liabilities		
Fees and other expenses payable	**389,050**	117,030
Net assets available for benefits	**$ 439,140,067**	$ 430,017,278

See accompanying notes.

The Associated Press Consolidated Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2025	**2024**
Investment (loss) income:		
Interest and dividend income	**$ 306,688**	$ 333,119
Net realized and unrealized appreciation (depreciation) in fair value of investments	**42,981,551**	(2,185,585)
Total investment income (loss)	**43,288,239**	(1,852,466)
Deductions:		
Benefit payments	**30,978,381**	29,649,515
Fees and other expenses	**3,187,069**	3,613,207
Total deductions	**34,165,450**	33,262,722
Net increase (decrease)	**9,122,789**	(35,115,188)
Net assets available for benefits:		
Beginning of year	**430,017,278**	465,132,466
End of year	**$ 439,140,067**	$ 430,017,278

See accompanying notes.

The Associated Press Consolidated Retirement Plan

Notes to Financial Statements

December 31, 2025

1. Description of the Plan

The following brief description of The Associated Press Consolidated Retirement Plan (the Plan) is provided for general information only.

The Plan is a noncontributory defined benefit plan which covers certain employees of The Associated Press (AP). The plan administrator is the Associated Press Investment and Management Committee. The Northern Trust Company, the Trustee of the Plan, and Aetna Life Insurance Company are the custodians of the Plan's assets (collectively, the Custodians). The AP Board of Directors has the authority to determine investment policy, appoint trustees and investment managers and approve discretionary Plan changes not required by law.

The Plan covers substantially all noncollective bargaining employees of the AP hired before January 15, 2005 and employees with News Media Guild or Communications Workers of America as the collective bargaining agent hired before March 1, 2006.

Effective June 30, 2011, all benefit credit and service was frozen for all active employees covered by the Plan.

AP anticipates that the Plan will continue, but reserves the right to amend or terminate the Plan in accordance with the Plan agreement and the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Upon Plan termination, AP shall give due notice to the Pension Benefit Guaranty Corporation (PBGC) and shall comply with its procedures and lawful orders. As soon as it may do so, AP shall cause all amounts held by the Custodians to be allocated and distributed in the manner and order set forth by the Plan and as prescribed by ERISA. To the extent unfunded vested benefits exist, ERISA provides that such benefits are payable by the PBGC to participants, up to specified limitations, as described in ERISA.

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.

2. Summary of Significant Accounting Policies (continued)

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as 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 (an exit price). See Note 4 for additional information.

Aetna Life Insurance Company maintains and manages the Plan's unallocated insurance contracts, which are valued at contract value. Contract value represents contributions and reinvested income, plus interest credited by Aetna, less withdrawals and other charges. Interest is credited at rates established by Aetna, subject to the terms of the contracts. Under the terms of the contracts, transfers of amounts from the regular account portion are subject to scheduling based on the amount being transferred. Aetna may defer certain payments to an alternate or successor funding agent when aggregate payment requests under applicable Aetna group annuity contracts exceed specified limits; in those circumstances, payment may be deferred for up to 15 months. Withdrawals from the regular account portion, other than annuity payments, may be subject to a market value adjustment. Upon discontinuance of a contract, certain remaining amounts may also be subject to a market value adjustment. The unallocated insurance contracts are not included in the fair value hierarchy disclosure in Note 4.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold during the year, as well as the change in value for those held at the end of the year.

2. Summary of Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered prior to the Plan being frozen as described in Note 1. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, and (b) active employees or their beneficiaries.

Benefits for active, retired or terminated Plan participants or their beneficiaries are based on the employees' highest average annual compensation earned within 60 consecutive full months during the employee's final 120 consecutive months of service prior to the Plan being frozen. 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 prior to the Plan being frozen.

Contributions

Contributions from AP are determined based upon amounts required to be funded under the minimum funding provisions of ERISA or, if greater, the amounts actuarially computed and calculated for the year. AP funds at least the minimum contribution required by ERISA although it may, at its discretion, fund an amount greater than the minimum contribution required by ERISA. Such amounts may include an amortization of the unfunded accrued liability, to the extent required by the Pension Protection Act of 2006. The positive (negative) yield on the Plan's investments, which includes, but is not limited to, interest and net realized and unrealized gains and losses, serves to reduce (increase) future contributions from AP that would otherwise be required to provide for benefits under the Plan. The Plan has met the ERISA minimum funding requirements for 2025 and 2024.

Prior to January 1, 1979, the Plan required employees to contribute to the Plan and guaranteed participants a refund of their contributions, including a return, as defined. The accumulated totals of employees' contribution accounts at December 31, 2025 and 2024 were $36,016 and $53,718, respectively. Such amounts are included in the Plan's benefit obligations. Interest was credited on these amounts at a rate of 4.57% and 5.25% at December 31, 2025 and 2024, respectively.

2. Summary of Significant Accounting Policies (continued)

Administrative Expenses

Substantially all administrative expenses, principally investment fund management, accounting, auditing, PBGC, and related custodian fees, are paid by the Plan as allowed under the Plan document. All other expenses are generally paid by AP.

3. Accumulated Plan Benefits

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.

The accumulated plan benefit information as of December 31, 2025 and 2024 is as follows:

	December 31	
	2025	**2024**
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	**$ 283,128,969**	$ 277,893,496
Other participants	**151,988,750**	180,974,513
Total vested benefits	**435,117,719**	458,868,009
Total actuarial present value of accumulated plan benefits	**$ 435,117,719**	$ 458,868,009

At December 31, 2025 and 2024, all accumulated plan benefits were fully vested. Accordingly, the actuarial present value of accumulated plan benefits consists entirely of vested benefits.

3. Accumulated Plan Benefits (continued)

Changes in the accumulated plan benefit obligation during the years ended December 31, 2025 and 2024 are as follows:

	Year Ended December 31	
	2025	**2024**
Actuarial present value of accumulated plan benefits as of beginning of year	**$ 458,868,009**	$ 451,028,482
Benefits accumulated and actuarial losses	**3,775,095**	1,472,820
Increase for interest due to decrease in discount period	**24,314,843**	25,010,679
Benefits paid	**(30,978,381)**	(29,649,515)
Change in actuarial assumptions	**(20,861,847)**	11,005,543
Net (decrease) increase	**(23,750,290)**	7,839,527
Actuarial present value of accumulated plan benefits as of end of year	**$ 435,117,719**	$ 458,868,009

Significant assumptions underlying the actuarial computations are as follows:

Actuarial cost method	Unit Credit Cost Method
Mortality basis	For 2025 and 2024, Pri-2012 no collar mortality table with separate tables for retirees and contingent annuitants and MP-2021 generational projection scale
Interest rate	For 2025, 6.00% compounded annually, net of expenses For 2024, 5.50% compounded annually, net of expenses

	2025		**2024**	
Retirement	**Age**	**Annual Rate**	**Age**	**Annual Rate**
	50–59	**1.0%**	50–59	1.0%
	60	**2.0**	60	2.0
	61	**4.0**	61	4.0
	62–63	**5.0**	62–63	5.0
	64	**15.0**	64	15.0
	65	**40.0**	65	40.0
	66–69	**50.0**	66–69	50.0
	70	**100.0**	70	100.0

3. Accumulated Plan Benefits (continued)

	2025		2024	
Termination	**Age**	**Annual Rate**	**Age**	**Annual Rate**
	30	**11.0%**	30	11.0%
	35	**9.5**	35	9.5
	40	**8.0**	40	8.0
	45	**6.5**	45	6.5
	50	**5.0**	50	5.0
	55	**3.5**	55	3.5
	60	**2.0**	60	2.0
	61	**1.7**	61	1.7
	62	**1.4**	62	1.4
	63	**1.1**	63	1.1
	64	**0.8**	64	0.8
	65	**0.5**	65	0.5

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

4. Fair Value Measurements

The fair value framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

- *Level 1* – Inputs to the valuation methodology are unadjusted quoted or published prices for identical assets or liabilities in active markets that the Plan has the ability to access.

- *Level 2* – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

  – Quoted prices for similar assets and liabilities in active markets

  – Quoted prices for identical or similar assets or liabilities in markets that are not active

4. Fair Value Measurements (continued)

  - Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)

  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means

- *Level 3* – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumptions about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level of input that is significant to the fair value measurement in its entirety.

Following is a description of the valuation techniques and inputs used for each general type of investment measured at fair value:

Common/Collective Trusts

These investments are investment vehicles valued using the published net asset value quoted by the administrator of the fund. The values of the underlying assets owned by the fund are valued at quoted market prices in an active market. Each common/collective trust fund provides for daily redemptions by the Plan at reported net asset value with up to a 15-day notice requirement.

Pooled Separate Accounts

Pooled separate accounts are valued based on net asset value, as quoted by the Custodians.

4. Fair Value Measurements (continued)

In accordance with the guidance relating to fair value measurements, the following tables represent the Plan's fair value hierarchy for its financial assets and liabilities measured at fair value on a recurring basis as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Common/collective trust funds	**$ 2,498,508**	**$ 430,578,153**	**$ –**	**$ 433,076,661**
Pooled separate accounts	**–**	**2,946,058**	**–**	**2,946,058**
Total	**$ 2,498,508**	**$ 433,524,211**	**$ –**	**$ 436,022,719**

	Assets at Fair Value as of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Common/collective trust funds	$ 2,493,076	$ 421,428,151	$ –	$ 423,921,227
Pooled separate accounts	–	2,779,358	–	2,779,358
Total	$ 2,493,076	$ 424,207,509	$ –	$ 426,700,585

5. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (the IRS), dated August 8, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan, as amended, is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

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

6. Investments

Certain investment information included in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2025 and 2024, and net realized and unrealized appreciation (depreciation) in fair value of investments and interest and dividend income for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Custodians.

7. Party-in-Interest Transactions

Certain of the Plan's assets are invested in contracts managed by a custodian of the Plan, Aetna Life Insurance Company and The Northern Trust Company. The Plan also holds units in a common/collective trust fund managed by the Trustee. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. As of both December 31, 2025 and 2024, two investments represented 70% of the Plan's net assets available for benefits. 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.

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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

9. Subsequent Events

Management has evaluated subsequent events for the Plan through October 14, 2026, the date these financial statements were available to be issued and determined that there were no events to report.

Supplemental Schedules

The Associated Press Consolidated Retirement Plan

EIN #13-0452880 Plan #003

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2025

	(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Common/Collective Trusts			
		Mercer Long Duration Invt Grade Fixed Income	6,811,889 Shares	$ 158,124,251	$ 164,983,956
		SSGA Emg Mkts Indx NL SF Cl A	259,593 Shares	7,934,518	12,673,067
		SSGA Intl Indx NL SF CL A	1,106,133 Shares	19,887,724	41,296,377
		Mercer Long Duration Passive Fixed Income	7,351,215 Shares	165,055,235	143,275,181
		Mercer Long Strips Fixed Income	1,558,701 Shares	24,073,423	15,306,445
		Mercer US Large Cap Passive Equity Portfolio	484,172 Shares	11,378,721	39,876,412
		SSGA Russell Small Cap (R) Indx NL SF CL A	143,571 Shares	6,546,614	13,166,715
*		Northern Trust Short Term Invt FD	2,498,508 Shares	2,498,508	2,498,508
		Total Common/Collective Trusts		395,498,994	433,076,661
		Pooled Separate Accounts			
*		Aetna Disbursement Payment – Contract 827/Pooled Separate Account		474,973	474,973
*		Aetna Disbursement Payment – Contract 826/Pooled Separate Account		2,471,085	2,471,085
		Total Pooled Separate Accounts		2,946,058	2,946,058
		Unallocated Insurance Contracts			
*		Aetna Life Insurance Company – Contract 826/Unallocated	Interest rate of 4.27%	2,330,427	2,330,427
*		Aetna Life Insurance Company – Contract 827/Unallocated	Interest rate of 4.27%	1,158,078	1,158,078
*		Aetna Life Insurance Company – Contract 186/Unallocated	Interest rate of 4.11%	10,186	10,186
		Total Unallocated Insurance Contracts		3,498,691	3,498,691
		Total Assets		$ 401,943,743	$ 439,521,410

* *Indicates party-in-interest*

The Associated Press Consolidated Retirement Plan

EIN #13-0452880 Plan #003

Schedule H, Line 4(j) – Schedule of Reportable Transactions

Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price[a]	(d) Selling Price[a]	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (iii) – Series of transactions in excess of 5% of Plan assets								
Northern Trust*	Collective Short Term Investment Fund	$ 40,639,658	$ –	$ –	$ –	$ 40,639,658	$ 40,639,658	$ –
Northern Trust*	Collective Short Term Investment Fund	–	40,634,225	–	–	40,634,225	40,634,225	–

There were no category (i) (ii) or (iv) reportable transactions for the year ended December 31, 2025.

[a] Equals current value of asset on transaction date.

** Indicates party-in-interest*

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SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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 ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Associated Press

D Employer Identification Number (EIN)
13-0452880

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	429,945,330
b Actuarial value	**2b**	440,382,068

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	2,089	278,670,246	278,670,246
b For terminated vested participants	1,544	105,205,359	105,205,359
c For active participants	562	75,817,950	75,817,950
d Total	4,195	459,693,555	459,693,555

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2,520,000
c Target normal cost	**6c**	2,520,000

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 Brian Smithers (BDS) — Signature of actuary

9/16/2026 — Date

BRIAN SMITHERS, EA, MAAA — Type or print name of actuary

2608269 — Most recent enrollment number

MERCER — Firm name

215-982-4600 — Telephone number (including area code)

30 SOUTH 17TH STREET, 19TH FLOOR

PHILADELPHIA PA 19103 — 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	15,190,594
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	15,190,594
10	Interest on line 9 using prior year's actual return of -0.54 %	0	-82,029
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 5.11 %		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		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	15,108,565

Part III Funding Percentages

14	Funding target attainment percentage	14	92.51 %
15	Adjusted funding target attainment percentage	15	92.51 %
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	104.48 %
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 [X] 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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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**		2,520,000
b Excess assets, if applicable, but not greater than line 31a	**31b**		0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		34,420,052	3,209,344
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**		5,729,344

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	5,729,344	5,729,344

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 SB, line 22 — Description of Weighted Average Retirement Age

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
50	1.0%	10,000	100.00	5,000.00
51	1.0%	9,900	99.00	5,049.00
52	1.0%	9,801	98.01	5,096.52
53	1.0%	9,703	97.03	5,142.58
54	1.0%	9,606	96.06	5,187.22
55	1.0%	9,510	95.10	5,230.45
56	1.0%	9,415	94.15	5,272.29
57	1.0%	9,321	93.21	5,312.77
58	1.0%	9,227	92.27	5,351.92
59	1.0%	9,135	91.35	5,389.75
60	2.0%	9,044	180.88	10,852.58
61	4.0%	8,863	354.52	21,625.58
62	5.0%	8,508	425.42	26,376.12
63	5.0%	8,083	404.15	25,461.47
64	15.0%	7,679	1,151.83	73,717.01
65	40.0%	6,527	2,610.81	169,702.69
66	50.0%	3,916	1,958.11	129,235.13
67	50.0%	1,958	979.05	65,596.62
68	50.0%	979	489.53	33,287.84
69	50.0%	490	244.76	16,888.68
70	100.0%	245	244.76	17,133.45
Total			10,000.00	641,909.67
Average				64.19

The weighted average retirement age is total for Column E divided by the total for column D, rounded to nearest integral age.

Schedule SB, line 24 — Change in Actuarial Assumptions

- The administrative expense assumption was changed from $3,170,000 to $2,520,000.

Rationale: The expected expenses to be paid from plan assets over the course of the plan year are equal to estimated annual administrative expenses payable from the trust, based on prior year administrative expenses and the current year change in PBGC premiums rounded to the nearest $10,000.

- The expected rate of return on assets was updated from 5.25% to 5.50%.

Rationale: The expected rate of return on plan assets for funding purposes is based on the hypothetical past performance of the plan's target asset mix, adjusted for current market conditions. This assumption is set at the median of the stimulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's target asset mix net of an adjustment of 12 basis points for investment expenses assumed to be paid from plan assets.

- Mortality and interest rate elections have been updated from PPA 2024 to PPA 2025.

Schedule SB, line 26a — Schedule of Active Participants Data

Attained age	Years of credited service										
	Under 1	1-4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39											
40–44	1	6	6	1							14
45–49	1	10	45	19							75
50–54	5	9	31	52	13						110
55–59	2	7	29	37	35	22	1				133
60–64	1	6	26	36	22	34	7				132
65–69	1	1	16	7	10	14	16	4			69
70 & up		2	3	6	4	5	3	4	2		29
Total	11	41	156	158	84	75	27	8	2		562

In each cell, the number is the count of active participants for each age/service combination. Average age is not shown for plans with less than 1,000 active participants.

Plan: The Associated Press Consolidated Retirement Plan
EIN/PN: 13-0452880/003
Valuation Date: 01/01/2025

Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	1,769,551	1,120,892	29,478,250	32,368,693
2026	2,513,239	1,853,750	28,567,182	32,934,171
2027	3,062,569	2,746,421	27,616,894	33,425,884
2028	3,517,881	3,477,846	26,628,725	33,624,452
2029	3,958,630	4,358,726	25,604,329	33,921,685
2030	4,449,128	5,158,458	24,545,966	34,153,552
2031	4,908,868	5,846,563	23,456,571	34,212,002
2032	5,264,021	6,361,862	22,339,725	33,965,608
2033	5,536,429	7,008,949	21,199,620	33,744,998
2034	5,770,422	7,407,761	20,041,049	33,219,232
2035	5,964,958	8,065,868	18,869,313	32,900,139
2036	6,110,210	8,654,620	17,690,076	32,454,906
2037	6,215,913	8,924,757	16,509,303	31,649,973
2038	6,285,376	9,297,499	15,333,145	30,916,020
2039	6,319,080	9,427,232	14,167,802	29,914,114
2040	6,320,846	9,618,413	13,019,410	28,958,669
2041	6,281,649	9,754,564	11,894,065	27,930,278
2042	6,207,457	9,806,421	10,797,715	26,811,593
2043	6,114,987	9,800,865	9,736,148	25,652,000
2044	5,991,307	9,688,443	8,715,043	24,394,793
2045	5,821,467	9,503,751	7,739,942	23,065,160
2046	5,602,459	9,254,612	6,816,194	21,673,265
2047	5,359,229	8,967,891	5,948,797	20,275,917
2048	5,103,366	8,637,839	5,142,298	18,883,503
2049	4,829,818	8,269,970	4,400,600	17,500,388
2050	4,548,068	7,883,904	3,726,663	16,158,635
2051	4,261,787	7,480,940	3,122,129	14,864,856
2052	3,974,021	7,063,121	2,587,085	13,624,227
2053	3,686,895	6,633,188	2,120,120	12,440,203
2054	3,402,220	6,194,546	1,718,368	11,315,134
2055	3,122,147	5,751,119	1,377,685	10,250,951
2056	2,848,710	5,307,149	1,092,937	9,248,796
2057	2,583,881	4,866,972	858,309	8,309,162
2058	2,329,462	4,434,758	667,683	7,431,903
2059	2,087,053	4,014,376	514,935	6,616,364
2060	1,857,979	3,609,306	394,154	5,861,439
2061	1,643,267	3,222,580	299,840	5,165,687
2062	1,443,621	2,856,760	227,036	4,527,417
2063	1,259,418	2,513,817	171,401	3,944,636
2064	1,090,752	2,195,153	129,254	3,415,159
2065	937,491	1,901,659	97,542	2,936,692
2066	799,305	1,633,689	73,798	2,506,792
2067	675,691	1,391,224	56,073	2,122,988
2068	566,007	1,173,846	42,854	1,782,707
2069	469,539	980,797	32,988	1,483,324
2070	385,501	811,074	25,601	1,222,176
2071	313,036	663,421	20,038	996,495
2072	251,235	536,419	15,816	803,470
2073	199,142	428,487	12,579	640,208
2074	155,786	337,922	10,070	503,778

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases					
Year established		Outstanding balance	Years remaining		2024 installment
2025		34,420,052	15		3,209,344
Total	$	34,420,052		$	3,209,344

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

Actuarial Assumptions for January 1, 2025 Funding Valuation

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	**Nonstabilized**
• First 5 years	5.07%	5.07%
• Next 15 years	5.31%	5.33%
• Over 20 years	5.50%	5.36%
Mortality sponsor elections		
• All participants	Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables. These tables are based on the PRI-2012 mortality tables projected with mortality improvement using scale MP-2021 adjusted in accordance with IRS regulations.	
Other economic assumptions		
• Salary increases	Not applicable	
• Social Security wage base	Not applicable	
• Expected investment return	5.50% per year	
Demographic assumptions		
• Withdrawal	Rates vary by age. See table of sample rates at the end of this section.	
• Disability incidence	None.	
• Retirement age	Rates vary by age. See table of sample rates at the end of this section.	
• Benefit commencement age for		
– Future vested deferred	65	
– Current vested deferred	65	
• Spouse assumptions	**Male participants**	**Female participants**
– Percentage married	85%	65%
– Spouse age difference	3 years younger	3 years older
Expense load for normal cost	• $ 2,520,000 • Expense load reflects prior year administrative expenses and the expected change in the 2025 PBGC premium over the 2024 PBGC premium.	
Form of Payment	All participants are assumed to elect payment in the form of a single life annuity.	

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

Table of Age-Based Sample Rates

Attained age	Percentage	
	Withdrawal	Retirement
30	11.00%	0.00%
35	9.50%	0.00%
40	8.00%	0.00%
45	6.50%	0.00%
50	5.00%	1.00%
55	3.50%	1.00%
60	2.00%	2.00%
61	1.70%	4.00%
62	1.40%	5.00%
63	1.10%	5.00%
64	0.80%	15.00%
65	0.50%	40.00%
66-69	0.00%	50.00%
70	0.00%	100.00%

Actuarial Methods for Funding

Asset Methods

We used financial data submitted by Aetna and Northern Trust as of January 1, 2025 without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is an annual average of the adjusted market value over the two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on only those employees who have completed the plan's eligibility requirements as of the valuation date and who are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.

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

- **Insurance contracts:** The plan has an insurance contract with Aetna. There are no additional pension benefits due to this contract. The contract is included as a pension asset.

- **Transferred participants:** The liabilities for employees who have transferred into another plan of the plan sponsor have been included with the liabilities for active participants.

- **Disabled participants:** The liabilities for participants on long-term disability have been included with the liabilities for terminated vested participants.

- **Late retirement increases:**
  - Active participants: The plan provides suspension of benefits notices, so no actuarial increase is assumed for normal retirement age to minimum required distribution age, currently age 70½ . Active participants working beyond their minimum required distribution age are valued including the late retirement actuarial increase.
  - Deferred vested participants: Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

- **Shutdown benefits:** We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.

- **IRC Section 415(b):** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.

- **IRC Section 436 benefit restrictions:** The plan is not currently subject to benefit restrictions on accelerated forms of benefit payment.

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.

- An individual's funding target is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's target normal cost is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used,

the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

- The plan's target normal cost is the sum of the individual target normal costs, and the plan's funding target is the sum of the individual funding targets for all participants under the plan.

Method Changes Since Prior Valuation

None.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Consolidated plan

Effective date and plan year	Restated plan: December 31, 2019 Plan year: Calendar Year
ADM Plan	
Status of the plan	In 2005, the plan was closed to non-UPAGRA employees who were hired on or after January 15, 2005. However, non-UPAGRA employees hired prior to January 15, 2005 were given a one-time choice to participate in this plan, or to participate in the defined contribution plan established by Associated Press. In 2007, the plan was closed to UPAGRA employees who were hired on or after April 1, 2007. However, UPAGRA employees hired prior to April 1, 2007 were given a one-time choice to participate in this plan, or to participate in the defined contribution plan established by Associated Press. Effective June 30, 2011, benefits were frozen for all plan participants.
Significant events that occurred during the year	None
Employee contributions	None required on or after January 1, 1979. Participants are guaranteed a refund of their own contributions.
Definitions	
• Vesting service	Each 12-month period of service determined by aggregating all periods of employment beginning with initial date of hire and ending on severance from service date, whether or not all periods are consecutive. Vesting service excludes service prior to age 18 and years of service during which the employee did not make required contributions.
• Credited service	Plan Years in which the member was a Participant. After January 1, 1976, each 12-month period of service determined by aggregating all periods of employment beginning with the date of participation and ending on severance from service date, whether or not all periods are consecutive. Credited service for those non-UPAGRA employees who opted out of this plan as part of the “2005 choice program” was frozen at the earlier of their termination date or June 30, 2005. Credited service for those UPAGRA employees who opted out of this plan as part of the “2007 choice program” was frozen at the earlier of their termination date or June 30, 2007. No Credited Service will be accrued after June 30, 2011.
• Severance from Service Date	The date an employee quits, retires, is discharged or dies.
• Restoration of Service Upon Reemployment	If the participant is not vested and the number of consecutive Periods of Severance equals or exceeds the greater of the total number of years of Vesting Service, or five years, such prior service is lost. A Period of Severance means a period of time commencing with a Severance from Service Date and ending on the date of reemployment.
• Compensation	W2 earnings excluding overtime, premium pay and special remuneration. For employees who work at least one hour of service on or after January 1, 1999, bonus is included in Compensation for plan years beginning on or after January 1, 1994. No compensation after June 30, 2011 is considered.

Schedule SB, Part V — Summary of Plan Provisions

• Average Monthly Compensation	A member's average Compensation for the 60 consecutive full calendar months of employment during the last 120 months immediately preceding actual retirement, termination or death, whichever is applicable, that will produce the highest amount.
• Covered Compensation	Average of taxable wage bases in effect during the 35-year period ending with the year of attainment of Social Security normal retirement age. Covered Compensation is based upon the Social Security law in effect in the year of determination, but no later than 2011.
• Accrued Benefit	The Accrued Benefit is the greater of *a. or b.* as described below. For individuals who participated in the 2001 early retirement program, the benefit in c. applies. a. The sum of (i) and (ii) multiplied by Years of Credited Service (not to exceed 35 years). i. 1.35% of Average Monthly Compensation (not in excess of Covered Compensation) ii. 1.75% of Average Monthly Compensation (in excess of Covered Compensation) b. The accrued benefit determined as of December 31, 2000 and based on the plan formula in effect as of December 31, 1998. c. Effective January 1, 2002, the plan was amended to provide an enhanced early retirement benefit for select eligible employees of the plan. The enhanced benefit equaled the benefit that would otherwise have been payable if five years were added to both the participant's age and the participant's credited service. In addition, eligible employees who elected the early retirement incentive were entitled to a temporary monthly benefit of $100.00 payable as a joint and 100% annuity until the participant's 65th birthday. Plan benefits were frozen as of June 30, 2011.
Normal retirement	
• Eligibility	Age 65.
• Benefit	Accrued benefit at normal retirement date.
Early retirement	
• Eligibility	Age 50 and 5 Years of Service.
• Benefit	Accrued Benefit based on Credited Service and Average Monthly Compensation as of the Early Retirement Date. The early retirement factors equal 1/15th for each year from age 65 to 60, 1/30th for each year from age 60 to 55, and 1/429th for each month from age 55 to 50.
Late retirement	
• Eligibility	Retirement after normal retirement age.
• Benefit	Accrued benefit at late retirement date based on Credited Service and Average Monthly Compensation at that date.

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
• Eligibility	One hundred percent (100%) vested in Accrued Benefit on the earlier of: a. completion of five years of Vesting Service; or b. attainment of age 65 (no service requirement)
• Benefit	Accrued benefit at date of termination. Benefit is payable as of normal retirement date, or member may elect to receive a reduced benefit after meeting eligibility requirements for early retirement.
Disability	
• Eligibility	Permanent and total disability as defined by The Associated Press long-term disability plan.
• Benefit	Additional service is credited for the period of disability. No additional service is credited after June 30, 2011.
Pre-retirement death	
• Prior to early retirement	• **Eligibility:** Member must have a vested benefit at the date of death and be married to present spouse or have a domestic partner for at least one year. • **Benefit:** Spouse or domestic partner receives 50% of the member's vested benefit reduced for early retirement and for the joint and survivor annuity. Benefit begins at date member would have been eligible for early retirement.
• After early retirement	• **Eligibility:** Member must be married or have a domestic partner for one year and be eligible for early retirement at time of death. • **Benefit:** Spouse or domestic partner receives 50% of the joint annuity benefit that would have been payable if the member had taken early retirement at the date of death.
• Return of employee contributions	Members are entitled to a return of employee contributions with interest at death prior to retirement if not eligible for the death benefits above.
Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	Joint and 50% survivor actuarially reduced
• Optional forms	Social Security adjustment option, joint and survivor annuity, joint and survivor with pop-up election.
• Actuarial Equivalence	For purposes of converting the single life annuity into one of the optional forms of payment offered by the plan, the factors set forth in Appendix B of the plan document are used. For factors not referenced in Appendix B, the underlying basis for determining actuarial equivalence shall be the 1984 Unisex Pension Mortality Table and interest at 8%.

Schedule SB, Part V — Summary of Plan Provisions

Miscellaneous	
• 2005 Choice Program	In 2005, Associated Press implemented an opt-out period during which a non-UPAGRA employee could make a one-time election to remain in the existing defined benefit pension plan or opt-out and receive future pension accruals in a defined contribution plan. The opt-out election period began on April 28, 2005 and ended June 15, 2005. As a result of these changes, 68 employees opted out of the Administrative plan as of June 15, 2005. Their benefits were frozen as of June 30, 2005. Union employees who transfer to the Administrative payroll and who were earning benefits under the union defined benefit plan will be given the opportunity to participate in the Administrative defined benefit plan or to opt-out and receive future pension accruals in the defined contribution plan.
• 2007 Choice Program	In 2007, Associated Press implemented an opt-out period during which a UPAGRA employee could make a one-time election to remain in the existing defined benefit pension plan or opt-out and receive future pension accruals in a defined contribution plan. The opt-out election period began on May 9, 2007 and ended June 28, 2007. As a result of these changes, one employee opted out of the Administrative plan as of June 30, 2007. Her benefit was frozen as of June 30, 2007.
• Temporary Supplement	Effective January 1, 2002, employees who participated in the 2001 early retirement incentive program were eligible for a temporary joint and 100% benefit of $100.00 a month payable until the participant’s 65th birthday.

CWA Plan

Status of the plan	The CWA pension plan was closed to new entrants for anyone who was hired on or after March 1, 2006. The plan also implemented an opt-out period during which an employee could make a one-time election to remain in the existing defined benefit pension plan or opt-out and receive future pension accruals in a defined contribution plan. The opt-out period began on April 24, 2006 and ended on June 9, 2006. Effective June 30, 2011, benefits were frozen for all plan participants.
Significant events that occurred during the year	None
Definitions	
• Employee contributions	None required on or after January 1, 1979.
• Earnings	Earnings excluding overtime pay and other extras, except that regular weekly differentials are included. Effective January 1, 1994, earnings were limited in accordance with IRC Section 401(a)(17).
• Accrued benefit	For plan membership before January 1, 1969, the accrued benefit is determined according to the plan's schedule. For plan membership after January 1, 1969, active plan members accrue benefits equal to 2.0% of earnings each year. Effective January 1, 1983, the accrued benefit for active and long-term disability participants was increased to the greater of: – accrued benefit as of December 31, 1982; or – 1.5% of 1982 earnings times service as of December 31, 1982.

Schedule SB, Part V — Summary of Plan Provisions

	Effective January 1, 1989, the accrued benefit for active and long-term disability participants was increased to the greater of: — accrued benefit as of December 31, 1988; or — 1.5% of 1987 earnings times credited service as of December 31, 1988. Effective May 1, 1992, the accrued benefit for active employees and long-term disability participants was increased to the greater of: — accrued benefit as of April 30, 1992; or — 1.7% of 1991 earnings times credited service as of April 30, 1992. Effective January 1, 1994, the accrued benefit for active employees and long-term disability participants was increased to the greater of: — accrued benefit as of December 31, 1993; or — 1.8% of 1993 pensionable earnings times credited service as of December 31, 1993. Plan benefits were frozen as of June 30, 2011.
• Cost of living adjustment for retirees	Retired participants received a 5.0% increase effective January 1, 1983 and January 1, 1984. Effective January 1, 1986, retirees and beneficiaries received an increase of 1.0% times years since retirement. Effective May 1, 1990, retirees and beneficiaries received an increase of 1.0% times years since retirement (maximum increase of 15.0%). Effective January 1, 1995, retirees and beneficiaries received an increase of 1.0% times years since retirement (maximum increase of 10%). Effective January 1, 1998, retirees and beneficiaries received an increase of 1.0% times years since retirement (maximum increase of 10%).
• Break in Service	Twelve-month employment period during which less than 500 hours are worked (unless on a qualified leave of absence). If the participant is not vested and the number of consecutive one-year breaks in service equals or exceeds the greater of total number of years of vesting service earned prior to break, or five years, such prior service is lost.
Normal retirement	
• Eligibility	Age 65
• Benefit	Accrued benefit at normal retirement date.
Early retirement	
• Eligibility	Ten years of continuous service and attainment of age 50.
• Benefit	Accrued benefit as of early retirement date adjusted for early retirement. Effective January 1, 1997, the early retirement factors equal 1/15th for each year from age 65 to 60, 1/30th for each year from age 60 to 55, and 1/429th for each month from age 55 to 50.
Late retirement	
• Eligibility	Retirement after normal retirement age.
• Benefit	Accrued benefit at late retirement date.

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
• Eligibility	Five years of continuous service, or for members prior to January 1, 1974, when age in years plus years of continuous service equals or exceeds 55, if earlier. (Members are always 100% vested in their member contributions with interest.)
• Benefit	Accrued benefit at date of termination. Benefit is payable as of normal retirement date, or member may elect to receive a reduced benefit after meeting eligibility for early retirement.
Disability	
• Eligibility	Permanent and total disability as defined by Associated Press' long-term disability plan.
• Benefit	A member who becomes disabled on or after May 1, 1975 and meets the requirements under Associated Press' long-term disability plan will continue to accrue benefits during his/her periods of disability based on earnings as of the date of disability. No additional service is credited after June 30, 2011.
Pre-retirement death	
• Prior to early retirement	**Eligibility:** Member must have a vested benefit at the date of death and have an eligible surviving spouse or domestic partner. **Benefit:** The spouse or domestic partner receives 50% of the member's vested benefit reduced for early retirement and for the joint and survivor annuity. Benefit begins at date member would have been eligible for early retirement.
• After early retirement	**Eligibility:** Member must be eligible for early retirement at time of death and have an eligible surviving spouse or domestic partner. **Benefit:** The spouse or domestic partner receives 50% of the joint annuity benefit that would have been payable if the member had taken early retirement at the date of death.
Form of benefits	
• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	Joint and 50% survivor annuity
• Optional forms	Social Security adjustment option, joint and survivor annuity, joint and survivor with pop-up election.
• Actuarial Equivalence	For purposes of converting the single life annuity into one of the optional forms of payment offered by the plan, the factors set forth in Appendix B of the plan document are used. For factors not referenced in Appendix B, the underlying basis for determining actuarial equivalence shall be the 1984 Unisex Pension Mortality Table and interest at 8%

Schedule SB, Part V — Summary of Plan Provisions

NMG Plan

Status of the plan	The NMG pension plan was closed to new entrants for anyone who was hired on or after March 1, 2006. The plan also implemented an opt-out period during which an employee could make a one-time election to remain in the existing defined benefit pension plan or opt-out and receive future pension accruals in a defined contribution plan. The opt-out period began on April 24, 2006 and ended on June 9, 2006. Effective June 30, 2011, benefits were frozen for all plan participants.
Significant events that occurred during the year	None
Definitions	
• Employee contributions	Before January 1, 1976, employees contributed 3% of their monthly earnings; as of January 1, 1976, employees contributed 2% of their monthly earnings; and as of January 1, 1977, contributions were reduced to 1% of employees' monthly earnings. Beginning January 1, 1978, employee contributions were not required. Participants are guaranteed a refund of their contributions.
• Vesting service	Each 12-month period of service determined by aggregating all periods of employment beginning with initial date of hire and ending on severance from service date, whether or not all periods are consecutive. Vesting service excludes service prior to age 18 and years of service during which the employee did not make required contributions.
• Severance from Service Date	The date an employee quits, retires, is discharged or dies.
• Credited service	Plan Years in which the member was a Participant. After January 1, 1976, each 12-month period of service determined by aggregating all periods of employment beginning with initial date of hire and ending on Severance from Service Date, whether or not all periods are consecutive. No Credited Service will be accrued after June 30, 2011.
• Restoration of Service Upon Reemployment	If the participant is not vested and the number of consecutive Periods of Severance equals or exceeds the greater of the total number of years of Vesting Service, or five years, such prior service is lost. A Period of Severance means a period of time commencing with a Severance from Service Date and ending on the date of reemployment.
• Compensation	Basic wages, plus certain differentials, fees and commissions but excluding overtime pay, premium pay, and special remuneration and bonuses. Compensation earned on or after July 1, 2011 will be ignored by the plan.
• Accrued benefit	Benefit payable at a member's Normal Retirement Date. The Accrued Benefit is calculated in accordance with the normal retirement benefit formula, but it is based on compensation and Credited Service as of the date of termination. The accrued benefit was frozen as of June 30, 2011.

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement	
• Eligibility	Age 65
• Benefit	For each year of Credited Service after December 31, 1980 and prior to February 1, 1984, a member shall receive an amount equal to 1.5% of Compensation, plus 1.6% of Compensation between February 1, 1984 and December 31, 1984, and 1.7% of Compensation between January 1, 1985 and December 31, 1998. For each year of service on or after January 1, 1999, a member shall receive an amount equal to 2% of Compensation. Effective January 1, 1981, an employee's past service benefit is the greater of: • The benefit accrued to January 1, 1981 under the prior plan; or • 1% of 1980 basic salary multiplied by years of participation prior to January 1, 1981. Effective January 1, 1987, an employee's past service benefit is the greater of: • The benefit accrued to January 1, 1987; or • 1% of 1985 basic salary multiplied by years of participation prior to January 1, 1987. Effective January 1, 1991, an employee's past service benefit is the greater of: • The benefit accrued to January 1, 1991; or • 1% of 1990 pension earnings multiplied by years of participation prior to January 1, 1991. Effective January 1, 1994, an employee's past service benefit is the greater of: • The benefit accrued to January 1, 1994; or • 1.25% of 1992 pension earnings multiplied by years of participation prior to January 1, 1994. Effective January 1, 1996, an employee's past service benefit is the greater of: • The benefit accrued to January 1, 1996; or • 1.35% of 1995 pension earnings multiplied by years of participation prior to January 1, 1996. In addition, for each year an employee did not make the required contributions, he/she will receive an additional monthly benefit of $2.50. If an employee opted out of the defined benefit pension plan during the 2006 choice period, the employee's benefit was frozen as of June 30, 2006 under the terms of the plan in effect as of that date. Effective June 30, 2011, benefits were frozen for all plan participants.

Schedule SB, Part V — Summary of Plan Provisions

Early retirement	
• Eligibility	Ten years of continuous service and within 15 years of Normal Retirement Date.
• Benefit	Accrued Normal Retirement Benefit, reduced for early retirement. With respect to benefits accrued prior to January 1, 1974, the reduction factor is 4% per year down to age 50. With respect to benefits accrued subsequent to January 1, 1974, the reduction factor is 1/15th for each year from age 65 to 60, 1/30th for each year from age 60 to 55, and 1/429th for each month from age 55 to 50.
Late retirement	
• Eligibility	Retirement after Normal Retirement Date.
• Benefit	Accrued benefit at late retirement date.
Deferred vested	
• Eligibility	One hundred percent (100%) vested after five years of continuous service. (Members are always 100% vested in their member contributions with interest.)
• Benefit	Accrued Normal Retirement Benefit payable at age 65, or reduced benefit payable at Early Retirement. For those who have contributed in the past, either a refund of the employee's accumulated contributions with interest, or if he/she has completed the requirements for vesting (5 years of service), he/she may elect to leave the contributions on deposit and receive, commencing at Normal Retirement Date, the entire accrued benefit at termination.
Disability	
• Eligibility	Permanent and total disability as defined by Associated Press' long-term disability plan.
• Benefit	A member who becomes disabled and meets the requirements under Associated Press' long-term disability plan will continue to accrue benefits during his/her periods of disability based on earnings as of the date of disability. No additional service is credited after June 30, 2011.
Pre-retirement death	
• Prior to early retirement	**Eligibility:** Member must have a vested benefit at the date of death and have an eligible surviving spouse or domestic partner. **Benefit:** The spouse or domestic partner receives 50% of the member's vested benefit reduced for early retirement and for the joint and survivor annuity. Benefit begins at date member would have been eligible for early retirement.
• After early retirement	**Eligibility:** Member must be eligible for early retirement at time of death and have an eligible surviving spouse or domestic partner. **Benefit:** The spouse or domestic partner receives 50% of the joint annuity benefit that would have been payable if the member had taken early retirement at the date of death.
• Return of employee contributions	Members are entitled to a return of employee contributions with interest at death prior to retirement if not eligible for the death benefits above.
• Lump-sum death benefit	Effective January 1, 1991, the plan was changed to include a $10,000 death benefit which would be payable to the beneficiary of an active employee who dies before retirement. This benefit is subject to the incidental benefit rules mandated by federal regulations.

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	Joint and 50% survivor annuity. This benefit is automatically paid to a married participant on an actuarially reduced basis.
• Optional forms	Social Security adjustment option, joint and survivor annuity, joint and survivor with pop-up election.
• Actuarial Equivalence	For purposes of converting the single life annuity into one of the optional forms of payment offered by the plan, the factors set forth in Appendix B of the plan document are used. For factors not referenced in Appendix B, the underlying basis for determining actuarial equivalence shall be the 1984 Unisex Pension Mortality Table and interest at 8%.

Miscellaneous

- **Administration:** The plan is administered by Associated Press.
- **Plan Termination:** In the event of plan termination, any surplus assets will revert to Associated Press.
- **Funding Medium:** Group annuity contract with Aetna Life Insurance Company (immediate participation guarantee basis) and Trust fund with Northern Trust**.**

Plan provision changes since prior valuation

There have been no plan changes affecting actuarial valuation results since the prior valuation as of January 1, 2024.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1958

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)

ASSOCIATED PRESS

200 LIBERTY ST.
NEW YORK, NY 10281

2b Employer Identification Number (EIN) 13-0452880

2c Plan Sponsor's telephone number 212-621-7059

2d Business code (see instructions) 519100

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

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

SIGN HERE	Maria Magdalena Moise **Signature of plan administrator**	10/14/2026 Date	MARIA MAGDALENA MOISE Enter name of individual signing as plan administrator
SIGN HERE	**Signature of employer/plan sponsor**	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	The Associated Press **Signature of DFE**	10/14/2026 Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ASSOCIATED PRESS INVESTMENT AND MANAGEMENT COMMITTEE

200 LIBERTY ST.
NEW YORK, NY 10281

3b Administrator's EIN: 13-0452880

3c Administrator's telephone number: 212-621-7059

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:	**4b** EIN	
a	Sponsor's name	**4d** PN	
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	4141
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	562
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	424
b	Retired or separated participants receiving benefits	**6b**	1903
c	Other retired or separated participants entitled to future benefits	**6c**	1485
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3812
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	282
f	Total. Add lines **6d** and **6e**	**6f**	4094
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	0
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	0
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I 3H 3J

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☒ Insurance	**(1)**	☒ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	**(2)**	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	**(3)**	☒ Trust
(4)	☐ General assets of the sponsor	**(4)**	☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____

THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN

EIN: 13-0452880
Plan No. 003
Plan Year Ended December 31, 2025

From 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN

EIN: 13-0452880
Plan No. 003
Plan Year Ended December 31, 2025

From 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions

See attachment to the Accountant's Audit Report attached at Accountant's Opinion