

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 6047(e), 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 2009 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ 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)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan THE TOLEDO NEWSPAPER UNIONS BLADE SAVINGS PLAN AND TRUST	1b Three-digit plan number (PN) ▶	002	
	1c Effective date of plan	01/01/1993	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BLOCK COMMUNICATIONS INC 541 SUPERIOR STREET TOLEDO, OH 43660	2b Employer Identification Number (EIN)	34-4374555	
	2c Sponsor's telephone number	419-724-6000	
	2d Business code (see instructions)	511110	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	GARY PAKULSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	SARA LABUDDA
	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 (if same as plan sponsor, enter "Same") BOARD OF TRUSTEES OF THE TOLEDO NEWSPAPER UNIONS BLADE SAVINGS PLA 522 ORANGE ST TOLEDO, OH 43604	3b Administrator's EIN 31-1571353 3c Administrator's telephone number 419-243-7521
--	---

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	501
---	----------	-----

6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	402
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	83
d Subtotal. Add lines 6a , 6b , and 6c	6d	485
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	486
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	342
h Number of participants that 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:
 2E 2F 2G 2J 3H

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan THE TOLEDO NEWSPAPER UNIONS BLADE SAVINGS PLAN AND TRUST		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BLOCK COMMUNICATIONS INC		D Employer Identification Number (EIN) 34-4374555

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 disclosure on eligible indirect compensation

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

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

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

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

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

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

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

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

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

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

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

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

SHUMAKER LOOP & KENDRICK

1000 JACKSON STREET
TOLEDO, OH 43624

34-4439491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY	28186	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

TITUS & URBANSKI INC

1627 HENTHORNE DR
MAUMEE, OH 43537

34-1695540

(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	AUDITOR	21665	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

THE TRUST COMPANY OF TOLEDO

1630 TIMBERWOLF DRIVE
HOLLAND, OH 43528

34-1661757

(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?
19	CUSTODIAL	50912	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

CLARENCE ESPEN

522 ORANGE STREET
TOLEDO, OH 43604

34-1010402

(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	ADMINISTRATION	9370	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

DIVERSIFIED INVESTMENT ADVISORS

440 MAMARONECK AVE
HARRISON, NY 10528

13-3689044

(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?
64	RECORD KEEPING	21496	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☒ No ☐

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

KERRIE ADAMS

522 ORANGE STREET
TOLEDO, OH 43604

34-1010402

(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	ADMINISTRATION	5859	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>THE TOLEDO NEWSPAPER UNIONS BLADE SAVINGS PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BLOCK COMMUNICATIONS INC</u>	D Employer Identification Number (EIN) <u>34-4374555</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		2299
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	43980	4898
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2286398	1629827
	(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)	646494	572014
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11922844	15137987
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14899716	17347025

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	3498	12836
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3498	12836

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14896218	17334189
---	----	----------	----------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	645789	
(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)		645789

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	29165	
(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)	36059	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		65224

(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)	336384	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		336384

(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2971134
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4018531

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1439702	
(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)		1439702
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	59273	
(2) Contract administrator fees	2i(2)	50912	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	30673	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		140858
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1580560

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2437971
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: **TITUS URBANSKI INC**

(2) EIN: **34-1695540**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

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

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 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)

**FINANCIAL STATEMENTS
and
SUPPLEMENTARY INFORMATION
of
THE TOLEDO NEWSPAPER UNIONS -
BLADE SAVINGS PLAN AND TRUST**

December 31, 2009 and 2008

TABLE OF CONTENTS

	PAGE NO.
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4
SUPPLEMENTARY INFORMATION	
Schedules of Administrative Fund Transactions	10
Schedules of Assets Held for Investment Purposes at End of Year for Schedule H Form 5500 Part IV Q I	11
Schedules of 5% Reportable Transactions for Schedule H Form 5500 Part IV Q J	12

CERTIFIED PUBLIC ACCOUNTANTS

An Independent Firm Associated with HANTZGROUP™

Members of:
American Institute of Certified Public Accountants
AICPA Private Companies Practice Section
Ohio Society of Certified Public Accountants
Michigan Association of Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
The Toledo Newspaper Unions -
Blade Savings Plan and Trust
Toledo, Ohio

We were engaged to audit the financial statements of The Toledo Newspaper Unions - Blade Savings Plan and Trust as of December 31, 2009 and 2008, and for the years then ended and the supplemental schedules as of and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes F, G and H, which were certified by The Trust Company Of Toledo and Diversified Investment Advisors, Inc, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the Diversified Investment Advisors, Inc held the Plan's investment assets and executed investment transaction from October 1 2009 to December 31, 2009, and that The Trust Company of Toledo held the Plan's investment assets and executes investment transactions from January 1, 2009 to September 31, 2009. The plan administrator has obtained certifications from the trustees as of and for the year ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustees is complete and accurate.

TITUS & URBANSKI, INC.

1627 Henthorne Drive • Maumee, Ohio 43537

phone: (419) 866-6000 • fax: (419) 866-6984

e-mail: solutions@toledocpa.com

website: www.toledocpa.com



Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



TITUS & URBANSKI, INC.
Certified Public Accountants

Maumee, Ohio
August 19, 2009

THE TOLEDO NEWSPAPER UNIONS - BLADE SAVINGS PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<u>ASSETS</u>		
Investments, at Fair Value		
Equity Funds	\$ 5,024,373	\$ 4,150,074
Fixed Income Funds	3,217,265	2,897,470
Balanced Funds	2,413,336	2,278,977
Growth Funds	1,064,112	220,871
Value Funds	718,820	626,875
International Funds	2,239,401	1,473,510
Real Estate Fund	460,680	275,067
Guaranteed Pool Funds	1,629,827	2,286,398
Participant Notes Receivable	<u>572,014</u>	<u>646,494</u>
 TOTAL INVESTMENTS	 \$ 17,339,828	 \$ 14,855,736
Receivable		
Accrued Income	- 0 -	25,025
Receivable	<u>- 0 -</u>	<u>18,955</u>
	- 0 -	43,980
Prepaid Insurance	4,898	- 0 -
Cash in Bank	<u>2,299</u>	<u>- 0 -</u>
 <u>TOTAL ASSETS</u>	 \$ 17,347,025	 \$ 14,899,716
 <u>LIABILITIES</u>		
Accounts Payable	<u>12,836</u>	<u>3,498</u>
 <u>NET ASSETS</u> <u>AVAILABLE</u> <u>FOR BENEFITS</u>	 <u>\$ 17,334,189</u>	 <u>\$ 14,896,218</u>

The accompanying notes are an integral part of this statement.

THE TOLEDO NEWSPAPER UNIONS - BLADE SAVINGS PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<u>INVESTMENT INCOME</u>		
Net Appreciation		
<Depreciation>		
In Fair Value of		
Investments	\$ 2,971,134	\$ <6,539,317>
Interest	65,224	80,788
Dividends	<u>336,384</u>	<u>539,106</u>
 TOTAL INVESTMENT INCOME <LOSS>	 \$ 3,372,742	 \$ <5,919,423>
 <u>CONTRIBUTIONS - PARTICIPANTS</u>	 <u>645,789</u>	 <u>934,212</u>
 TOTAL ADDITIONS	 <u>4,018,531</u>	 <u><4,985,211></u>
 <u>PAYMENTS TO PARTICIPANTS</u>	 <u>1,439,702</u>	 <u>2,537,612</u>
 <u>ADMINISTRATIVE EXPENSES</u>		
Bank Trustee Fee	50,912	80,198
Administrative Office	23,742	22,701
Travel	210	216
Printing & Mailing	1,584	
Legal	37,863	21,979
Accounting	21,410	21,530
Insurance	<u>5,137</u>	<u>5,803</u>
 TOTAL ADMINISTRATIVE EXPENSES	 <u>140,858</u>	 <u>152,427</u>
 TOTAL DEDUCTIONS	 <u>1,580,560</u>	 <u>2,690,039</u>
 <u>NET INCREASE <DECREASE></u>	 <u>2,437,971</u>	 <u><7,675,250></u>
 <u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
<u>BEGINNING OF YEAR</u>	<u>14,896,218</u>	<u>22,571,468</u>
 <u>END OF YEAR</u>	 <u>\$ 17,334,189</u>	 <u>\$ 14,896,218</u>

The accompanying notes are an integral part of this statement.

THE TOLEDO NEWSPAPER UNIONS - BLADE SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE A - DESCRIPTION OF PLAN

The following brief description of the Toledo Newspaper Unions – Blade Savings Plan and Trust (“The Plan”) is provided for general informational purposes only. Participants should refer to the Plan document for more complete information.

General

The Toledo Newspaper Unions - Blade Savings Plan and Trust was founded in 1993. Participation is being provided under the terms of collective bargaining agreements between the Local 8, International Brotherhood of Electrical Workers; Toledo Mailers Union No. 1135; Web Segment of the Toledo Newspaper and Printing Graphics Union No. 27, IP and GCU; Paper Handlers Segment of the Toledo Newspaper and Printing Graphics Union No. 27, IP and GCU; Engravers Segment of the Toledo Newspaper and Printing Graphics Union No. 27, IP and GCU; Teamsters and Chauffeurs Union, Local 20; Toledo Typographical Union No. 63; Toledo Newspaper Guild Local 34034, T.N.G.; and The Toledo Blade Company, to provide retirement savings benefits to eligible members or their beneficiaries as specified in the Plan.

Participant Accounts

Each participant’s account is credited with the participant’s self-directed contribution and allocations of Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. No employer contributions are made to the participant’s account balances.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

Benefits

The amounts credited to a participant’s account under this Plan shall become distributable to the participant upon the occurrence of certain events specified in the Plan. These events are retirement from the Company at or after normal retirement age, retirement at any age because of disability, termination of employment with the Company, and death. The balance is generally paid to the Participant in a lump sum distribution within one taxable year.

Loans

A participant with a qualifying financial hardship may borrow from his or her account. The Plan specifies certain conditions for loan eligibility and approval. Terms of repayment include interest at 3% above the prevailing prime rate and amortization of principal not to exceed 5 years. In 2008, the Plan adopted an amendment of expanding loan provisions to permit amortization of loans beyond five years for the purchase of a principle residence.

THE TOLEDO NEWSPAPER UNIONS - BLADE SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Funding Policy

Each participant may elect to enter into a written wage or salary deferral agreement with the Company. The agreement shall specify what percentage of the participant's future wages or salary shall be deferred as elective contributions subject to minimum and maximum percentages specified in the Plan document and IRC guidelines. The Company shall make elective contributions to the plan on behalf of the participants equal to the full amount of the wage or salary deferral. For investment options, see Plan document.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumption that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investments Valuation and Income Recognition

All investment assets of the Plan are held by a bank-administrated trust fund.

Investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date and interest income is recorded on the cash basis.

Payment of Benefits

Benefits are recorded when paid.

NOTE C - FEDERAL INCOME TAX STATUS

This trust is currently considered an exempt organization under Section 501 (a) and 401 (a) of the Internal Revenue Code. As provided in the trust agreement, all of the income of The Toledo Newspaper Unions - Blade Savings Plan and Trust is set aside to provide for the payment of retirement savings benefits, including the reasonable costs of administration directly connected with providing such benefits, and for no other purpose.

THE TOLEDO NEWSPAPER UNIONS - BLADE SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE D - PRIORITIES UPON TERMINATION

Upon the Plan's termination, the assets in the fund shall be realized and after providing for the reasonable and necessary expense of terminating the plan and fund, its balance shall be allocated to the participants according to the balance in their individual accounts.

NOTE E - ADOPTION OF PLAN DOCUMENT AND DETERMINATION LETTER

The Plan was adopted effective January 1, 1993 as a result of collective bargaining agreement between The Toledo Blade Company and various labor organizations representing employees of the Toledo Blade Company. A favorable determination letter from the Internal Revenue Service was received December 17, 2001. The ninth, tenth and eleventh amendments to the plan has been adopted in 2009.

NOTE F - FAIR VALUE MEASUREMENTS

The Plan's investments reported at fair value in the accompanying statement of net assets available for benefit was obtained from data that has been prepared and certified to as complete and accurate by the trustees.

		December 31, 2009		
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Equity Funds	\$ 5,024,373	\$ 5,024,373		
Fixed Income Funds	3,217,265	3,217,265		
Balanced Funds	2,413,336	2,413,336		
Growth Funds	1,064,112	1,064,112		
Value Funds	718,820	718,820		
International Funds	2,239,401	2,239,401		
Real Estate Fund	460,680	460,680		
Guaranteed pool Fund	1,629,827		\$ 1,629,827	
Participant Loans	572,014			\$ 572,014
Total	<u>\$ 17,339,828</u>	<u>\$ 15,137,987</u>	<u>\$ 1,629,827</u>	<u>\$ 572,014</u>

THE TOLEDO NEWSPAPER UNIONS - BLADE SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE F - FAIR VALUE MEASUREMENTS - CONTINUED

SFAS No. 157, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of Corporate Debts and Equities are based on quoted market prices.

Level 2 Fair Value Measurements

The fair value of Corporate Debts and Equities are based on quoted prices for similar assets in active markets.

Level 3 Fair Value Measurements

Participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements as of December 31, 2009.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	<u>Participant Loans</u>
Beginning Balance	\$ 646, 494
Total gains and losses (realized and unrealized) included in changes in net assets available for benefits	- 0 -
Issuances and Settlements (net)	\$ 74, 480
Ending Balance	<u>\$ 572, 014</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2009 are reported in net appreciation (depreciation) in fair value of investments.

THE TOLEDO NEWSPAPER UNIONS - BLADE SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE G - INVESTMENTS AT FAIR VALUE

The assets that represent 5% or more of the Plan's net assets are detailed below:

	<u>2009</u>	<u>2008</u>
American Funds EuroPacific R4	2, 239, 401	- 0 -
Oakmark Equity & Income I	2, 413, 336	- 0 -
PIMCO Total Return	3, 217, 266	- 0 -
Vanguard Index 500 Fund	5, 024, 374	\$ 4, 150, 074
Pax World Balanced Fund	- 0 -	2, 278, 977
Harbor International Fund	- 0 -	1, 089, 810
Harbor Bond Fund	- 0 -	2, 692, 244
Capital Bank Money Market	1, 629, 827	1, 939, 728
TOTAL	<u>\$14, 524, 204</u>	<u>\$12, 150, 833</u>

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated <depreciated> in value by \$ 2, 971, 134 in 2009 and by \$<6, 539, 317> in 2008 as follows:

	<u>2009</u>	<u>2008</u>
Fixed Income Funds	\$ 280, 229	\$ <218, 607>
International Funds	583, 890	<1, 425, 403>
Balanced Funds	442, 076	<1, 214, 837>
Value Funds	242, 916	<267, 125>
Growth Funds	166, 140	<455, 605>
Real Estate Fund	158, 436	<264, 895>
Equity Funds	1, 097, 447	<2, 692, 845>
TOTAL	<u>\$ 2, 971, 134</u>	<u>\$ <6, 539, 317></u>

NOTE H - EARNINGS BY FUND

Interest and dividend income earned on investments were as follows:

	<u>2009</u>	<u>2008</u>
Fixed Income Fund	\$ 128, 781	\$ 252, 350
International Fund	36, 529	28, 912
Balanced Fund	51, 076	99, 086
Value Funds	6, 228	19, 678
Growth Fund	1, 803	- 0 -
Real Estate Fund	3, 284	7, 856
Equity Fund	108, 683	131, 224
Participant Loans	45, 717	33, 478
Guaranteed pool Fund	29, 165	47, 310
TOTAL	<u>\$ 411, 266</u>	<u>\$ 619, 894</u>

THE TOLEDO NEWSPAPER UNIONS - BLADE SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE I - LEASE AGREEMENT

Office space for the administration of various plans is rented from Blade Communications, Inc. on a monthly basis for \$515 per month. Total rental expense for all plans was \$6, 180 in 2009 and 2008 respectively. Based upon board approval, the rental amount allocated to the Blade Savings Plan and Trust was \$742 in 2009 and 2008 respectively. These amounts are reflected in the supplemental schedule of administrative transactions.

NOTE J - PARTICIPANT LOANS IN DEFAULT

Due to difficult employment conditions, certain participants were unable to meet their repayment terms. Terms of the plan and GAAP reporting these loans of active participants require amounts remain due and payable. The loan continues to be reported as a plan investment on the financial statements. Interest is not being accrued. A participant may pay tax on loan balances because the tax rules have been violated. These loans are under an individual account plan, and therefore are not required to be reported as uncollectible on the annual 5500 filing under DOL regulation 29 CFR 2250.408 B-1. The estimate loan defaults at December 31, 2009 are \$ 217, 285.

SUPPLEMENTARY INFORMATION

THE TOLEDO NEWSPAPER UNIONS-BLADE SAVING PLAN AND TRUST
SCHEDULE OF ADMINISTRATIVE FUND TRANSACTIONS

For the years ended December 31, 2009 and 2008

	<u>Total</u>		<u>The Toledo Newspaper Unions - Blade Pension Plan and Trust Allocation</u>	
	<u>2009</u>	<u>2008</u>	<u>2009</u>	<u>2008</u>
<u>FUND ADVANCED</u>			\$ 66,906	\$ 64,225
<u>DISBURSEMENTS</u>				
Subject to Allocation				
Percentage				
Wages	\$ 126,906	\$ 121,354		
Employee Health & Welfare	22,451	19,369		
Payroll Taxes	11,251	10,890		
Employee Pension	11,866	11,671		
Rent	6,180	6,180		
Depreciation	750	646		
Postage, Printing and Supplies	2,600	1,734		
Telephone	3,342	2,895		
Computer	9,700	6,400		
General & Industrial Insurance	1,063	1,024		
Dues -International Foundation of Employee Benefit Plans	492	476		
Maintenance	1,519	1,427		
Reimbursed Registration Fee	<2,550>	3,615		
Reimbursed Travel Expense	764	1,381		
Miscellaneous	295	- 0 -		
	<u>1,218</u>	<u>109</u>		
<u>TOTAL DISBURSEMENTS</u>				
<u>EXCESS OF DISBURSEMENTS OVER FUNDS ADVANCED</u>	<u>\$ 197,847</u>	<u>\$ 189,171</u>	<u>\$ 69,246</u>	<u>\$ 66,210</u>
<u>EXCESS OF FUNDS ADVANCED OVER DISBURSEMENTS</u>			<u>- 0 -</u>	<u>- 0 -</u>
<u>BALANCES, JANUARY 1</u>				
<u>BALANCES, DECEMBER 31</u>			<u>679</u>	<u>696</u>
			<u>4,283</u>	<u>3,587</u>
			<u>\$ 4,962</u>	<u>\$ 4,283</u>

The allocation percentages applicable to the Toledo Newspaper Unions - Blade Health & Welfare Plan were fifty-three percent for 2009 and 2008. The Toledo Newspaper Unions - Blade Pension Trust Fund allocation were thirty-five percent for 2009 and 2008, and the Toledo Newspaper Unions - Blade Savings Plan and Trust were twelve percent for 2009 and 2008, as authorized by the Board of Trustees and reviewed each year.

The Toledo Newspaper Unions - Blade Savings Plan and Trust Allocation		The Toledo Newspaper Unions - Blade Health and Welfare Plan and Trust Allocation		Total	
2009	2008	2009	2008	2009	2008
\$ 23,400	\$ 22,939	\$ 102,555	\$ 101,314	\$ 195,880	\$ 191,159

\$ 23,742	\$ 22,701	\$ 104,859	\$ 100,260	\$ 197,847	\$ 189,171
342	- 0 -	2,304	- 0 -	2,646	- 0 -
- 0	238	- 0 -	1,054	679	1,988
=					
< 129 >	< 367 >	16,590	15,536	20,744	18,756
\$ < 471 >	\$ < 129 >	\$ 14,286	\$ 16,590	\$ 18,777	\$ 20,744

THE TOLEDO NEWSPAPER UNIONS - BLADE SAVINGS PLAN AND TRUST
SCHEDULE OF 5% REPORTABLE TRANSACTIONS
FOR SCHEDULE H FORM 5500 PART IV QUESTION J
December 31, 2009

EMPLOYER ID NUMBER: 34-4374555

PLAN NUMBER: 002

(B) <u>DESCRIPTION OF ASSET</u>	(C) <u>PURCHASE PRICE</u>	(D) <u>SELLING PRICE</u>	(I) <u>NET GAIN OR <LOSS></u>
MM saving deposit			
Bought 43, 475 shares	437, 476		
Sold 237, 7204 Shares		2, 377, 204	- 0 -
Harbor Bond Fund			
Bought 9, 861 Shares	114, 597		
Sold 281, 643 Shares		3, 042, 996	173, 095
Harbor International			
Bought 2, 295 Shares	102, 086		
Sold 29, 459 Shares		1, 540, 706	< 12, 260>
Northern Inst'l Prime Obligations Portfolio			
Bought 15, 549, 458 Shares	15, 549, 458		
Sold 15, 895, 548 Shares		15, 895, 548	- 0 -
Pax World Balanced-Ins			
Bought 671 Shares	12, 077		
Sold 7, 631, 224 Shares		2, 615, 699	< 337, 089 >
Scout Small Cap Fund			
Bought 4, 583 Shares	44, 779		
Sold 64, 001 Shares		780, 678	< 371, 194 >
Vangurard Institutional Index			
Bought 1, 490 Shares	118, 936		
Sold 51, 768 Shares		4, 972, 142	< 261, 387 >
American Funds EuroPacific R4			
Bought 61, 810 Shares	2, 235, 679		
Sold 2, 054 Shares		77, 358	3, 883

THE TOLEDO NEWSPAPER UNIONS - BLADE SAVINGS PLAN AND TRUST
SCHEDULE OF 5% REPORTABLE TRANSACTIONS
FOR SCHEDULE H FORM 5500 PART IV QUESTION J
December 31, 2009

EMPLOYER ID NUMBER: 34-4374555

PLAN NUMBER: 002

(C) <u>DESCRIPTION OF ASSET</u>	(C) <u>PURCHASE PRICE</u>	(D) <u>SELLING PRICE</u>	(I) <u>NET GAIN OR <LOSS></u>
Oakmark Equity & Income I			
Bought 102, 242 Shares	2, 489, 601		
Sold 7, 622		193, 694	7, 966
PIMCO Total Return A			
Bought 302025	3, 333, 083		
Sold 6658		72, 705	< 176 >
Sentinel Small Company A			
Bought 132, 686 Shares	782, 622		
Sold 8, 127 Shares		49, 924	2, 023
Vanguard Institutional Index			
Bought 52, 910 Shares	4, 997, 527		
Sold 3, 642 Shares		343, 591	23,888

THE TOLEDO NEWSPAPER UNIONS - BLADE SAVINGS PLAN AND TRUST
SCHEDULES OF ASSETS HELD FOR INVESTMENTS PURPOSES AT END OF YEAR
FOR SCHEDULE H FORM 5500 PART IV QUESTION I

December 31, 2009

COLUMN A -
 NO INVESTMENTS
 ARE WITH A
 PARTY IN INTEREST

EMPLOYER ID NUMBER: 34-4374555

PLAN NUMBER: 002

(B)(C) <u>SHARES OR</u> <u>UNITS</u>	<u>DESCRIPTION OF INVESTMENT</u> <u>EQUITY FUND</u>	<u>(D) COST</u>	<u>(E) CURRENT</u> <u>VALUE</u>
25,925	AIM REAL ESTATE INSTITUTIONAL	411, 109	460, 680
59, 369	AMERICAN FUNDS EUROPACIFIC R4	2, 154, 434	2, 239, 401
7, 414	AMERICAN FOUNDS GRWTH FUND	198, 503	201, 000
2, 331	BLACKROCK US OPPORTUNITIES	75, 795	78, 392
8, 776	EATON VANCE LGCAP VALUE A	145, 208	146, 914
94, 492	OAKMARK EQUITY & INCOME I	2, 295, 905	2, 413, 336
297, 895	PIMCO TOTAL RETURN	3, 260, 377	3, 217, 266
3, 124	PERKINS MIDCAP VALUE J	60, 586	61, 862
124, 559	SENTINEL SMALL COMPANY A	732, 696	784, 720
30, 359	TARGET SMALL CAP VALUE	475, 823	510, 042
49, 268	VANGUARD INSTITUTIONAL INDEX	4, 630, 050	5, 024, 374
1, 629, 827	GUARANTEED POOLED FUND	1, 629, 827	1, 629, 827
572, 014	PARTICIPANT NOTES RECEIVABLE	<u>572, 014</u>	<u>572, 014</u>
	INTEREST RATES-VARIOUS		
	TOTAL INVESTMENTS	<u>\$ 16, 642, 327</u>	<u>\$ 17, 339, 828</u>