

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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 ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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 <u>NEWSBANK RETIREMENT SAVINGS PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>01/01/1990</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NEWSBANK, INC.</u> <u>397 MAIN STREET</u> <u>CHESTER, VT 05143</u>
2b	Employer Identification Number (EIN) <u>06-1084869</u>
2c	Plan Sponsor's telephone number <u>802-875-8340</u>
2d	Business code (see instructions) <u>519100</u>

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.	10/07/2022	DALE WILLIAMSON
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	421
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)	353
a(2) Total number of active participants at the end of the plan year		6a(2)	340
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	63
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	403
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	403
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	380
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2S 2T 3D 2R			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ 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) ☐ <u>0</u> A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan NEWSBANK RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NEWSBANK, INC.	D Employer Identification Number (EIN) 06-1084869	

Part I	Service Provider Information (see instructions)
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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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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

HILL, BARTH & KING LLC

34-1897225

(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	ACCOUNTANT/AUDITOR	8750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	3872	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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)

(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 ☐

(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 ☐

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
COHEN & STEERS RLTY - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
COLUMBIA DIV INC A - COLUMBIA MGT 14785 PRESTON ROAD, SUITE 1000 DALLAS, TX 75254	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
INVS EM ALL CAP A - INVESCO CANADA 5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA	0.50%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
NORTHERN SM CAP VAL - THE NORTHERN 50 SOUTH LASALLE STREET CHICAGO, IL 60603	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIMCO TOT RETURN ADM - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
VRTS C MDCP VAL EQ I - VIRTUS FUND 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
ALGER SMALL CAP FOCUS CLASS A 600 PLAZA ONE 6TH FL JERSEY CITY, NJ 07311	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AMERICAN BEACON ARK TRANS INNOVTN 220 EAST LAS COLINAS BLVD SUITE 12 IRVING, TX 75039	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BARON GLOBAL ADVANTAGE FD RETAIL 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BLACKROCK TECHNOLOGY OPPORTUNITIES 40 EAST 52ND STREET NEW YORK, NY 10022	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
FIRSTHAND TECHNOLOGY OPPORTUNITIES 150 ALMADEN BLVD. SUITE 1250 SAN JOSE, CA 95113	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
JANUS HENDERSON FORTY T 151 DETROIT ST. DENVER, CO 80206	\$14.00	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
MORGAN STANLEY DISCOVERY PORT CL A 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
MORGAN STANLEY GROWTH PORTFOLIO A 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
MORGAN STANLEY GLOBAL OPPORTUNITY 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIMCO LONG DURATION TOTAL RETURN C 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
VIRTUS ALLIANZGI CONVERTIBLE A 101 MUNSON ST. STE. 3 GREENFIELD, MA 01301	0.40%	
(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:	HILL , BARTH & KING LLC	b EIN:	34-1897225
c Position:	AUDITOR		
d Address:	3838 TAMIAMI TRAIL N, STE 200 NAPLES, FL 34103	e Telephone:	239-263-2111

Explanation: AUDIT FEES WERE TOO EXPENSIVE.

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) 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan NEWSBANK RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NEWSBANK, INC.	D Employer Identification Number (EIN) 06-1084869	

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	283	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2881186	1979047
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	454769	386794
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	41297197	50162334
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	44633435	52528175
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	44633435	52528175

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.

		(a) Amount	(b) Total
Income			
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	487178	
(B) Participants	2a(1)(B)	2569488	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	3056666
(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)	422	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	21107	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21529
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	4589572
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4589572	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4589572
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2918531
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		10586298
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2677985	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2677985
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		1200
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	12373	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		12373
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2691558
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		7894740
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: URISH POPECK & CO., LLC

(2) EIN: 25-1306171

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 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	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	
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.)	X		
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		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) 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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>NEWSBANK RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NEWSBANK, INC.</u>	D Employer Identification Number (EIN) <u>06-1084869</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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

- 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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

NewsBank Retirement Savings Plan

Financial Statements
December 31, 2020 and 2019
Supplemental Schedule
December 31, 2020

NewsBank Retirement Savings Plan

Contents

Independent Auditor's Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019	3
Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020	4
Notes to Financial Statements	5-15
Supplemental Schedule	
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020	16-18

October 13, 2021

To the Plan Administrator and Participants of the
NewsBank Retirement Savings Plan
Naples, Florida

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of NewsBank Retirement Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020 and 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets Held at End of Year as of or for the year ended December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, 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.

A handwritten signature in black ink that reads "Hill, Barth & King LLC". The signature is written in a cursive, flowing style.

Certified Public Accountants

NewsBank Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

<i>December 31,</i>	2020	2019
Assets		
Participant-directed investments, at fair value:		
Registered investment companies	\$ 40,501,095	\$ 33,050,132
Money market mutual funds	2,881,186	2,671,291
Self-directed brokerage accounts	796,102	551,796
Non-interest bearing cash	283	0
	<u>44,178,666</u>	<u>36,273,219</u>
Receivables		
Notes Receivable from Participants	454,769	554,339
Total receivables	<u>454,769</u>	<u>554,339</u>
Net Assets Available for Benefits	<u>\$ 44,633,435</u>	<u>\$ 36,827,558</u>

See Independent Auditor's Report and accompanying notes.

NewsBank Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2020
Additions:	
Investment income	
Interest and dividends on investments	\$ 2,200,380
Interest on notes receivable	25,845
Net appreciation in fair value of investments	<u>6,405,300</u>
Total investment income	<u>8,631,525</u>
Contributions	
Participants	2,334,241
Employer	473,444
Participants' rollovers	<u>408,764</u>
Total contributions	<u>3,216,449</u>
Total additions	<u>11,847,974</u>
Deductions from net assets attributed to:	
Benefits paid to participants	4,030,968
Administrative expenses	<u>11,129</u>
Total deductions	<u>4,042,097</u>
Net increase in net assets	7,805,877
Net Assets Available for Benefits, beginning of year	<u>36,827,558</u>
Net Assets Available for Benefits, end of year	<u>\$ 44,633,435</u>

See Independent Auditor's Report and accompanying notes.

NewsBank Retirement Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

1. Plan Description

The following description of the NewsBank Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan, a Fidelity Management Trust Company 401(k) prototype profit sharing plan, is a defined contribution plan with Section 401(k) salary reduction features covering substantially all full-time and part-time employees of NewsBank, Inc. (the Company), except for employees covered by a collective bargaining agreement and leased employees. Employees are eligible to participate in the Plan after they have completed at least six consecutive months of service and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may defer up to an annual maximum of the lesser of 60% of eligible compensation, as defined in the Plan, or \$19,500 in the calendar year 2020. For calendar years following 2020, deferred limits are subject to cost of living increases. Participants who are projected to be age 50 or older by the end of the calendar year and who are making deferral contributions to the Plan may also make a catch-up contribution. Participants may also contribute up to 100% of annual compensation on an after-tax basis up to the Internal Revenue Service limit of \$57,000 for 2020.

The Company matches contributions in an amount equal to 50% of the employee's compensation contributed to the Plan, but subject to a maximum match of 4% of compensation. The Company may also make a discretionary matching employer contribution in an amount equal to the primary matching requirement. During the year ended December 31, 2020, the Company made contributions of \$473,444 of which \$460,110 were discretionary contributions.

NewsBank Retirement Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

1. Plan Description (Cont.)

Participants' Accounts

Participants may also roll over part or all of an eligible distribution received from a prior employer's qualified plan.

Each participant's account is credited with the participant's contributions, the Company's contributions and Plan earnings. Participants may direct participant and employer contributions and any related earnings among any of the investment funds offered, which principally consist of Fidelity Investment Funds. Participants may change their investment options by notifying Fidelity Investments. 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.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company contribution portion of their account plus actual earnings is based on years of continuous service. A participant vests at the rate of 20% per year after two years of service and is 100% vested after six years of credited service.

Payment of Benefits

Upon termination of employment, a participant may receive a lump-sum amount equal to the vested value of his or her account. Upon disability retirement, a participant shall have a 100% vested interest in their account regardless of any vesting schedule. If an actively employed participant dies, their account shall become 100% vested and their designated beneficiary shall be entitled to their account balance. If a participant who has been terminated from the Company dies, their designated beneficiary shall be entitled to receive the participant's vested benefits in their account.

Participants may also make in-service withdrawals from all vested account balances upon attaining age 59½ and may make hardship withdrawals from their deferral contributions accounts.

NewsBank Retirement Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

1. Plan Description (Cont.)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000, limited to 50% of their vested account balance. Loan terms range from one to five years but may be extended for loans relating to the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate defined by the Plan. The interest rates charged range from 5.25% to 8.25%. Principal and interest is paid ratably through bi-weekly payroll deductions. There were \$454,769 and \$554,339 in outstanding loans at December 31, 2020 and 2019, respectively.

Administrative Expenses

The Company paid administrative expenses for the Plan from the forfeiture account in 2020 and 2019.

Plan Provision

The Plan intends to formally adopt the applicable provisions of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), which was signed into law on March 27, 2020. The CARES Act distribution provision allowed the Plan's participants to take a distribution up to \$100,000 or 100% of their vested balance, whichever is less, from the Plan beginning on or after January 1, 2020 and before December 31, 2020. Eligible participants who receive a distribution under the CARES Act were not subject to the standard early withdrawal penalty that generally applies to participants under the age of 59 ½. The CARES Act loan provision allowed the Plan's participants to take a loan up to \$100,000 or 100% of the participants vested balance, whichever is less, through September 22, 2020. In addition, the Plan plans to adopt the temporary loan repayment deferral provision of the CARES Act. The deferral provision to be adopted by the Plan allows qualified Plan participants who had loan repayments to suspend such repayments through December 31, 2020 and then reamortize the loan over the remaining period of the loan plus up to an additional 12 months. Pursuant to the CARES Act, the Plan also suspended all minimum required distributions for 2020 and allowed participants who had already taken their minimum required distributions to roll them back into the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principals generally accepted in the United States of America.

NewsBank Retirement Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

2. Summary of Significant Accounting Policies (Cont.)

Date of Management's Review

The Company evaluated all activity of the Plan through October 13, 2021, the date the financial statements were available to be issued, and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements or notes.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect reported amounts and disclosures. Actual results could differ from those estimates.

Risks and Uncertainties

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

The Plan invests in various investment options that invest in securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency because of a new strain of coronavirus (the "COVID-19 outbreak") and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

NewsBank Retirement Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

2. Summary of Significant Accounting Policies (Cont.)

Risks and Uncertainties (continued)

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has affected global economic activity and greatly contributed to instability in financial markets. Because the values of the Plan's investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Investment Valuation and Income Recognition

The trustee of the Plan, Fidelity Management Trust Company, holds the Plan's investments. Investments in money market and mutual funds are stated at their fair market value as determined by quoted market prices on the last business day of the Plan year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date.

Net Appreciation (Depreciation) In Fair Value of Investments

Realized and unrealized appreciation (depreciation) in the fair value of investments is based on the differences between the fair value of the investments at the beginning of the year, or at the time of purchase for investments purchased during the year, and the related fair value on the day investments are sold with respect to realized appreciation (depreciation), or on the last day of the year for unrealized appreciation (depreciation).

All realized and unrealized appreciation (depreciation) in the fair value of investments is shown in the accompanying Statement of Changes in Net Assets Available for Benefits as net appreciation in fair value of investments

NewsBank Retirement Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

2. Summary of Significant Accounting Policies (Cont.)

Payment of Benefits

Benefits are recorded when paid by the Plan.

Forfeited Accounts

Forfeitures of the non-vested portion of terminated participants' account balances related to the plan sponsor's contributions may first be used to pay the administrative expenses of the Plan. Forfeitures of matching contributions that relate to excess amounts that have not been used to pay administrative expenses, are applied to reduce matching contributions and discretionary contributions made after the forfeitures are determined. During the year ended December 31, 2020, \$7,959 of forfeitures were used to pay administrative expenses and no forfeitures were used to reduce employer contributions. At December 31, 2020 and 2019, forfeited non-vested accounts totaled \$18,920 and \$18,565, respectively. These accounts will be used to reduce future employer contributions and for payment of administrative expenses of the Plan.

3. Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

NewsBank Retirement Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

3. Fair Value Measurements (Cont.)

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Valuation Method

The registered investment companies, money market fund, and self-directed brokerage accounts in the Plan were measured under the above fair value hierarchy at year-end. This valuation method may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Assets Measured at Fair Value at December 31, 2020

	Level 1	Total
Mutual funds	\$ 44,178,666	\$ 44,178,666
Total assets at fair value	\$ 44,178,666	\$ 44,178,666

Assets Measured at Fair Value at December 31, 2019

	Level 1	Total
Mutual funds	\$ 36,273,219	\$ 36,273,219
Total assets at fair value	\$ 36,273,219	\$ 36,273,219

NewsBank Retirement Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

- 4. Plan Termination** Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.
- 5. Income Tax Status** The Plan is a 401(k) Prototype Profit Sharing Plan sponsored by Fidelity Management Trust Company, which received an Opinion Letter from the Internal Revenue Service dated March 31, 2014, stating that the form of the Prototype Plan was acceptable under Section 401 of the Internal Revenue Code for use by adopting employers and that an employer adopting the Plan could rely on the Opinion Letter with respect to the qualification of the Plan under Section 401(a) of the Internal Revenue Code.

The Plan has been amended since receiving the determination letter, including amendments made to comply with recent law changes. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code.

NewsBank Retirement Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

6. Information Certified by the Plan's Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the Plan trustee, has certified that all of the investments and investment-related activity presented in the statements of net assets available for benefits, statement of changes in net assets available for benefits and supplemental schedule of assets held for investment purposes as of December 31, 2020 and 2019 and for the year ended December 31, 2020 are complete and accurate. Such information has not been audited by independent auditors except for comparing such information with the related information included in the financial statements and supplemental schedule as of December 31, 2020 and 2019 and for the year ended December 31, 2020.

Investments, at Fair Value

<i>December 31,</i>	2020	2019
FID BLUE CHIP GR K	\$ 8,428,045	\$ 5,346,746
FID PURITAN K	3,562,297	2,865,298
FID FREEDOM 2030 K	2,782,154	2,171,313
FID CAP APPREC K	2,641,182	2,191,809
FID FREEDOM 2025 K	2,585,037	2,308,460
FID GOVT MMKT	2,549,910	2,671,292
FID FREEDOM 2035 K	2,133,311	1,817,436
FID 500 INDEX	1,812,965	1,911,915
FID MAGELLAN	1,655,869	1,696,769
FID FREEDOM 2020 K	1,536,604	1,423,095
FID INTERMED BOND	1,494,006	1,398,468
FID DIVERSIFD INTL	1,492,801	1,439,869
FID FREEDOM 2040 K	1,461,581	1,185,538
FID MID CAP STOCK	1,350,525	1,224,260
FID FREEDOM 2045 K	966,008	721,567
FID FREEDOM 2055 K	807,936	448,185
PIMCO TOT RETURN ADM	730,024	225,450
FID STK SEL SM CAP	674,806	541,770
FID FREEDOM 2050 K	622,143	429,748

NewsBank Retirement Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

**6. Information Certified by
the Plan's Trustee
(Cont.)**

Investments, at Fair Value

<i>December 31,</i>	2020	2019
FID EXTD MKT IDX	574,456	398,783
FID LOW PRICED STK	524,916	573,206
FID FREEDOM 2015 K	512,089	464,176
FID FREEDOM 2010 K	484,003	391,143
VRTS C MDCP VAL EQ I	381,462	494,362
FIDELITY CASH RESERVES MMKT	331,559	55,638
FID FREEDOM 2005 K	309,074	256,135
COLUMBIA DIV INC A	289,702	445,133
FID SELECT (INDUSTRIES)	251,917	176,524
FID FREEDOM 2060 K	211,114	149,747
COHEN & STEERS RLTY	146,961	195,353
FID INTL INDEX	103,481	106,449
INVS EM ALL CAP A	96,281	0
FIDELITY BLUE CHIP GROWTH	70,900	31,167
NORTHERN SM CAP VAL	61,032	89,545
BLACKROCK GLOBAL SCIENCE & TECH CL A	55,932	13,273
FID FREEDOM INC K	52,004	44,344
FIDELITY OTC PORT	50,963	27,263
FIRSTHAND E-COMMERCE	40,151	11,395
FIDELITY NASDAQ COMPOSITE INDEX	34,379	15,583
FIDELITY TREND	30,536	11,538
ALGER GROWTH OPPORTUNITIES CL A	25,444	16,058
FIDELITY CONTRAFUND II	22,830	20,884
MORGAN STAN INSTL TR MID CAP GRWTH	20,469	0
FIDELITY CONTRAFUND	18,765	37,213
FIDELITY TECHNOQUANT GROWTH	18,281	15,727
FID FREEDOM 2065 K	17,228	2,809
MORGAN STANLEY GLOBAL OPPORTUNITY A	16,509	9,541

NewsBank Retirement Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

6. Information Certified by the Plan's Trustee (Cont.)

Investment activity:

<i>December 31,</i>	2020	2019
JANUS FORTY FUND CL T	15,763	9,691
DODGE & COX STOCK	14,553	7,307
FIDELITY 500 INDEX INSTITUTIONAL PREM	13,926	6,503
FIDELITY BALANCED	13,523	6,132
FID LARGE CAP GROWTH ENHANCED INDEX	13,027	5,622
FIDELITY EQUITY INCOME II	12,020	20,823
FID S/T TREASURY BOND INDX INSTL PREM	11,010	10,546
PIMCO LONG DURATION TOTAL RETURN CL A	9,896	5,605
ALLIANZ AGIC CONVERTIBLE FD CL A	8,975	0
FIDELITY LARGE CAP STOCK	6,162	5,653
BARON GLOBAL ADVANTAGE FD RETAIL	6,030	0
FID INTER TREASURY BOND INDX INST PREM	4,024	0
VANGUARD SMALL-CAP INDEX ADMIRAL	3,991	10,579
AMERICAN BEACON ARK TRANS INNOVTN INV	3,762	0
MORGAN STA INST US LGE CAP GRWTH	2,362	0
INVS DEVELOP MKTS A	0	91,249
RED OAK TECHNOLOGY SELECT	0	17,457
FIDELITY EMERGING MARKETS	0	3,054
FIDELITY REAL ESTATE INVESTMENT	0	1,020
Total investments	44,178,666	36,273,219
Participant loans	\$454,769	\$554,339
Interest and dividend income	\$2,200,380	
Interest on notes receivable	\$25,845	
Net appreciation in fair value of investments	\$6,405,300	

7. Related Party Transactions

Plan investments are shares of mutual funds principally managed by Fidelity Investments. Fidelity Investments is an affiliate of the trustee and, therefore, these transactions qualify as party-in-interest transactions.

Supplemental Schedule



NewsBank

Retirement Savings Plan

Schedule H, Part IV, Line 4i - Schedule of Assets

(Held at End of Year)

December 31, 2020

EIN: 06-1084869

Plan Number: 001

(a) (b) Identity of Issuer, 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
* FID BLUE CHIP GR K	Mutual Fund	a	\$8,428,045
* FID PURITAN K	Mutual Fund	a	3,562,297
* FID FREEDOM 2030 K	Mutual Fund	a	2,782,154
* FID CAP APPREC K	Mutual Fund	a	2,641,182
* FID FREEDOM 2025 K	Mutual Fund	a	2,585,037
* FID GOVT MMKT	Money Market Fund	a	2,549,910
* FID FREEDOM 2035 K	Mutual Fund	a	2,133,311
* FID 500 INDEX	Mutual Fund	a	1,812,965
* FID MAGELLAN	Mutual Fund	a	1,655,869
* FID FREEDOM 2020 K	Mutual Fund	a	1,536,604
* FID INTERMED BOND	Mutual Fund	a	1,494,006
* FID DIVERSIFD INTL	Mutual Fund	a	1,492,801
* FID FREEDOM 2040 K	Mutual Fund	a	1,461,581
* FID MID CAP STOCK	Mutual Fund	a	1,350,525
* FID FREEDOM 2045 K	Mutual Fund	a	966,008
* FID FREEDOM 2055 K	Mutual Fund	a	807,936
PIMCO TOT RETURN ADM	Mutual Fund	a	730,024
* FID STK SEL SM CAP	Mutual Fund	a	674,806
* FID FREEDOM 2050 K	Mutual Fund	a	622,143
* FID EXTD MKT IDX	Mutual Fund	a	574,456
* FID LOW PRICED STK	Mutual Fund	a	524,916
* FID FREEDOM 2015 K	Mutual Fund	a	512,089
* FID FREEDOM 2010 K	Mutual Fund	a	484,003
VRTS C MDCP VAL EQ I	Mutual Fund	a	381,462
* FIDELITY CASH RESERVES MMKT	Money Market Fund	a	331,559
* FID FREEDOM 2005 K	Mutual Fund	a	309,074
COLUMBIA DIV INC A	Mutual Fund	a	289,702
* FID SELECT (INDUSTRIES)	Mutual Fund	a	251,917
* FID FREEDOM 2060 K	Mutual Fund	a	211,114
COHEN & STEERS RLTY	Mutual Fund	a	146,961

See accompanying Independent Auditor's Report

NewsBank

Retirement Savings Plan
Schedule H, Part IV, Line 4i - Schedule of Assets
(Held at End of Year)

(a) (b) Identity of Issuer, 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
* FID INTL INDEX	Mutual Fund	a	\$103,481
INVS EM ALL CAP A	Mutual Fund	a	96,281
* FIDELITY BLUE CHIP GROWTH	Mutual Fund	a	70,900
NORTHERN SM CAP VAL	Mutual Fund	a	61,032
BLACKROCK GLOBAL SCIENCE & TECH CL A	Mutual Fund	a	55,932
* FID FREEDOM INC K	Mutual Fund	a	52,004
* FIDELITY OTC PORT	Mutual Fund	a	50,963
FIRSTHAND E-COMMERCE	Mutual Fund	a	40,151
* FIDELITY NASDAQ COMPOSITE INDEX	Mutual Fund	a	34,379
* FIDELITY TREND	Mutual Fund	a	30,536
ALGER GROWTH OPPORTUNITIES CL A	Mutual Fund	a	25,444
* FIDELITY CONTRAFUND II	Mutual Fund	a	22,830
MORGAN STAN INSTL TR MID CAP GRWTH	Mutual Fund	a	20,469
* FIDELITY CONTRAFUND	Mutual Fund	a	18,765
* FIDELITY TECHNOQUANT GROWTH	Mutual Fund	a	18,281
* FID FREEDOM 2065 K	Mutual Fund	a	17,228
MORGAN STANLEY GLOBAL OPPORTUNITY	Mutual Fund	a	16,509
JANUS FORTY FUND CL T	Mutual Fund	a	15,763
DODGE & COX STOCK	Mutual Fund	a	14,553
* FIDELITY 500 INDEX INSTITUTIONAL PREM	Mutual Fund	a	13,926
* FIDELITY BALANCED	Mutual Fund	a	13,523
* FID LARGE CAP GROWTH ENHANCED INDEX	Mutual Fund	a	13,027
* FIDELITY EQUITY INCOME II	Mutual Fund	a	12,020
* FID S/T TREASURY BOND INDX INSTL PREM	Mutual Fund	a	11,010
PIMCO LONG DURATION TOTAL RETURN CL	Mutual Fund	a	9,896

See accompanying Independent Auditor's Report

NewsBank

Retirement Savings Plan
Schedule H, Part IV, Line 4i - Schedule of Assets
(Held at End of Year)

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ALLIANZ AGIC CONVERTIBLE FD CL A	Mutual Fund	a	8,975
* FIDELITY LARGE CAP STOCK	Mutual Fund	a	6,162
BARON GLOBAL ADVANTAGE FD RETAIL	Mutual Fund	a	6,030
* FID INTER TREASURY BOND INDX INST PRE]	Mutual Fund	a	4,024
VANGUARD SMALL-CAP INDEX ADMIRAL	Mutual Fund	a	3,991
AMERICAN BEACON ARK TRANS INNOVTN]	Mutual Fund	a	3,762
MORGAN STA INST US LGE CAP GRWTH	Mutual Fund	a	2,362
			44,178,666
* Participant loans - at interest rates ranging from 5.25%-8.25%		\$0	454,769
			\$44,633,435

a - Cost omitted for participant directed investments.

* - A party-in-interest as defined by ERISA

See accompanying Independent Auditor's Report.

NewsBank

Retirement Savings Plan

Schedule H, Part IV, Line 4i - Schedule of Assets

(Held at End of Year)

December 31, 2020

EIN: 06-1084869

Plan Number: 001

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* FID 500 INDEX	Mutual Fund	a	1,812,965
* FID MAGELLAN	Mutual Fund	a	1,655,869
* FID FREEDOM 2020 K	Mutual Fund	a	1,536,604
* FID INTERMED BOND	Mutual Fund	a	1,494,006
* FID DIVERSIFD INTL	Mutual Fund	a	1,492,801
* FID FREEDOM 2040 K	Mutual Fund	a	1,461,581
* FID MID CAP STOCK	Mutual Fund	a	1,350,525
* FID FREEDOM 2045 K	Mutual Fund	a	966,008
* FID FREEDOM 2055 K	Mutual Fund	a	807,936
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* FID FREEDOM 2060 K	Mutual Fund	a	211,114
COHEN & STEERS RLTY	Mutual Fund	a	146,961

See accompanying Independent Auditor's Report

NewsBank

Retirement Savings Plan
Schedule H, Part IV, Line 4i - Schedule of Assets
(Held at End of Year)

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* FIDELITY TECHNOQUANT GROWTH	Mutual Fund	a	18,281
* FID FREEDOM 2065 K	Mutual Fund	a	17,228
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DODGE & COX STOCK	Mutual Fund	a	14,553
* FIDELITY 500 INDEX INSTITUTIONAL PREM	Mutual Fund	a	13,926
* FIDELITY BALANCED	Mutual Fund	a	13,523
* FID LARGE CAP GROWTH ENHANCED INDEX	Mutual Fund	a	13,027
* FIDELITY EQUITY INCOME II	Mutual Fund	a	12,020
* FID S/T TREASURY BOND INDX INSTL PREM	Mutual Fund	a	11,010
PIMCO LONG DURATION TOTAL RETURN CL	Mutual Fund	a	9,896

See accompanying Independent Auditor's Report

NewsBank

Retirement Savings Plan
Schedule H, Part IV, Line 4i - Schedule of Assets
(Held at End of Year)

(a) (b) Identity of Issuer, 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
ALLIANZ AGIC CONVERTIBLE FD CL A	Mutual Fund	a	8,975
* FIDELITY LARGE CAP STOCK	Mutual Fund	a	6,162
BARON GLOBAL ADVANTAGE FD RETAIL	Mutual Fund	a	6,030
* FID INTER TREASURY BOND INDX INST PRE]	Mutual Fund	a	4,024
VANGUARD SMALL-CAP INDEX ADMIRAL	Mutual Fund	a	3,991
AMERICAN BEACON ARK TRANS INNOVTN]	Mutual Fund	a	3,762
MORGAN STA INST US LGE CAP GRWTH	Mutual Fund	a	2,362
			44,178,666
* Participant loans - at interest rates ranging from 5.25%-8.25%		\$0	454,769
			\$44,633,435

a - Cost omitted for participant directed investments.

* - A party-in-interest as defined by ERISA

See accompanying Independent Auditor's Report.