

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="text-align: center; font-size: large;">2022</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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 the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>CLEVELAND NEWSPAPERS, INC. 401(K) PROFIT SHARING RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>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>CLEVELAND NEWSPAPERS, INC.</u> <u>WALLS NEWSPAPERS CONSULTANTS INC.</u> <u>3170 GREEN VALLEY ROAD</u> <u>SUITE 120</u> <u>VESTAVIA HILLS, AL 35243-5239</u></p>	<p>1c Effective date of plan <u>12/01/1978</u></p> <p>2b Employer Identification Number (EIN) <u>62-0569520</u></p> <p>2c Plan Sponsor's telephone number <u>205-870-1684</u></p> <p>2d Business code (see instructions) <u>511110</u></p>

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.	09/18/2023	SARAH IRELAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 124
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 96 6a(2) 0 6b 3 6c 48 6d 51 6e 0 6f 51 6g 51 6h 7
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: 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> ¹ A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

A Name of plan CLEVELAND NEWSPAPERS, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CLEVELAND NEWSPAPERS, INC.	D Employer Identification Number (EIN) 62-0569520

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	803663-000	51	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 7048
--	--

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BUSINESS PLANNING, INC. 2075 COLUMBIANA ROAD, SUITE 1
BIRMINGHAM, AL 35216

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	7048	TPA FEES	5

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.		
4	Current value of plan's interest under this contract in the general account at year end.....	4 0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5 2388832
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ STABLE VALUE OPTION		
b	Balance at the end of the previous year	7b 636149
c	Additions: (1) Contributions deposited during the year	7c(1) 9090
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 3961
	(4) Transferred from separate account.....	7c(4) 2342
	(5) Other (specify below)..... ▶ CONVERSION ASSETS, EBA CREDITS, FORFEITURE CREDITS, LOAN INTEREST, LOAN PRINCIPAL	7c(5) 18921
	(6) Total additions.....	7c(6) 34314
d	Total of balance and additions (add lines 7b and 7c(6))	7d 670463
e Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 472118
	(2) Administration charge made by carrier.....	7e(2) 2249
	(3) Transferred to separate account.....	7e(3) 6203
	(4) Other (specify below)..... ▶ 3(21) INVESTMENT FIDUCIARY FEE, ADMIN FEE, EBA WITHDRAWALS, FORFEITURE WITHDRAWALS, DISTRIBUTION FEES	7e(4) 23655
	(5) Total deductions.....	7e(5) 504225
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 166238

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

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount		10b	
Specify nature of costs.			

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>CLEVELAND NEWSPAPERS, INC. 401(K) PROFIT SHARING RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CLEVELAND NEWSPAPERS, INC.</u>	D Employer Identification Number (EIN) <u>62-0569520</u>	

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

TRANSAMERICA LIFE INSURANCE CO

39-0989781

(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)

SUTTON FINANCIAL GROUP

25-2024109

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY - PL	14353	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BUSINESS PLANNING, INC.

63-0673887

(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?
15 37 64	RECORDKEEPER	7001	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(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?
15 37 52 62 64 67	RECORDKEEPER	6663	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<p>A Name of plan <u>CLEVELAND NEWSPAPERS, INC. 401(K) PROFIT SHARING RETIREMENT PLAN</u></p>	<p>B Three-digit plan number (PN) ▶</p>	<p><u>002</u></p>
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<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CLEVELAND NEWSPAPERS, INC.</u></p>	<p>D Employer Identification Number (EIN) <u>62-0569520</u></p>
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Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR FOCUS EMERGING MAR

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-288</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>124</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERGING MARKETS INDEX

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-117</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>119</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AB SMALL CAP GROWTH RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-509</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1291</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO AMERICAN VALUE RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-580</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>754</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING SMALL COMPANY VALUE RET O

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-256</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2277</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID-CAP VALUE RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-214</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>47</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MAINSTAY MACKAY HIGH YIELD CORPORAT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-310</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3745</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DEVELOPING MARKETS RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-471	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3147
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-313	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3239
a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST EAGLE OVERSEAS RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-291	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4453
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD SMALL-CAP GROWTH INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-106	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3543
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA ACORN INTERNATIONAL RET OP		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-284	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4776
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON MID CAP GROWTH RET OP		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-542	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2995
a Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG INTERNATIONAL EQUITY RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-131	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5246
a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE APPRECIATION RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-378	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4544
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY GOVERNMENT BOND RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-355	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6232
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY INFLATION-ADJUSTED		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-266	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6191

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIELD BO		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-434	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2841
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR NEW INSIGHTS RET O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-290	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9216
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP EQUITY RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-533	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 699
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-473	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9736
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2055 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11857
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-312	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10038
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA MID CAP VALUE OPPORTUN		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-427	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 660
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO MAIN STREET RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-242	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4459
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR LEVERAGED COMPANY		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-247	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4418
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LARGE CAP VALU		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-120	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15929

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY DIVIDEND RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-240	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19057
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-587	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6751
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF AMERI		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-250	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11754
a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE IVY SCIENCE AND TECHNOLOGY		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-271	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9380
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN EXTENDED DURATION RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-145	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19524
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-216	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6266
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE GROWTH STOCK RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-606	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14538
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN REAL ESTATE RET OP		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-538	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28634
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASHINGTON MUTUAL IN		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-235	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40088
a Name of MTIA, CCT, PSA, or 103-12 IE: ALGER HEALTH SCIENCES RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-354	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44671

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-232	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66188
a Name of MTIA, CCT, PSA, or 103-12 IE: AEGON BALANCED RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-119	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57990
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANS ASST ALLC-CNSV PRTF RT OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-052	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116787
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANS ASSET ALLOC-MD PRTF RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-053	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1098016
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANS ASST ALLC-MOD GR PRTF RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-054	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 372665
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMER ASST ALLC-GR PRTF RT OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-055	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33142
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2025 RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-049	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 268364
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP INDEX 2045 RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1019
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS EUROPACIFIC GR RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-068	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2985
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN SMALL CAP SELECT RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2082

a Name of MTIA, CCT, PSA, or 103-12 IE: **LOOMIS SAYLES INV GRADE BD RT OPT**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-0989781-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10132
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a Name of MTIA, CCT, PSA, or 103-12 IE: **OPPENHEIMER INTL BOND RET OPT**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-0989781-089	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5176
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TA BLACKROCK LP INDEX 2035 RET OPT**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-0989781-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28793
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NUVEEN SMALL CAP VALUE RET OPT**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-0989781-077	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2252
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

A Name of plan CLEVELAND NEWSPAPERS, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CLEVELAND NEWSPAPERS, INC.	D Employer Identification Number (EIN) 62-0569520	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	9752	41
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	38806	13011
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	3830162	2388832
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	636149	166239
(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	4514869	2568123
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	7420	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	7420	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4507449	2568123

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	82221	
(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)		82221
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	911	
(F) Other.....	2b(1)(F)	3958	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		4869
(2) Dividends: (A) Preferred stock.....			
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....			
(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)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....			
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-627399
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-540309
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1375220	
(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)		1375220
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)		
(2) Contract administrator fees.....	2i(2)	19767	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4030	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		23797
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1399017
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-1939326
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

- (1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: **DISHONGH, JANKOWSKI & EUBANK, P.C.**

(2) EIN: **36-4476804**

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?.....	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>CLEVELAND NEWSPAPERS, INC. 401(K) PROFIT SHARING RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CLEVELAND NEWSPAPERS, INC.</u>	D Employer Identification Number (EIN) <u>62-0569520</u>	

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

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

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

1	0
---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 39-0989781

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CLEVELAND NEWSPAPERS, INC.
401(k) PROFIT SHARING RETIREMENT PLAN
Birmingham, Alabama

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

December 31, 2022 and 2021

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN

Financial Statements and Supplemental Schedules

Years Ended December 31, 2022 and 2021

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INDEPENDENT AUDITOR'S REPORT

820 Gessner Rd., Suite 1150
Houston, Texas 77024
(713) 932-6700
Fax (713) 932-6124

The Board of Trustees of
Cleveland Newspapers, Inc. 401(k) Profit Sharing Retirement Plan:

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

We have performed audits of the accompanying financial statements of Cleveland Newspapers, Inc. 401(k) Profit Sharing Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Cleveland Newspapers, Inc. 401(k) Profit Sharing Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Cleveland Newspapers, Inc. 401(k) Profit Sharing Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Cleveland Newspapers, Inc. 401(k) Profit Sharing Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Cleveland Newspapers, Inc. 401(k) Profit Sharing Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Cleveland Newspapers, Inc. 401(k) Profit Sharing Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of Assets Held for Investment and Reportable Transaction are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Dishongh, Jankowski & Eubank, P.C.

Dishongh, Jankowski & Eubank, P.C.
Certified Public Accountants
Houston, Texas
September 5, 2023

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****As Of December 31, 2022 and 2021**

	<u>2022</u>	<u>2021</u>
ASSETS		
INVESTMENTS (AT FAIR VALUE)		
Cash	\$ 0	\$ 0
Funds held in insurance company pooled general accounts:		
Transamerica guaranteed investment contract	166,239	636,149
Transamerica pooled separate accounts.	<u>2,388,832</u>	<u>3,830,162</u>
	2,555,071	4,466,311
RECEIVABLES		
Employee contributions	41	9,752
Notes receivable from participants	<u>13,011</u>	<u>38,806</u>
	13,052	48,558
TOTAL ASSETS	2,568,123	4,514,869
LIABILITIES		
Benefits payable	<u>0</u>	<u>7,420</u>
TOTAL LIABILITIES	0	7,420
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,568,123</u>	<u>\$ 4,507,449</u>

See Accompanying Notes and Independent Auditors' Report

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For The Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation)		
in fair value of investments	\$ (627,399)	\$ 406,743
Interest and dividends	<u>4,869</u>	<u>9,202</u>
	(622,530)	415,945
Contributions:		
Participants'	82,221	133,151
Employers'	<u>0</u>	<u>0</u>
	82,221	133,151
TOTAL ADDITIONS	(540,309)	549,096
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	1,375,220	915,101
Administration expenses	<u>23,797</u>	<u>20,672</u>
TOTAL DEDUCTIONS	1,399,017	935,773
NET INCREASE (DECREASE)	(1,939,326)	(386,677)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>4,507,449</u>	<u>4,894,126</u>
END OF YEAR	<u>\$ 2,568,123</u>	<u>\$ 4,507,449</u>

See Accompanying Notes and Independent Auditors' Report

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
For The Years Ended December 31, 2022 and 2021

NOTE A -- DESCRIPTION OF PLAN

The following description of the Cleveland Newspapers, Inc. ("Company") 401(k) Profit Sharing Retirement Plan ("Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

1. **General.** The Plan is a defined contribution plan covering all employees of the Company who have attained age 21 and have completed one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees must first complete one year of services as defined by the plan and have attained age 21, to be eligible to participate. Entry dates are "Semi-Annual", occurring the first day of the first month (January 1st) and of the seventh month (July 1st) of the Plan year.
2. **Contributions.** Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the Plan, or the lesser of the maximum contribution limits as defined by the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company contributed 50 percent of the first 6 percent of base compensation that a participant contributed to the Plan. The Company suspended Matching contributions as April 30, 2020. Matching contributions are discretionary and will be determined each year by the Company's board of directors. Additional amounts may be contributed at the option of the Company's board of directors. All contributions are invested in investment options directed by the participant. Contributions are subject to certain limitations.
3. **Participant Accounts.** Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) the Plan earnings, and charged with (a) an allocation of administrative expenses and, (b) withdrawals and distributions. 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.
4. **Vesting.** Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested in Company matching and discretionary contributions after six years of credited service or earlier upon the decision to terminate the plan.
5. **Participant Withdrawals.** Prior to attaining age 59 1/2, participants may make withdrawals from their salary deferral contribution account exclusive of the income allocated to the account but only if they have a qualifying hardship as defined by the Internal Revenue Service.

See Independent Auditors' Report

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS -- #2

For The Years Ended December 31, 2022 and 2021

NOTE A -- DESCRIPTION OF PLAN (continued)

6. **Investment Options.** All investment funds of the Plan are participant directed.
7. **Notes Receivable from Participants.** Participants may borrow from their vested account balance a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the Participant's vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with prevailing interest rates charged on similar commercial loans under the same circumstances by persons in business of lending money. Principal and interest is paid ratably through bi-weekly payroll deductions.
8. **Payment of Benefits.** On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's accounts or choose an installment plan. For termination of service due to other reasons, a participant will receive the value of the vested interest in his or her account as a lump-sum distribution.
9. **Forfeited Accounts.** At December 31, 2022 and 2021, forfeited balances of terminated participants' non-vested accounts (non-vested forfeitures) totaled \$0 and \$2,612, respectively. Non-vested forfeitures are treated as Company contributions. Forfeitures can be used to pay Plan expense or reduce employer contributions.

Date of Management's Review: Management has evaluated subsequent events through September 5, 2023, the date on which the financial statements were available to be issued.

NOTE B -- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared using the accrual method of accounting from information supplied by the Company, the Plan administrator/custodian.

Estimates

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

See Independent Auditors' Report

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS -- #3
For The Years Ended December 31, 2022 and 2021

NOTE B -- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Investments in pooled funds for which there is not a readily ascertainable market value are valued at a fair value determined in good faith by the Trustee.

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

Payment of Benefits

Benefits are recorded when paid.

NOTE C -- PLAN TERMINATION

The Plan sponsor has made the decision to terminate the Plan. The termination of the Plan shall not reduce any of the participants' accrued benefits at such time. See Note M.

NOTE D -- RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Transamerica Retirement Solutions Corporation (Transamerica). Transamerica are trustees as defined by the Plan and, therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$23,000 and \$21,400 for the years ended December 31, 2022 and 2021, respectively.

NOTE E -- TAX STATUS

The Internal Revenue Service has determined and informed the Sponsor by a letter dated December 12, 2001, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter, the Plan Administrator and Plan's tax counsel believe the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

See Independent Auditors' Report

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS -- #4

For The Years Ended December 31, 2022 and 2021

NOTE F -- INFORMATION PREPARED AND CERTIFIED BY BANK OF TEXAS

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Transamerica Retirement Solutions, a division of Transamerica Life Insurance Company.

	<u>2022</u>	<u>2021</u>
<u>Investments, at fare value:</u>		
Pooled separate accounts	\$ 2,388,832	\$ 3,830,162
Guaranteed Investment Contracts	166,239	636,149
Notes receivable from participants	13,011	38,806
Investment Income (Loss)	(623,441)	412,662

NOTE G – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The method used to measure fair value may produce an amount 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 measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy under Accounting Standards Codification ("ASC") 820-10 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, Level 2, inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There were Level 1, 2 and 3 inputs included for the years ended December 31, 2022 and 2021.

Following is a description of the valuation methodologies used for assets measure at fair value. There have been no changes to the methodologies used at December 31, 2022 and 2021.

Pooled separate account funds & Pooled mutual funds: Valued at the fair value of the shares in the collective trust, as determined by the fair value of the underlying investments/mutual funds.

See Independent Auditors' Report

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS -- #5

For The Years Ended December 31, 2022 and 2021

NOTE G – FAIR VALUE MEASUREMENTS (Continued)

Guaranteed investment contracts: These are fully benefit-responsive investments. In accordance with Statement of Financial Accounting Standards 107(#12) and Statement of Position 94-4-1, the fair value of the guaranteed investment contracts are determined by their contract value. Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for the six-month period.

The Stable Value Core Option interest rates at year end were as follows:

December 31, 2022: Average Rate – .83%, Closing Rate – .90%, Lowest Rate – .75%

December 31, 2021: Average Rate – .75%, Closing Rate – .75%, Lowest Rate – .75%

Participant loans: Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value.

	Level 1	Level 2	Level 3	Total
At December 31, 2022:				
Funds held with insurance company in:				
Pooled separate accounts	\$ 2,388,832	\$ 0	\$ 0	\$ 2,388,832
Guaranteed Investment Contracts	0	166,239	0	166,239
Notes receivable from participants	0	0	13,011	13,011
	<u>\$ 2,388,832</u>	<u>\$ 166,239</u>	<u>\$ 13,011</u>	<u>\$ 2,568,082</u>
At December 31, 2021:				
Funds held with insurance company in:				
Pooled separate accounts	\$ 3,146,337	\$ 683,825	\$ 0	\$ 3,830,162
Guaranteed Investment Contracts	0	636,149	0	636,149
Notes receivable from participants	0	0	38,806	38,806
	<u>\$ 3,146,337</u>	<u>\$ 1,319,974</u>	<u>\$ 38,806</u>	<u>\$ 4,505,117</u>

See Independent Auditors' Report

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS -- #6

For The Years Ended December 31, 2022 and 2021

NOTE G – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended:

Notes receivable form participants:	<u>2022</u>	<u>2021</u>
Balance at beginning of the year	\$ 38,806	\$ 53,247
Purchases, sales, issuances and settlements, net	<u>(25,795)</u>	<u>(14,441)</u>
Balance at the end of the year	<u>\$ 13,011</u>	<u>\$ 38,806</u>

For the years ended December 31, 2022 and 2021, 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 \$(623,441) and \$412,662, respectively as follows:

	<u>Level</u>	<u>2022</u>	<u>2021</u>
Net change in Fair Values of Investments:			
Pooled separate accounts	1	\$ (627,399)	\$ 332,933
Pooled separate accounts	2	0	73,810
Guaranteed investment contracts	2	<u>3,958</u>	<u>5,919</u>
		<u>\$ (623,441)</u>	<u>\$ 412,662</u>

NOTE H – INVESTMENTS

Participant directed investments, including the following list that represent 5 percent or more of the Plan's net assets, are as follows:

	<u>2022</u>	<u>2021</u>
<u>Pooled Separate Accounts:</u>		
Transamerica - Asset Allocation Conservative Portfolio	\$ 0	\$ 259,773
Transamerica - LifeGoal 2025 with BlackRock	268,364	302,718
Transamerica - Asset Allocation - Moderate Growth Portfolio	372,665	648,017
Transamerica - Asset Allocation - Moderate Portfolio	1,098,016	1,522,239
<u>Guaranteed Investment Contracts:</u>		
Transamerica - Stable Value Core Option	<u>166,239</u>	<u>632,763</u>
	<u>\$ 1,905,284</u>	<u>\$ 3,365,510</u>

See Independent Auditors' Report

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS -- #7

For The Years Ended December 31, 2022 and 2021

NOTE I -- EXPENSES OF THE PLAN

The Company may pay administrative and trust expenses in whole or in part. All expenses not paid by the Company shall be paid by the Plan. Audit fees paid by the Company and not charged to the Plan amounted to \$21,703 and \$20,600 for the years ended December 31, 2022 and 2021, respectively. The Sponsor also pays the salaries of the benefits coordinator and other personnel who perform services for the Plan as part of their duties. These expenses are not recorded as Plan expenses.

NOTE J -- ERISA BOND REQUIREMENTS

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total assets and is required to be at least equal to the lesser of 10% of the plan's assets at the beginning of the year or \$500,000. At December 31, 2022 and 2021, the Plan's sponsor-maintained bond coverage in the amount of \$1,000,000.

NOTE K – EMPLOYER MATCHING CONTRIBUTIONS SUSPENDED

Effective May 1, 2020, the Plan sponsor suspended discretionary matching contributions citing economic reasons.

NOTE L – RISKS AND UNCERTAINTIES

The Plan offers 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 statement of net assets available for benefits.

NOTE M – PLAN AMENDMENTS and TERMINATION

Effective September 30, 2022, the Plan was formally amended and restated to “freeze” the plan, whereas the Plan is terminated and frozen as to eligibility and benefits. This means no new employees can become eligible for participation in the Plan and no contributions can be made to the Plan as of September 30, 2022. All benefits became fully vested.

NOTE N – SUBSEQUENT EVENTS

The Plan was formally terminated on September 30, 2022. See Note M. All of the Plan's assets were either distributed or transferred, as elected by each participant, by August 17, 2023.

See Independent Auditors' Report

SUPPLEMENTARY INFORMATION

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2022

(PN 002)

(FEIN: 62-0569520)

Form 5500, Schedule H, Part IV, Line 4i:

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) Current Value at 12/31/22
*	Transamerica AEGON Balanced Ret Opt	Stock & Bond Fund	57,990
*	Transamerica Aegon US Core Plus Ret Opt	Bond Fund	10,038
*	Transamerica Aegon US High Yield Ret Opt	Stock & Bond Fund	3,745
*	Transamerica Alger health Sciences Ret Opt	Stock & Bond Fund	44,671
*	Transamerica Alliance Bernstein Small Cap Growth Ret Opt	Stock Fund	1,291
*	Transamerica Allspring Small Cap Value Ret Opt	Stock Fund	2,277
*	Transamerica American Century Government Bond Ret Opt	Bond Fund	6,232
*	Transamerica American Century Inflation-Adjusted Bond Ret Opt	Bond Fund	6,191
*	Transamerica American Funds Balanced Ret Opt	Stock & Bond Fund	66,188
*	Transamerica American Funds EuroPacific Growth Ret Opt	Stock & Bond Fund	2,985
*	Transamerica American Funds Growth Fund of America Ret Opt	Stock & Bond Fund	11,754
*	Transamerica American Funds Washington Mutual Investors Ret Opt	Stock Fund	40,088
*	Transamerica Blackrock Equity Dividend Ret Opt	Stock Fund	19,057
*	Transamerica Blackrock Mid Cap Value Opportunities Ret Opt	Stock Fund	47
*	Transamerica Clearbridge Appreciation Ret Opt	Stock Fund	4,544
*	Transamerica Columbia Acorn International Ret Opt	Stock Fund	4,776
*	Transamerica Delaware Ivy Science & Technology Ret Opt	Stock & Bond Fund	9,381
*	Transamerica Fidelity Advisor Emerging Markets Ret Opt	Stock Fund	124
*	Transamerica Fidelity Advisor Leveraged Company Stock Ret Opt	Stock & Bond Fund	4,418
*	Transamerica First Eagle Overseas Ret Opt	Stock & Bond Fund	4,453
*	Transamerica Invesco American Value Ret Opt	Stock Fund	754
*	Transamerica Invesco Developing Markets Ret Opt	Stock Fund	3,147
*	Transamerica Invesco Global Ret Opt	Bond Fund	6,266
*	Transamerica Invesco International Bond Ret Opt	Stock Fund	5,176
*	Transamerica Invesco Main Street Ret Opt	Stock Fund	4,459
*	Transamerica Invesco Small Cap Equity Ret Opt	Stock Fund	699
*	Transamerica JPMorgan Extended Duration Ret Opt	Bond Fund	19,524
*	Transamerica Loomis Sayles Investment Grade Bond Ret Opt	Bond Fund	10,132
*	Transamerica Neuberger Berman Real Estate Ret Opt	Stock Fund	28,634
*	Transamerica Pimco Real Return Ret Opt	Bond Fund	9,737
*	Transamerica Prudential Jennison Mid Cap Growth Ret Opt	Stock Fund	2,995
*	Transamerica SSgA Emerging Markets Index Ret Opt	Stock Fund	119
*	Transamerica SSgA Russell Large Cap Value Index Ret Opt	Stock Fund	15,929
*	Transamerica T. Rowe Price Growth Stock Ret Opt	Stock Fund	14,538

Note: an * in column (a) indicates a party in interest

See Accompanying Notes and Independent Auditors' Report

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2022

(PN 002)

(FEIN: 62-0569520)

Form 5500, Schedule H, Part IV, Line 4i:

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) Current Value at 12/31/22
*	Transamerica TA LifeGoal 2025 with BlackRock	Stock & Bond Fund	268,364
*	Transamerica TA LifeGoal 2035 with BlackRock	Stock & Bond Fund	28,793
*	Transamerica TA LifeGoal 2045 with BlackRock	Stock & Bond Fund	1,019
*	Transamerica TA LifeGoal 2055 with BlackRock	Stock & Bond Fund	11,857
*	Transamerica TA Vanguard Small-Cap Growth Index Ret Opt	Stock Fund	3,543
*	Transamerica Templeton Global Bond Ret Opt	Bond Fund	3,239
*	Transamerica Thornburg International Value Ret Opt	Stock Fund	5,246
*	Transamerica Transamerica Asset Allocation-Conservative Portfolio Op	Stock & Bond Fund	116,787
*	Transamerica Transamerica Asset Allocation-Growth Portfolio Ret Opt	Stock & Bond Fund	33,142
*	Transamerica Transamerica Asset Allocation-Moderate Growth Ret Op	Stock & Bond Fund	372,665
*	Transamerica Transamerica Asset Allocation-Moderate Portfolio Ret Oj	Stock & Bond Fund	1,098,016
*	Transamerica Transamerica Large Cap Growth Ret Opt	Stock & Bond Fund	9,216
*	Transamerica Transamerica Mid Cap Value Ret Opt	Stock Fund	660
*	Transamerica Transamerica Partners High Yield Bond Ret Opt	Bond Fund	2,841
*	Transamerica Transamerica Partners Stock Index Ret Opt	Stock Fund	6,751
*	Transamerica Transamerica Small Cap Growth Ret Opt	Stock Fund	2,082
*	Transamerica Transamerica Small Cap Value Ret Opt	Stock Fund	2,252
*	Transamerica Transamerica Stable Value Core Option	Cash Equivalent fund (1%)	166,239
*	Transamerica Participant loans	4.25% to 5.5%	13,011
			\$ 2,568,082

Note: an * in column (a) indicates a party in interest

See Accompanying Notes and Independent Auditors' Report

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

(PN 002)

(FEIN: 62-0569520)

Form 5500, Schedule H, Part IV, Line 4i:

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) Current Value at 12/31/21
*	Transamerica AEGON Balanced Ret Opt	Stock & Bond Fund	154,935
*	Transamerica Alger health Sciences Ret Opt	Stock & Bond Fund	52,123
*	Transamerica Alliance Bernstein Small Cap Growth Ret Opt	Stock Fund	715
*	Transamerica Allspring Small Cap Value Ret Opt	Stock Fund	1,784
*	Transamerica American Century Government Bond Ret Opt	Bond Fund	8,438
*	Transamerica American Century Inflation-Adjusted Bond Ret Opt	Bond Fund	8,624
*	Transamerica American Funds Balanced Ret Opt	Stock & Bond Fund	108,234
*	Transamerica American Funds EuroPacific Growth Ret Opt	Stock & Bond Fund	57,007
*	Transamerica American Funds Growth Fund of America Ret Opt	Stock & Bond Fund	30,632
*	Transamerica American Funds Washington Mutual Investors Ret Opt	Stock Fund	51,637
*	Transamerica Blackrock Equity Dividend Ret Opt	Stock Fund	23,376
*	Transamerica Blackrock Mid Cap Value Opportunities Ret Opt	Stock Fund	3,470
*	Transamerica Clearbridge Appreciation Ret Opt	Stock Fund	6,680
*	Transamerica Columbia Acorn International Ret Opt	Stock Fund	5,647
*	Transamerica Fidelity Advisor Emerging Markets Ret Opt	Stock Fund	130
*	Transamerica Fidelity Advisor Leveraged Company Stock Ret Opt	Stock & Bond Fund	19,226
*	Transamerica Fidelity Advisor New Insights Ret Opt	Stock & Bond Fund	11,896
*	Transamerica First Eagle Overseas Ret Opt	Stock & Bond Fund	4,617
*	Transamerica Invesco American Value Ret Opt	Stock Fund	1,560
*	Transamerica Invesco Small Cap Equity Ret Opt	Stock Fund	12,396
*	Transamerica Delaware Ivy Asset Strategy Ret Opt	Stock & Bond Fund	8,194
*	Transamerica Delaware Ivy Science & Technology Ret Opt	Stock & Bond Fund	32,054
*	Transamerica JPMorgan Extended Duration Ret Opt	Bond Fund	32,073
*	Transamerica Loomis Sayles Investment Grade Bond Ret Opt	Bond Fund	14,482
*	Transamerica Mainstay High Yield Corporate Bond Ret Opt	Stock & Bond Fund	3,494
*	Transamerica Mutual Financial Services Ret Opt	Stock Fund	7,599
*	Transamerica Neuberger Berman Genesis Ret Opt	Stock Fund	3,364
*	Transamerica Neuberger Berman Real Estate Ret Opt	Stock Fund	39,579
*	Transamerica Nuveen Small Cap Select Ret Opt	Stock Fund	6,061
*	Transamerica Nuveen Small Cap Value Ret Opt	Stock Fund	43,159
*	Transamerica Invesco Developing Markets Ret Opt	Stock Fund	4,192
*	Transamerica Invesco Global Ret Opt	Bond Fund	33,212
*	Transamerica Invesco International Bond Ret Opt	Stock Fund	8,995
*	Transamerica Invesco Main Street Ret Opt	Stock Fund	19,082

Note: an * in column (a) indicates a party in interest

See Accompanying Notes and Independent Auditors' Report

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

(PN 002)

(FEIN: 62-0569520)

Form 5500, Schedule H, Part IV, Line 4i:

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) Current Value at 12/31/21
*	Transamerica Pimco Real Return Ret Opt	Bond Fund	12,591
*	Transamerica Pimco Total Return Ret Opt	Bond Fund	17,158
*	Transamerica Prudential Jennison Mid Cap Growth Ret Opt	Stock Fund	5,775
*	Transamerica Prudential Jennison Natural Resources Ret Opt	Stock Fund	4,402
*	Transamerica Prudential Jennison Utility Ret Opt	Stock Fund	6,486
*	Transamerica SSgA Emerging Markets Index Ret Opt	Stock Fund	701
*	Transamerica SSgA Russell Large Cap Value Index Ret Opt	Stock Fund	20,566
*	Transamerica T. Rowe Price Growth Stock Ret Opt	Stock Fund	37,247
*	Transamerica Templeton Global Bond Ret Opt	Bond Fund	4,384
*	Transamerica Thornburg International Value Ret Opt	Stock Fund	6,655
*	Transamerica Thornburg Investment Income Builder Ret Opt	Stock & Bond Fund	611
*	Transamerica Transamerica Asset Allocation-Growth Portfolio Ret Opt	Stock & Bond Fund	41,358
*	Transamerica Transamerica Asset Allocation-Conservative Portfolio O	Stock & Bond Fund	259,773
*	Transamerica Transamerica Asset Allocation-Moderate Growth Ret Op	Stock & Bond Fund	648,017
*	Transamerica Transamerica Asset Allocation-Moderate Portfolio Ret C	Stock & Bond Fund	1,522,239
*	Transamerica Transamerica Partners High Yield Bond Ret Opt	Bond Fund	9,944
*	Transamerica Transamerica Mid Cap Value Ret Opt	Stock Fund	18,712
*	Transamerica Transamerica Partners Stock Index Ret Opt	Stock Fund	23,443
*	Transamerica Transamerica Stable Value Core Option	Cash Equivalent fund (1%)	632,763
*	Transamerica TA Vanguard Small-Cap Growth Index Ret Opt	Stock Fund	4,674
*	Transamerica TA LifeGoal 2025 with BlackRock	Stock & Bond Fund	302,718
*	Transamerica TA LifeGoal 2030 with BlackRock	Stock & Bond Fund	10,077
*	Transamerica TA LifeGoal 2035 with BlackRock	Stock & Bond Fund	36,311
*	Transamerica TA LifeGoal 2045 with BlackRock	Stock & Bond Fund	852
*	Transamerica TA LifeGoal 2055 with BlackRock	Stock & Bond Fund	14,675
*	Transamerica TA LifeGoal Retirement with BlackRock	Stock & Bond Fund	2,127
*	Transamerica TFLIC Stable	Cash Equivalent fund (1%)	3,386
*	Transamerica Participant loans	4.25% to 5.5%	38,806
			\$ 4,505,118

Note: an * in column (a) indicates a party in interest

See Accompanying Notes and Independent Auditors' Report

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

(PN 002)
(FEIN: 62-0569520)

December 31, 2022

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain of (Loss)</u>
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There were no category (i), (ii), (iii) or (iv) reportable transactions during 2022.

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

(PN 002)
(FEIN: 62-0569520)

December 31, 2021

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain of (Loss)</u>
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There were no category (i), (ii), (iii) or (iv) reportable transactions during 2021.

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2022

(PN 002)

(FEIN: 62-0569520)

Form 5500, Schedule H, Part IV, Line 4i:

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) Current Value at 12/31/22
*	Transamerica TA LifeGoal 2025 with BlackRock	Stock & Bond Fund	268,364
*	Transamerica TA LifeGoal 2035 with BlackRock	Stock & Bond Fund	28,793
*	Transamerica TA LifeGoal 2045 with BlackRock	Stock & Bond Fund	1,019
*	Transamerica TA LifeGoal 2055 with BlackRock	Stock & Bond Fund	11,857
*	Transamerica TA Vanguard Small-Cap Growth Index Ret Opt	Stock Fund	3,543
*	Transamerica Templeton Global Bond Ret Opt	Bond Fund	3,239
*	Transamerica Thornburg International Value Ret Opt	Stock Fund	5,246
*	Transamerica Transamerica Asset Allocation-Conservative Portfolio Op	Stock & Bond Fund	116,787
*	Transamerica Transamerica Asset Allocation-Growth Portfolio Ret Opt	Stock & Bond Fund	33,142
*	Transamerica Transamerica Asset Allocation-Moderate Growth Ret Op	Stock & Bond Fund	372,665
*	Transamerica Transamerica Asset Allocation-Moderate Portfolio Ret O	Stock & Bond Fund	1,098,016
*	Transamerica Transamerica Large Cap Growth Ret Opt	Stock & Bond Fund	9,216
*	Transamerica Transamerica Mid Cap Value Ret Opt	Stock Fund	660
*	Transamerica Transamerica Partners High Yield Bond Ret Opt	Bond Fund	2,841
*	Transamerica Transamerica Partners Stock Index Ret Opt	Stock Fund	6,751
*	Transamerica Transamerica Small Cap Growth Ret Opt	Stock Fund	2,082
*	Transamerica Transamerica Small Cap Value Ret Opt	Stock Fund	2,252
*	Transamerica Transamerica Stable Value Core Option	Cash Equivalent fund (1%)	166,239
*	Transamerica Participant loans	4.25% to 5.5%	13,011
			\$ 2,568,082

Note: an * in column (a) indicates a party in interest

See Accompanying Notes and Independent Auditors' Report

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

(PN 002)

(FEIN: 62-0569520)

Form 5500, Schedule H, Part IV, Line 4i:

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) Current Value at 12/31/21
*	Transamerica AEGON Balanced Ret Opt	Stock & Bond Fund	154,935
*	Transamerica Alger health Sciences Ret Opt	Stock & Bond Fund	52,123
*	Transamerica Alliance Bernstein Small Cap Growth Ret Opt	Stock Fund	715
*	Transamerica Allspring Small Cap Value Ret Opt	Stock Fund	1,784
*	Transamerica American Century Government Bond Ret Opt	Bond Fund	8,438
*	Transamerica American Century Inflation-Adjusted Bond Ret Opt	Bond Fund	8,624
*	Transamerica American Funds Balanced Ret Opt	Stock & Bond Fund	108,234
*	Transamerica American Funds EuroPacific Growth Ret Opt	Stock & Bond Fund	57,007
*	Transamerica American Funds Growth Fund of America Ret Opt	Stock & Bond Fund	30,632
*	Transamerica American Funds Washington Mutual Investors Ret Opt	Stock Fund	51,637
*	Transamerica Blackrock Equity Dividend Ret Opt	Stock Fund	23,376
*	Transamerica Blackrock Mid Cap Value Opportunities Ret Opt	Stock Fund	3,470
*	Transamerica Clearbridge Appreciation Ret Opt	Stock Fund	6,680
*	Transamerica Columbia Acorn International Ret Opt	Stock Fund	5,647
*	Transamerica Fidelity Advisor Emerging Markets Ret Opt	Stock Fund	130
*	Transamerica Fidelity Advisor Leveraged Company Stock Ret Opt	Stock & Bond Fund	19,226
*	Transamerica Fidelity Advisor New Insights Ret Opt	Stock & Bond Fund	11,896
*	Transamerica First Eagle Overseas Ret Opt	Stock & Bond Fund	4,617
*	Transamerica Invesco American Value Ret Opt	Stock Fund	1,560
*	Transamerica Invesco Small Cap Equity Ret Opt	Stock Fund	12,396
*	Transamerica Delaware Ivy Asset Strategy Ret Opt	Stock & Bond Fund	8,194
*	Transamerica Delaware Ivy Science & Technology Ret Opt	Stock & Bond Fund	32,054
*	Transamerica JPMorgan Extended Duration Ret Opt	Bond Fund	32,073
*	Transamerica Loomis Sayles Investment Grade Bond Ret Opt	Bond Fund	14,482
*	Transamerica Mainstay High Yield Corporate Bond Ret Opt	Stock & Bond Fund	3,494
*	Transamerica Mutual Financial Services Ret Opt	Stock Fund	7,599
*	Transamerica Neuberger Berman Genesis Ret Opt	Stock Fund	3,364
*	Transamerica Neuberger Berman Real Estate Ret Opt	Stock Fund	39,579
*	Transamerica Nuveen Small Cap Select Ret Opt	Stock Fund	6,061
*	Transamerica Nuveen Small Cap Value Ret Opt	Stock Fund	43,159
*	Transamerica Invesco Developing Markets Ret Opt	Stock Fund	4,192
*	Transamerica Invesco Global Ret Opt	Bond Fund	33,212
*	Transamerica Invesco International Bond Ret Opt	Stock Fund	8,995
*	Transamerica Invesco Main Street Ret Opt	Stock Fund	19,082

Note: an * in column (a) indicates a party in interest

See Accompanying Notes and Independent Auditors' Report

CLEVELAND NEWSPAPERS, INC. 401(k) PROFIT SHARING RETIREMENT PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

(PN 002)

(FEIN: 62-0569520)

Form 5500, Schedule H, Part IV, Line 4i:

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) Current Value at 12/31/21
*	Transamerica Pimco Real Return Ret Opt	Bond Fund	12,591
*	Transamerica Pimco Total Return Ret Opt	Bond Fund	17,158
*	Transamerica Prudential Jennison Mid Cap Growth Ret Opt	Stock Fund	5,775
*	Transamerica Prudential Jennison Natural Resources Ret Opt	Stock Fund	4,402
*	Transamerica Prudential Jennison Utility Ret Opt	Stock Fund	6,486
*	Transamerica SSgA Emerging Markets Index Ret Opt	Stock Fund	701
*	Transamerica SSgA Russell Large Cap Value Index Ret Opt	Stock Fund	20,566
*	Transamerica T. Rowe Price Growth Stock Ret Opt	Stock Fund	37,247
*	Transamerica Templeton Global Bond Ret Opt	Bond Fund	4,384
*	Transamerica Thornburg International Value Ret Opt	Stock Fund	6,655
*	Transamerica Thornburg Investment Income Builder Ret Opt	Stock & Bond Fund	611
*	Transamerica Transamerica Asset Allocation-Growth Portfolio Ret Opt	Stock & Bond Fund	41,358
*	Transamerica Transamerica Asset Allocation-Conservative Portfolio O	Stock & Bond Fund	259,773
*	Transamerica Transamerica Asset Allocation-Moderate Growth Ret Op	Stock & Bond Fund	648,017
*	Transamerica Transamerica Asset Allocation-Moderate Portfolio Ret C	Stock & Bond Fund	1,522,239
*	Transamerica Transamerica Partners High Yield Bond Ret Opt	Bond Fund	9,944
*	Transamerica Transamerica Mid Cap Value Ret Opt	Stock Fund	18,712
*	Transamerica Transamerica Partners Stock Index Ret Opt	Stock Fund	23,443
*	Transamerica Transamerica Stable Value Core Option	Cash Equivalent fund (1%)	632,763
*	Transamerica TA Vanguard Small-Cap Growth Index Ret Opt	Stock Fund	4,674
*	Transamerica TA LifeGoal 2025 with BlackRock	Stock & Bond Fund	302,718
*	Transamerica TA LifeGoal 2030 with BlackRock	Stock & Bond Fund	10,077
*	Transamerica TA LifeGoal 2035 with BlackRock	Stock & Bond Fund	36,311
*	Transamerica TA LifeGoal 2045 with BlackRock	Stock & Bond Fund	852
*	Transamerica TA LifeGoal 2055 with BlackRock	Stock & Bond Fund	14,675
*	Transamerica TA LifeGoal Retirement with BlackRock	Stock & Bond Fund	2,127
*	Transamerica TFLIC Stable	Cash Equivalent fund (1%)	3,386
*	Transamerica Participant loans	4.25% to 5.5%	38,806
			\$ 4,505,118

Note: an * in column (a) indicates a party in interest

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