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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
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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:<br><div><input type="checkbox"/> a multiemployer plan</div> <div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div> <div><input checked="" type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report</div> <div><input type="checkbox"/> the final return/report</div> <div><input type="checkbox"/> an amended return/report</div> <div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                          |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                          |

|         |                                                                                                                                                                                                                                                                                                                                           |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                    |
| 1a      | Name of plan<br>SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(K) PLAN                                                                                                                                                                                                                                                                          |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                        |
| 1c      | Effective date of plan<br>01/01/1968                                                                                                                                                                                                                                                                                                      |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>SOUTHERN NEWSPAPERS, INC.<br><br>5701 WOODWAY DRIVE, STE. 131<br>HOUSTON, TX 77057 |
| 2b      | Employer Identification Number (EIN)<br>74-1674526                                                                                                                                                                                                                                                                                        |
| 2c      | Plan Sponsor's telephone number<br>832-251-4209                                                                                                                                                                                                                                                                                           |
| 2d      | Business code (see instructions)<br>511110                                                                                                                                                                                                                                                                                                |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/25/2023 | RUBY BARROW                                                  |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                           |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                             |  | <b>4b</b> EIN<br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                            |  | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 460 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                            |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 313 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                  |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 308 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                  |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 168 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                        |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 476 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                         |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                            |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 476 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                     |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 455 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                          |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                               |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E  2F  2G  2J  2K  3H  3D  2R  2S  2T                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                      |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                  |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(K) PLAN                         | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SOUTHERN NEWSPAPERS, INC.        | D Employer Identification Number (EIN)<br>74-1674526 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |                                 |
| BOKF, NA                                                                                                   | P.O. BOX 880<br>TULSA, OK 74101 |

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

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

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

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

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

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

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

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

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

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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)

BOKF, NA

P.O. BOX 880  
TULSA, OK 74101

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 25 62<br>64 71 68   | TRUSTEE                                                                                           | 15562                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 339                                                                                                                                                                             | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
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|                                                                                            |                                                      |     |
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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<br>SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(K) PLAN                         | B Three-digit plan number (PN) ►                     | 001 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>SOUTHERN NEWSPAPERS, INC. | D Employer Identification Number (EIN)<br>74-1674526 |     |

|        |                                                                                                                                                                           |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                       |                 |                                                                                                     |
|-----------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE METLIFE SERIES 25053 |                 |                                                                                                     |
| b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY     |                 |                                                                                                     |
| c EIN-PN 75-9522204-001                                               | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 933499 |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                               |                 |                                                                                                     |
| b Name of sponsor of entity listed in (a):                            |                 |                                                                                                     |
| c EIN-PN                                                              | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                               |                 |                                                                                                     |
| b Name of sponsor of entity listed in (a):                            |                 |                                                                                                     |
| c EIN-PN                                                              | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                               |                 |                                                                                                     |
| b Name of sponsor of entity listed in (a):                            |                 |                                                                                                     |
| c EIN-PN                                                              | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                               |                 |                                                                                                     |
| b Name of sponsor of entity listed in (a):                            |                 |                                                                                                     |
| c EIN-PN                                                              | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                               |                 |                                                                                                     |
| b Name of sponsor of entity listed in (a):                            |                 |                                                                                                     |
| c EIN-PN                                                              | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                               |                 |                                                                                                     |
| b Name of sponsor of entity listed in (a):                            |                 |                                                                                                     |
| c EIN-PN                                                              | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                               |                 |                                                                                                     |
| b Name of sponsor of entity listed in (a):                            |                 |                                                                                                     |
| c EIN-PN                                                              | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                               |                 |                                                                                                     |
| b Name of sponsor of entity listed in (a):                            |                 |                                                                                                     |
| c EIN-PN                                                              | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |

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

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(K) PLAN</u>                                                                                                                                                                                         |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float:right">►</span> <u>001</u>       |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SOUTHERN NEWSPAPERS, INC.</u>                                                                                                                                                                        |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>74-1674526</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       | 13934                 | 13790           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 1333                  | 4116            |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 875564                | 933499          |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 18632431              | 15329481        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 19523262              | 16280886        |

**Liabilities**

|                                                                           |           |       |   |
|---------------------------------------------------------------------------|-----------|-------|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 13934 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |       |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 13934 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 19509328 | 16280886 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 519239     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 740517     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1259756   |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 300179     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 300179    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 21934     |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | -3327889  |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -1746020  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 1466860    |           |
| (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)  |            | 1466860   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 0         |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            | 0         |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  | 15562      |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 15562     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 1482422   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -3228442  |
| 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, PC

(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>b</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.) |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>c</b> 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.)                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>d</b> 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.)                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 3000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>g</b> 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?                                                                                                                                       |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>h</b> 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?                                                                                                                             |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>j</b> 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.)                                                                                     |     |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>n</b> 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.                                                                                                                        |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |         |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(K) PLAN                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) 001                                                              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SOUTHERN NEWSPAPERS, INC.                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>74-1674526                                            |
| 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):<br>EIN(s): 73-6210970                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?.....                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| 11 a Does the ESOP hold any preferred stock?.....                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> 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.).....                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | Schedule R (Form 5500) 2022 v. 220413                                                           |

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> 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)..... | <b>14a</b> |  |
|           | <b>b</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) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> 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) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

**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 \_\_\_\_\_

**SOUTHERN NEWSPAPERS, INC.  
EMPLOYEES' 401(k) PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULES**

**Years Ended December 31, 2022 and 2021**

# **SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(k) PLAN**

Financial Statements and Supplemental Schedules

Years Ended December 31, 2022 and 2021

## **TABLE OF CONTENTS**

|                                                                 |    |
|-----------------------------------------------------------------|----|
| Independent Auditors' Report .....                              | 1  |
| Statements of Net Assets Available for Benefits.....            | 4  |
| Statements of Changes in Net Assets Available for Benefits..... | 5  |
| Notes to Financial Statements.....                              | 6  |
| Supplemental Schedules:                                         |    |
| Schedule of Assets Held for Investment Purposes.....            | 13 |
| Schedule of Reportable Transactions.....                        | 15 |

## INDEPENDENT AUDITOR'S REPORT

The Board of Trustees of  
Southern Newspapers, Inc. Employees' 401(k) Plan:

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

We have performed audits of the accompanying financial statements of Southern Newspapers, Inc. Employees' 401(k) 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 Southern Newspapers, Inc. Employees' 401(k) 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 Southern Newspapers, Inc. Employees' 401(k) 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 Southern Newspapers, Inc. Employees' 401(k) 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 Southern Newspapers, Inc. Employees' 401(k) 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 Southern Newspapers, Inc. Employees' 401(k) 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  
August 31, 2023

**SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(k) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**AS OF DECEMBER 31, 2022 and 2021**

|                                       | <u>2022</u>              | <u>2021</u>              |
|---------------------------------------|--------------------------|--------------------------|
| ASSETS                                |                          |                          |
| Current Assets                        |                          |                          |
| Cash                                  | \$ 13,790                | \$ 13,934                |
| INVESTMENTS                           |                          |                          |
| Mutual Funds                          | 15,329,481               | 18,632,431               |
| Common/collective trust               | 933,499                  | 875,564                  |
| RECEIVABLES                           |                          |                          |
| Accrued interest and dividend income  | <u>4,116</u>             | <u>1,333</u>             |
| <br>TOTAL ASSETS                      | <br>16,280,886           | <br>19,523,262           |
| <br>LIABILITIES                       |                          |                          |
| Payables                              | <u>0</u>                 | <u>13,934</u>            |
| <br>TOTAL LIABILITIES                 | <br><u>0</u>             | <br><u>13,934</u>        |
| <br>NET ASSETS AVAILABLE FOR BENEFITS | <br><u>\$ 16,280,886</u> | <br><u>\$ 19,509,328</u> |

See Accompanying Notes and Independent Auditor's Report

**SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(k) 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:                        |                             |                             |
| Mutual funds income                       | \$ 300,179                  | \$ 313,502                  |
| Net change in fair value of investments:  |                             |                             |
| Mutual funds                              | (3,327,889)                 | 1,864,003                   |
| Common/collective trust funds             | <u>21,934</u>               | <u>14,889</u>               |
| TOTAL INVESTMENT INCOME (LOSS)            | (3,005,776)                 | 2,192,394                   |
| Contributions:                            |                             |                             |
| Participants'                             | 740,517                     | 723,968                     |
| Employers'                                | 519,239                     | 514,990                     |
| Rollovers                                 | <u>0</u>                    | <u>0</u>                    |
| TOTAL CONTRIBUTIONS                       | <u>1,259,756</u>            | <u>1,238,958</u>            |
| TOTAL ADDITIONS                           | (1,746,020)                 | 3,431,352                   |
| DEDUCTIONS                                |                             |                             |
| Deductions from net assets attributed to: |                             |                             |
| Administrative expenses                   | 15,562                      | 7,002                       |
| Benefits paid to participants             | <u>1,466,860</u>            | <u>1,804,572</u>            |
| TOTAL DEDUCTIONS                          | <u>1,482,422</u>            | <u>1,811,574</u>            |
| NET INCREASE (DECREASE) IN ASSETS         | (3,228,442)                 | 1,619,778                   |
| NET ASSETS AVAILABLE FOR BENEFITS         |                             |                             |
| Net assets beginning of year              | <u>19,509,328</u>           | <u>17,889,550</u>           |
| NET ASSETS END OF YEAR                    | <u><u>\$ 16,280,886</u></u> | <u><u>\$ 19,509,328</u></u> |

See Accompanying Notes and Independent Auditor's Report

**SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2022 and 2021**

**NOTE A -- DESCRIPTION OF PLAN**

The following description of the Southern Newspapers, Inc. ("Company") Employees' 401(k) Plan ("Plan") provides only general information. Participants should refer to the Summary Plan Description 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 completed 1 hour of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
2. **Contributions.** Each year, participants may contribute up to the lesser of 65% of pretax annual compensation, as defined in the Plan, or 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 (rollovers). In 2022 and 2021, the Company contributed 100% of the first 3% and 75% of the next 3% of the annual compensation that a participant contributed to the Plan. Additional amounts may be contributed at the option of the Company's board of directors, subject to certain limitations. All contributions are invested in investment options directed by the participant.
3. **Participant Accounts.** The participant's contributions, the Company's matching contributions, and investment earnings increase each participant's account. Each participant's account is reduced by investment losses, participant's distributions and where applicable, forfeitures. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

A Self-Directed Option (SDO) is available to participants. To utilize this option, the participant is required to establish a SDO account by completing a separate SDO Agreement. This option permits participants to choose investments not offered by the Plan.

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 pre-2003 Company matching contributions after four years of credited service, and in Company discretionary contributions after seven years of credited service. The Plan Sponsor has made annual "safe harbor" elections each year since 2003, in which employees become 100% immediately vested in employer contributions made in those Plan years.

**SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS -- #2**  
**FOR THE YEARS ENDED DECEMBER 31, 2022 and 2021**

**NOTE A -- DESCRIPTION OF PLAN, continued**

5. ***Payment of Benefits.*** Benefits are recorded when paid. Upon termination, employees may elect to receive their distributions in a lump sum or allow their investments to remain in the Plan subject to certain restrictions.
6. ***Investment Options.*** The Plan's investments are held in trust by the trustee. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers registered mutual funds, which includes six target-date retirement funds, a common collective trust fund and one money market fund as investment options for participants.

The participants can choose one or several funds to invest in. Mutual funds choices include equity funds, index funds, large-cap and small-cap funds, fixed income funds, international funds, real estate funds, and bonds. They range from aggressive growth funds to less-risky conservative funds.
7. ***Automatic Enrollment.*** Employees are automatically enrolled in the Plan after completing thirty days of employment. The initial amount of automatic enrollment is 6% of compensation and their funds are invested in a target-date retirement fund based on the participant's age, unless a contrary election is made in the thirty days following the date of hire.
8. ***Participant Withdrawals.*** Participants may make withdrawals from their Employee After Tax Contribution accounts and Rollover accounts after giving ten days notice to the Plan Administrator (Committee). Prior to attaining age 70 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. Participants may withdraw all of the vested interest in their accounts after attaining age 70 1/2.
9. ***Payment of Benefits.*** On termination of service due to death, disability, or retirement, a participant is entitled to receive all amounts in the participant's accounts. For termination of service due to other reasons, a participant is entitled to receive the value of the vested interest in his or her account.

**SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS -- #3**  
**FOR THE YEARS ENDED DECEMBER 31, 2022 and 2021**

**NOTE B -- SUMMARY OF 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 and the Trustee.

***Estimates***

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

***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 common/collective trust 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.

***Date of Management's Review***

Management has evaluated subsequent events through August 31, 2023, the date on which the financial statements were available to be issued.

**SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS -- #4**  
**FOR THE YEARS ENDED DECEMBER 31, 2022 and 2021**

**NOTE C -- 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 Bank of Texas, Institutional Wealth division.

|                                    | <u>2022</u>   | <u>2021</u>   |
|------------------------------------|---------------|---------------|
| <u>Investments, at fair value:</u> |               |               |
| Balanced Mutual Funds              | \$ 11,933,777 | \$ 14,768,007 |
| Equity Mutual Funds                | 2,043,311     | 2,772,161     |
| Funds and Pooled Investments       | 959,403       | 641,015       |
| Fixed Income Mutuals Funds         | 267,673       | 289,968       |
| Alternative Funds Mutual Funds     | 125,317       | 161,281       |
| Common Collective Trusts           | 933,499       | 875,564       |
| Cash                               | 13,790        | 13,934        |
| Accrued Income                     | 4,116         | 1,333         |
| Investment Income (Loss)           | (3,228,442)   | 1,619,778     |

**NOTE D -- FAIR VALUE MEASUREMENTS**

Generally accepted accounting principles provide a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (i.e., Level 1 measurements) and the lowest priority to unobservable inputs (i.e., Level 3 measurements). Assets and liabilities are required to be recorded at fair value in the statement of net assets available for benefits and are categorized based on the inputs to valuation techniques as follows:

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

*Level 2.* Inputs to the valuation methodology include:

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

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

See Independent Auditors' Report

**SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS -- #5**  
**FOR THE YEARS ENDED DECEMBER 31, 2022 and 2021**

**NOTE D -- FAIR VALUE MEASUREMENTS, continued**

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Common/Collective Trust Funds are valued at the net asset value (NAV) of units held by the Plan at year end. Management believes that the funds will be sold at amounts that do not differ materially from the NAV of shares held. The NAV as provided by the trustee, is used as a practical expedient to estimated fair value and classified within level 2 of the valuation hierarchy. Participant transactions (purchases and sales) may occur daily.

Registered Investment Companies (Mutual Funds): Investments in registered investment companies are stated at the respective fund's NAV, which is determined based on market values at the closing price on the last business day of the year. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021.

|                           | Total                | Level 1              | Level 2           |
|---------------------------|----------------------|----------------------|-------------------|
| <u>December 31, 2021:</u> |                      |                      |                   |
| Cash and Cash equivalents | \$ 13,790            | \$ 13,790            | \$ 0              |
| Common/collective trust   | 933,499              | 0                    | 933,499           |
| Mutual funds              | 15,333,597           | 15,333,597           | 0                 |
| Total                     | <u>\$ 16,280,886</u> | <u>\$ 15,347,387</u> | <u>\$ 933,499</u> |
| <u>December 31, 2021:</u> |                      |                      |                   |
| Cash and Cash equivalents | \$ 13,934            | \$ 13,934            | \$ 0              |
| Common/collective trust   | 875,564              | 0                    | 875,564           |
| Mutual funds              | 18,633,764           | 18,633,764           | 0                 |
| Total                     | <u>\$ 19,523,262</u> | <u>\$ 18,647,698</u> | <u>\$ 875,564</u> |

See Independent Auditors' Report

**SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS -- #6**  
**FOR THE YEARS ENDED DECEMBER 31, 2022 and 2021**

**NOTE E -- INVESTMENTS CONCENTRATIONS**

The following list presents investments that represent 5 percent or more of the Plan's net assets at December 31, 2022 and 2021.

|                                       | <u>2022</u>          | <u>2021</u>          |
|---------------------------------------|----------------------|----------------------|
| <u>Common/Collective Trust Funds:</u> |                      |                      |
| Reliance MetLife Series 25053         | \$ 933,499           | \$ 0                 |
| <u>Mutual funds:</u>                  |                      |                      |
| Vanguard Treasury Money Market Fund   | 959,403              | 0                    |
| Vanguard Target Retirement 2050 Fund  | 1,168,012            | 1,288,327            |
| Vanguard Target Retirement 2020 Fund  | 1,826,402            | 2,509,745            |
| Vanguard Target Retirement 2040 Fund  | 2,694,575            | 3,160,964            |
| Vanguard Target Retirement 2030 Fund  | 4,809,478            | 6,040,316            |
| Total                                 | <u>\$ 12,391,369</u> | <u>\$ 12,999,352</u> |

**NOTE F -- NET CHANGE IN FAIR VALUE OF INVESTMENTS**

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 \$(3,327,889) and \$1,878,892 respectively as follows:

Net Change in Fair Value of Investments:

|                              | <u>2022</u>           | <u>2021</u>         |
|------------------------------|-----------------------|---------------------|
| <u>Level 1 Measurements:</u> |                       |                     |
| Mutual funds                 | \$ (3,327,889)        | \$ 1,864,003        |
| <u>Level 2 Measurements:</u> |                       |                     |
| Common/collective trust      | 21,934                | 14,889              |
|                              | <u>\$ (3,305,955)</u> | <u>\$ 1,878,892</u> |

**NOTE G -- PLAN TERMINATION**

Although the Sponsor and the adopting employers intend to contribute to the Plan indefinitely, the sponsor and each adopting employer necessarily reserves the right to amend or terminate the Plan at any time. Any such amendment or termination shall not reduce any of the participants' accrued benefits at such time. In the event of Plan termination, participants will become 100% vested in their accounts.

See Independent Auditors' Report

**SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS -- #7**  
**FOR THE YEARS ENDED DECEMBER 31, 2022 and 2021**

**NOTE H -- TAX STATUS**

The Internal Revenue Service has determined and informed the Company by a letter dated April 20, 2004, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Effective for Plan years 2003 and thereafter, the Plan elected a "safe harbor" provision under IRC section 401(k)(12) to meet the non-discrimination requirements under IRC Section 401(m). The Plan's administrator and the Plan's tax counsel believe that 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.

**NOTE I -- PARTIES-IN-INTEREST AND PLAN EXPENSES**

The Plan Sponsor may pay administrative and trust expenses in whole or in part. All expenses not paid by the Sponsor shall be paid by the Plan. Administrative and trust expenses paid by the Sponsor and not charged to the Plan amounted to \$101,798 and \$106,923 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. For the years ended December 31, 2022 and 2021, the Plan's sponsor-maintained bond coverage in the amount of \$3,000,000.

**NOTE K -- RISKS AND UNCERTAINTIES**

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

**NOTE L -- SUBSEQUENT EVENTS**

Effective for the Plan year 2022, the Sponsor elected a "safe harbor" provision under IRC section 401(k)(12) to meet the non-discrimination requirements under IRC Section 401(m).

## **SUPPLEMENTAL SCHEDULES**

**SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(k) PLAN**

**SCHEDULE OF ASSETS HELD AT YEAR END**

**DECEMBER 31, 2022**

EIN 74-1674526 PN 001

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

| (a)                                   | (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Par or<br>Maturity Value | (d) Cost             | (e) Current<br>Value |
|---------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| <u>Mutual Funds:</u>                  |                                                             |                                                                                                          |                      |                      |
|                                       | American Balanced Fund                                      | Stock/Bond Trust Fund                                                                                    | \$ 536,692           | \$ 536,991           |
|                                       | Blackrock Mid Cap Growth Equity Fd                          | Stock Mutual Fund                                                                                        | 181,510              | 150,104              |
|                                       | Cohen & Steers Realty Shares                                | Stock Mutual Fund                                                                                        | 130,728              | 125,317              |
|                                       | DFA U.S. Large Cap Value Fund                               | Stock Mutual Fund                                                                                        | 362,445              | 455,006              |
|                                       | Fidelity Advisor Small Cap Growth Fd                        | Stock Mutual Fund                                                                                        | 213,813              | 172,886              |
|                                       | Harding Loevner Intern'l Equity Fd                          | Stock Mutual Fund                                                                                        | 176,073              | 174,749              |
|                                       | John Hancock Disc Val Mid Cap Fd                            | Stock Mutual Fund                                                                                        | 55,974               | 60,360               |
|                                       | Nuveen Small Cap Value Fund                                 | Stock Mutual Fund                                                                                        | 6,873                | 7,404                |
|                                       | Schwab S&P 500 Fund                                         | Stock Mutual Fund                                                                                        | 450,395              | 549,269              |
|                                       | Schwab Small Cap Index Fund                                 | Bond Mutual Fund                                                                                         | 42,407               | 38,382               |
|                                       | T Rowe Price Growth Stock Fund                              | Stock Mutual Fund                                                                                        | 458,743              | 350,197              |
|                                       | Vanguard Mid Cap Index Fund                                 | Stock Mutual Fund                                                                                        | 69,432               | 84,955               |
|                                       | Vanguard Target Retirement 2020 Fund                        | Stock/Bond Mutual Fund                                                                                   | 2,240,583            | 1,826,402            |
|                                       | Vanguard Target Retirement 2025 Fund                        | Stock/Bond Mutual Fund                                                                                   | 81,861               | 67,521               |
|                                       | Vanguard Target Retirement 2030 Fund                        | Stock/Bond Mutual Fund                                                                                   | 5,366,476            | 4,809,478            |
|                                       | Vanguard Target Retirement 2035 Fund                        | Stock/Bond Mutual Fund                                                                                   | 119,978              | 101,681              |
|                                       | Vanguard Target Retirement 2040 Fund                        | Stock/Bond Mutual Fund                                                                                   | 2,984,115            | 2,694,575            |
|                                       | Vanguard Target Retirement 2045 Fund                        | Stock/Bond Mutual Fund                                                                                   | 46,976               | 41,589               |
|                                       | Vanguard Target Retirement 2050 Fund                        | Stock/Bond Mutual Fund                                                                                   | 1,205,004            | 1,168,012            |
|                                       | Vanguard Target Retirement 2055 Fund                        | Stock/Bond Mutual Fund                                                                                   | 83,134               | 74,455               |
|                                       | Vanguard Target Retirement 2060 Fund                        | Stock/Bond Mutual Fund                                                                                   | 496,877              | 492,681              |
|                                       | Vanguard Target Retirement 2065 Fund                        | Stock/Bond Mutual Fund                                                                                   | 29,385               | 27,516               |
|                                       | Vanguard Target Retirement Income Fd                        | Stock/Bond Mutual Fund                                                                                   | 28,885               | 25,771               |
|                                       | Vanguard Treasury Money Market Fund                         | Cash & Bond Fund                                                                                         | 959,403              | 959,403              |
|                                       | Vanguard Wellesley Income Fund                              | Stock/Bond Mutual Fund                                                                                   | 73,753               | 67,104               |
|                                       | Western Asset Core Plus Bond Fund                           | Bond Mutual Fund                                                                                         | 336,416              | 267,673              |
| <u>Common/Collective Trust Funds:</u> |                                                             |                                                                                                          |                      |                      |
|                                       | Reliance MetLife Series 25053                               | Common Collective Trust                                                                                  | 864,756              | 933,499              |
|                                       |                                                             |                                                                                                          | <u>\$ 17,602,687</u> | <u>\$ 16,262,980</u> |

See Accompanying Notes and Independent Auditor's Report

**SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(k) PLAN**

**SCHEDULE OF ASSETS HELD AT YEAR END**

**DECEMBER 31, 2021**

EIN 74-1674526 PN 001

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

| (a)                                   | (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Par or<br>Maturity Value | (d) Cost             | (e) Current<br>Value |
|---------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| <u>Mutual Funds:</u>                  |                                                             |                                                                                                          |                      |                      |
|                                       | American Balanced Fund                                      | Stock/Bond Trust Fund                                                                                    | \$ 510,503           | \$ 595,242           |
|                                       | Blackrock Mid Cap Growth Equity Fd                          | Stock Mutual Fund                                                                                        | 170,376              | 223,156              |
|                                       | Cohen & Steers Realty Shares                                | Stock Mutual Fund                                                                                        | 120,505              | 161,281              |
|                                       | DFA U.S. Large Cap Value Fund                               | Stock Mutual Fund                                                                                        | 350,393              | 501,941              |
|                                       | Fidelity Advisor Small Cap Growth Fd                        | Stock Mutual Fund                                                                                        | 209,451              | 225,644              |
|                                       | Harding Loevner Intern'l Equity Fd                          | Stock Mutual Fund                                                                                        | 169,963              | 217,371              |
|                                       | John Hancock Disc Val Mid Cap Fd                            | Stock Mutual Fund                                                                                        | 47,891               | 59,620               |
|                                       | Nuveen Small Cap Value Fund                                 | Stock Mutual Fund                                                                                        | 7,180                | 9,043                |
|                                       | Schwab S&P 500 Fund                                         | Stock Mutual Fund                                                                                        | 403,913              | 627,517              |
|                                       | Schwab Small Cap Index Fund                                 | Bond Mutual Fund                                                                                         | 38,120               | 43,725               |
|                                       | T Rowe Price Growth Stock Fund                              | Stock Mutual Fund                                                                                        | 552,334              | 719,819              |
|                                       | Vanguard Mid Cap Index Fund                                 | Stock Mutual Fund                                                                                        | 92,340               | 144,324              |
|                                       | Vanguard Target Retirement 2020 Fund                        | Stock/Bond Mutual Fund                                                                                   | 2,567,458            | 2,509,745            |
|                                       | Vanguard Target Retirement 2025 Fund                        | Stock/Bond Mutual Fund                                                                                   | 59,089               | 54,620               |
|                                       | Vanguard Target Retirement 2030 Fund                        | Stock/Bond Mutual Fund                                                                                   | 5,536,244            | 6,040,316            |
|                                       | Vanguard Target Retirement 2035 Fund                        | Stock/Bond Mutual Fund                                                                                   | 386,707              | 383,628              |
|                                       | Vanguard Target Retirement 2040 Fund                        | Stock/Bond Mutual Fund                                                                                   | 2,846,292            | 3,160,964            |
|                                       | Vanguard Target Retirement 2045 Fund                        | Stock/Bond Mutual Fund                                                                                   | 20,523               | 19,858               |
|                                       | Vanguard Target Retirement 2050 Fund                        | Stock/Bond Mutual Fund                                                                                   | 1,074,486            | 1,288,327            |
|                                       | Vanguard Target Retirement 2055 Fund                        | Stock/Bond Mutual Fund                                                                                   | 56,467               | 58,099               |
|                                       | Vanguard Target Retirement 2060 Fund                        | Stock/Bond Mutual Fund                                                                                   | 458,666              | 567,949              |
|                                       | Vanguard Target Retirement 2065 Fund                        | Stock/Bond Mutual Fund                                                                                   | 9,409                | 9,582                |
|                                       | Vanguard Target Retirement Income Fd                        | Stock/Bond Mutual Fund                                                                                   | 21,271               | 21,661               |
|                                       | Vanguard Treasury Money Market Fund                         | Cash & Bond Fund                                                                                         | 641,015              | 641,015              |
|                                       | Vanguard Wellesley Income Fund                              | Stock/Bond Mutual Fund                                                                                   | 54,520               | 58,016               |
|                                       | Western Asset Core Plus Bond Fund                           | Bond Mutual Fund                                                                                         | 294,304              | 289,968              |
| <u>Common/Collective Trust Funds:</u> |                                                             |                                                                                                          |                      |                      |
|                                       | Reliance MetLife Series 25053                               | Common Collective Trust                                                                                  | 828,755              | 875,564              |
|                                       |                                                             |                                                                                                          | <u>\$ 17,528,175</u> | <u>\$ 19,507,995</u> |

See Accompanying Notes and Independent Auditor's Report

**SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(k) PLAN**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**DECEMBER 31, 2022**

EIN 74-1674526    PN 001

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

|                                           |                                     |                               |                              |                              | (h) Current<br>Value of<br>Asset on<br>Transaction<br>Date | (i) Net<br>Gain<br>(Loss) |
|-------------------------------------------|-------------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------------------------------------|---------------------------|
| <u>(a) Identity of<br/>Party Involved</u> | <u>(b) Description<br/>of Asset</u> | <u>(c) Purchase<br/>Price</u> | <u>(d) Selling<br/>Price</u> | <u>(g) Cost<br/>of Asset</u> |                                                            |                           |

There were no category (i), (ii), (iii) or (iv) reportable transaction during 2022.

See Accompanying Notes and Independent Auditor's Report

**SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(k) PLAN**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**DECEMBER 31, 2021**

EIN 74-1674526    PN 001

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

|                                           |                                     |                               |                              |                              | (h) Current<br>Value of<br>Asset on<br>Transaction<br>Date | (i) Net<br>Gain<br>(Loss) |
|-------------------------------------------|-------------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------------------------------------|---------------------------|
| <u>(a) Identity of<br/>Party Involved</u> | <u>(b) Description<br/>of Asset</u> | <u>(c) Purchase<br/>Price</u> | <u>(d) Selling<br/>Price</u> | <u>(g) Cost<br/>of Asset</u> |                                                            |                           |

There were no category (i), (ii), (iii) or (iv) reportable transaction during 2021.

See Accompanying Notes and Independent Auditor's Report

**SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(k) PLAN**

**SCHEDULE OF ASSETS HELD AT YEAR END**

**DECEMBER 31, 2022**

EIN 74-1674526 PN 001

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

| (a)                                   | (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Par or<br>Maturity Value | (d) Cost             | (e) Current<br>Value |
|---------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| <u>Mutual Funds:</u>                  |                                                             |                                                                                                          |                      |                      |
|                                       | American Balanced Fund                                      | Stock/Bond Trust Fund                                                                                    | \$ 536,692           | \$ 536,991           |
|                                       | Blackrock Mid Cap Growth Equity Fd                          | Stock Mutual Fund                                                                                        | 181,510              | 150,104              |
|                                       | Cohen & Steers Realty Shares                                | Stock Mutual Fund                                                                                        | 130,728              | 125,317              |
|                                       | DFA U.S. Large Cap Value Fund                               | Stock Mutual Fund                                                                                        | 362,445              | 455,006              |
|                                       | Fidelity Advisor Small Cap Growth Fd                        | Stock Mutual Fund                                                                                        | 213,813              | 172,886              |
|                                       | Harding Loevner Intern'l Equity Fd                          | Stock Mutual Fund                                                                                        | 176,073              | 174,749              |
|                                       | John Hancock Disc Val Mid Cap Fd                            | Stock Mutual Fund                                                                                        | 55,974               | 60,360               |
|                                       | Nuveen Small Cap Value Fund                                 | Stock Mutual Fund                                                                                        | 6,873                | 7,404                |
|                                       | Schwab S&P 500 Fund                                         | Stock Mutual Fund                                                                                        | 450,395              | 549,269              |
|                                       | Schwab Small Cap Index Fund                                 | Bond Mutual Fund                                                                                         | 42,407               | 38,382               |
|                                       | T Rowe Price Growth Stock Fund                              | Stock Mutual Fund                                                                                        | 458,743              | 350,197              |
|                                       | Vanguard Mid Cap Index Fund                                 | Stock Mutual Fund                                                                                        | 69,432               | 84,955               |
|                                       | Vanguard Target Retirement 2020 Fund                        | Stock/Bond Mutual Fund                                                                                   | 2,240,583            | 1,826,402            |
|                                       | Vanguard Target Retirement 2025 Fund                        | Stock/Bond Mutual Fund                                                                                   | 81,861               | 67,521               |
|                                       | Vanguard Target Retirement 2030 Fund                        | Stock/Bond Mutual Fund                                                                                   | 5,366,476            | 4,809,478            |
|                                       | Vanguard Target Retirement 2035 Fund                        | Stock/Bond Mutual Fund                                                                                   | 119,978              | 101,681              |
|                                       | Vanguard Target Retirement 2040 Fund                        | Stock/Bond Mutual Fund                                                                                   | 2,984,115            | 2,694,575            |
|                                       | Vanguard Target Retirement 2045 Fund                        | Stock/Bond Mutual Fund                                                                                   | 46,976               | 41,589               |
|                                       | Vanguard Target Retirement 2050 Fund                        | Stock/Bond Mutual Fund                                                                                   | 1,205,004            | 1,168,012            |
|                                       | Vanguard Target Retirement 2055 Fund                        | Stock/Bond Mutual Fund                                                                                   | 83,134               | 74,455               |
|                                       | Vanguard Target Retirement 2060 Fund                        | Stock/Bond Mutual Fund                                                                                   | 496,877              | 492,681              |
|                                       | Vanguard Target Retirement 2065 Fund                        | Stock/Bond Mutual Fund                                                                                   | 29,385               | 27,516               |
|                                       | Vanguard Target Retirement Income Fd                        | Stock/Bond Mutual Fund                                                                                   | 28,885               | 25,771               |
|                                       | Vanguard Treasury Money Market Fund                         | Cash & Bond Fund                                                                                         | 959,403              | 959,403              |
|                                       | Vanguard Wellesley Income Fund                              | Stock/Bond Mutual Fund                                                                                   | 73,753               | 67,104               |
|                                       | Western Asset Core Plus Bond Fund                           | Bond Mutual Fund                                                                                         | 336,416              | 267,673              |
| <u>Common/Collective Trust Funds:</u> |                                                             |                                                                                                          |                      |                      |
|                                       | Reliance MetLife Series 25053                               | Common Collective Trust                                                                                  | 864,756              | 933,499              |
|                                       |                                                             |                                                                                                          | <u>\$ 17,602,687</u> | <u>\$ 16,262,980</u> |

See Accompanying Notes and Independent Auditor's Report

**SOUTHERN NEWSPAPERS, INC. EMPLOYEES' 401(k) PLAN**

**SCHEDULE OF ASSETS HELD AT YEAR END**

**DECEMBER 31, 2021**

EIN 74-1674526 PN 001

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

| (a)                                   | (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Par or<br>Maturity Value | (d) Cost             | (e) Current<br>Value |
|---------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| <u>Mutual Funds:</u>                  |                                                             |                                                                                                          |                      |                      |
|                                       | American Balanced Fund                                      | Stock/Bond Trust Fund                                                                                    | \$ 510,503           | \$ 595,242           |
|                                       | Blackrock Mid Cap Growth Equity Fd                          | Stock Mutual Fund                                                                                        | 170,376              | 223,156              |
|                                       | Cohen & Steers Realty Shares                                | Stock Mutual Fund                                                                                        | 120,505              | 161,281              |
|                                       | DFA U.S. Large Cap Value Fund                               | Stock Mutual Fund                                                                                        | 350,393              | 501,941              |
|                                       | Fidelity Advisor Small Cap Growth Fd                        | Stock Mutual Fund                                                                                        | 209,451              | 225,644              |
|                                       | Harding Loevner Intern'l Equity Fd                          | Stock Mutual Fund                                                                                        | 169,963              | 217,371              |
|                                       | John Hancock Disc Val Mid Cap Fd                            | Stock Mutual Fund                                                                                        | 47,891               | 59,620               |
|                                       | Nuveen Small Cap Value Fund                                 | Stock Mutual Fund                                                                                        | 7,180                | 9,043                |
|                                       | Schwab S&P 500 Fund                                         | Stock Mutual Fund                                                                                        | 403,913              | 627,517              |
|                                       | Schwab Small Cap Index Fund                                 | Bond Mutual Fund                                                                                         | 38,120               | 43,725               |
|                                       | T Rowe Price Growth Stock Fund                              | Stock Mutual Fund                                                                                        | 552,334              | 719,819              |
|                                       | Vanguard Mid Cap Index Fund                                 | Stock Mutual Fund                                                                                        | 92,340               | 144,324              |
|                                       | Vanguard Target Retirement 2020 Fund                        | Stock/Bond Mutual Fund                                                                                   | 2,567,458            | 2,509,745            |
|                                       | Vanguard Target Retirement 2025 Fund                        | Stock/Bond Mutual Fund                                                                                   | 59,089               | 54,620               |
|                                       | Vanguard Target Retirement 2030 Fund                        | Stock/Bond Mutual Fund                                                                                   | 5,536,244            | 6,040,316            |
|                                       | Vanguard Target Retirement 2035 Fund                        | Stock/Bond Mutual Fund                                                                                   | 386,707              | 383,628              |
|                                       | Vanguard Target Retirement 2040 Fund                        | Stock/Bond Mutual Fund                                                                                   | 2,846,292            | 3,160,964            |
|                                       | Vanguard Target Retirement 2045 Fund                        | Stock/Bond Mutual Fund                                                                                   | 20,523               | 19,858               |
|                                       | Vanguard Target Retirement 2050 Fund                        | Stock/Bond Mutual Fund                                                                                   | 1,074,486            | 1,288,327            |
|                                       | Vanguard Target Retirement 2055 Fund                        | Stock/Bond Mutual Fund                                                                                   | 56,467               | 58,099               |
|                                       | Vanguard Target Retirement 2060 Fund                        | Stock/Bond Mutual Fund                                                                                   | 458,666              | 567,949              |
|                                       | Vanguard Target Retirement 2065 Fund                        | Stock/Bond Mutual Fund                                                                                   | 9,409                | 9,582                |
|                                       | Vanguard Target Retirement Income Fd                        | Stock/Bond Mutual Fund                                                                                   | 21,271               | 21,661               |
|                                       | Vanguard Treasury Money Market Fund                         | Cash & Bond Fund                                                                                         | 641,015              | 641,015              |
|                                       | Vanguard Wellesley Income Fund                              | Stock/Bond Mutual Fund                                                                                   | 54,520               | 58,016               |
|                                       | Western Asset Core Plus Bond Fund                           | Bond Mutual Fund                                                                                         | 294,304              | 289,968              |
| <u>Common/Collective Trust Funds:</u> |                                                             |                                                                                                          |                      |                      |
|                                       | Reliance MetLife Series 25053                               | Common Collective Trust                                                                                  | 828,755              | 875,564              |
|                                       |                                                             |                                                                                                          | <u>\$ 17,528,175</u> | <u>\$ 19,507,995</u> |

See Accompanying Notes and Independent Auditor's Report