

2018 Plan Information Worksheet

Status:

Plan Sponsor Information

Plan Sponsor's Name
The McClatchy Company

Plan Sponsor's Mailing Address
P.O. Box 15779

Foreign

Plan Sponsor's Doing Business As Name

Plan Sponsor's Mailing City, Province, State and ZIP
Sacramento CA 95852-0779

Plan Sponsor's Location Address
Foreign

Plan Sponsor's Care Of Name

Plan Sponsor's EIN
52-2080478

Plan Sponsor's Location City, Province, State and ZIP

Plan Sponsor's Phone Number
(916)321-1936

Plan Administrator Information

 Same as Plan Sponsor

Plan Administrator's Name
The McClatchy Company Retirement Committee

Plan Administrator's Address
P.O. Box 15779

Foreign

Plan Administrator's Care Of Name

Plan Administrator's City, Province, State and ZIP
Sacramento CA 95852-0779

Plan Administrator's EIN
52-2080478

Plan Administrator's Phone Number
(916)321-1936

Plan Information

Plan Name
The McClatchy Company 401(k) Plan

Business Code
511110

Filing for Plan Year:
2018

DFE Plan

Plan Year
Begins 01/01/2018

MM/DD/YYYY
MM/DD/YYYY

Ends 12/31/2018

Three-digit Plan Number
004

Plan ID
098630

Tax Year
Begins 01/01/2018

MM/DD/YYYY
MM/DD/YYYY

Ends 12/31/2018

EIN for PBGC Forms

Name Control

Effective Date of Plan
01/01/1985

Transmitter Information

Transmitter's TIN
23-1945930

Transmitter Control Code (TCC)
60B48

Contact Name
The Vanguard Group, Inc.

Transmitter's Name
The Vanguard Group, Inc.

Contact Telephone Number
(800)468-0755

Company Name
The Vanguard Group, Inc.

Contact E-Mail Address
APRS@vanguard.com

Company Mailing Address
Foreign

100 Vanguard Blvd.

Company City, Province, State and ZIP

Malvern PA 19355

Do NOT File with IRS, DOL or PBGC

Preparer Information

Preparer's Name

Preparer's City, Province, State and ZIP

Preparer's Firm Name

Preparer's Phone Number

Preparer's Address

Foreign

Trust Information

Name of Trust

Trust EIN

Name of Trustee or Custodian

Trustee's or Custodian's Phone #

Signers, Service Providers and Interested Individuals

 Notify AuditorContact Phone Number
(916)677-5761Contact Name
Jennifer Jackson
Contact IDE-Mail Address
jennifer.jackson@CLAconnect.com Notify Plan AdministratorContact Phone Number
(916)321-1813Contact Name
Stacey Koehler
Contact IDE-Mail Address
skoehler@mcclatchy.com Notify

Contact Phone Number

Contact Name

E-Mail Address

Contact ID

 Notify

Contact Phone Number

Contact Name

E-Mail Address

Contact ID

 Notify

Contact Phone Number

Contact Name

E-Mail Address

Contact ID

 Notify

Contact Phone Number

Contact Name

E-Mail Address

Contact ID

 Notify

Contact Phone Number

Contact Name

E-Mail Address

Contact ID

 Notify

Contact Phone Number

Contact Name

E-Mail Address

Contact ID">

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ Complete all entries in accordance with the instructions to the Form 5500.OMB Nos. 1210-0110
1210-0089**2018****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here.
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan The McClatchy Company 401(k) Plan	1b Three-digit plan number (PN) ▶	004
	1c Effective date of plan	01/01/1985
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) The McClatchy Company P.O. Box 15779 Sacramento CA 95852-0779	2b Employer Identification Number (EIN)	52-2080478
	2c Plan Sponsor's telephone number (916) 321-1936	
	2d Business code (see instructions)	511110

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

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

SIGN HERE			Stacey Koehler
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor The McClatchy Company Retirement Committee P.O. Box 15779 Sacramento CA 95852-0779	3b Administrator's EIN 52-2080478 3c Administrator's telephone number (916) 321-1936
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	6,717
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	3,779
a(2) Total number of active participants at the end of the plan year	6a(2)	2,404
b Retired or separated participants receiving benefits.....	6b	4
c Other retired or separated participants entitled to future benefits	6c	2,945
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	5,353
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	41
f Total. Add lines 6d and 6e	6f	5,394
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	5,257
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	107
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2E 2F 2G 2J 2K 2T 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information - Small Plan)

(3) **A** (Insurance Information)

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan The McClatchy Company 401(k) Plan	B Three-digit plan number (PN) ▶	004
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C Plan sponsor's name as shown on line 2a of Form 5500 The McClatchy Company	D Employer Identification Number (EIN) 52-2080478
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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

The Vanguard Group, Inc.
23-1945930

(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)

The Vanguard Group, Inc.
23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 25 26 27 52	None	164,854	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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 (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning		01/01/2018	and ending	12/31/2018
A Name of plan The McClatchy Company 401(k) Plan			B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 The McClatchy Company			D Employer Identification Number (EIN) 52-2080478	

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	0	142,108
(2) Participant contributions.....	367,577	369,577
(3) Other.....		
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans.....	6,511,292	5,462,230
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	729,041,228	616,908,222
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	735,920,097 622,882,137
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	735,920,097 622,882,137

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2,060,919
	(B) Participants	2a(1)(B)	12,547,491
	(C) Others (including rollovers)	2a(1)(C)	1,244,968
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	15,853,378
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	231,875
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	231,875
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	28,706,811
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	28,706,811
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		-63,439,504
c Other income	2c		43,361
d Total income. Add all income amounts in column (b) and enter total	2d		-18,604,079

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	94,086,727	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		94,086,727
f Corrective distributions (see instructions)	2f		58,606
g Certain deemed distributions of participant loans (see instructions)	2g		4,402
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	284,146	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		284,146
j Total expenses. Add all expense amounts in column (b) and enter total	2j		94,433,881

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-113,037,960
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse

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

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

(1) Name: CliftonLarsonAllen LLP (2) EIN: 41-0746749

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c	X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d	X	
e Was this plan covered by a fidelity bond?	4e	X	1,000,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f	X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g	X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h	X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	4j	X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l	X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>The McClatchy Company 401(k) Plan</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>The McClatchy Company</u>	D Employer Identification Number (EIN) <u>52-2080478</u>	

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 23-2186884

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year.....	14a	
b The plan year immediately preceding the current plan year.....	14b	
c The second preceding plan year.....	14c	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify):

Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

This form is required to be filed under section 6057 of the Internal Revenue Code.
▶ Go to www.irs.gov/Form8955SSA for instructions and the latest information.

PART I Annual Statement Identification Information

For the plan year beginning 01/01/2018, and ending 12/31/2018

- A** Check here if plan is a government, church, or other plan that elects to voluntarily file Form 8955-SSA. (See instructions.)
- B** Check here if this is an amended registration statement.
- C** Check the appropriate box if filing under: Form 5558 Automatic extension
 Special extension (enter description)

PART II Basic Plan Information - enter all requested information

1a Name of plan The McClatchy Company 401(k) Plan	1b Plan Number (PN) 004
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Plan Sponsor Information

2a Plan sponsor's name The McClatchy Company	2b Employer Identification Number (EIN) 52-2080478
2c Trade name (if different from plan sponsor name)	2d Plan sponsor's phone number (916) 321-1936
2e In care of name	

2f Mailing address (room, apt., suite no. and street, or P.O. box) P.O. Box 15779	2g City Sacramento	2h State CA	2i ZIP code 95852-0779
2j Foreign province (or state)	2k Foreign country	2l Foreign postal code	

Plan Administrator Information

3a Plan administrator's name (if other than plan sponsor) The McClatchy Company Retirement Committee	3b Employer Identification Number (EIN) 52-2080478		
3c In care of name	3d Plan administrator's phone number (916) 321-1936		
3e Mailing address (room, apt., suite no. and street, or P.O. box) P.O. Box 15779	3f City Sacramento	3g State CA	3h ZIP code 95852-0779
3i Foreign province (or state)	3j Foreign country	3k Foreign postal code	

4 If the name or EIN of the **plan administrator** has changed since the last return filed for this plan, enter the name and EIN from the last filed return:
Plan administrator's name EIN

5 If the name or EIN of the **plan sponsor** has changed since the last return filed for this plan, enter the name, EIN, and plan number from that return:
Plan sponsor's name EIN Plan Number (PN)

6a Participants who separated with a deferred vested benefit required to be reported on this Form 8955-SSA	6a 223
b Participants who separated with a deferred vested benefit voluntarily reported on this Form 8955-SSA in the same year as the separation occurred	6b 0
7 Total number of participants reported on lines 6a and 6b	7 223
8 Did the plan administrator provide an individual statement to each participant required to receive a statement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here ▶	Signature of plan sponsor	Date signed	Signature of plan administrator	Date signed
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Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

- Code A** — has not previously been reported.
- Code B** — has previously been reported under the above plan number, but whose previously reported information requires revisions.
- Code C** — has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.
- Code D** — has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"					Use with entry code "A" or "B"				Entry code "C" only	
(a) Entry Code	(b) Social Security Number (or FOREIGN)	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
A	XXX-XX-4751	JEANNE	B	BEEBE		A	A		53,057	
A	XXX-XX-5845	JORDAN	G	LEVIN		A	A		112,057	
A	XXX-XX-6250	JAMES		MORIN		A	A		137,339	
A	XXX-XX-3205	RICHARD	B	PRESS		A	A		614,244	
A	XXX-XX-1820	PAULA	E	NICK		A	A		60,394	
A	XXX-XX-8783	RICHARD	W	RODRIGUEZ		A	A		53,115	
A	XXX-XX-1142	BRITNEY	R	MILAZZO		A	A		8,849	
A	XXX-XX-4196	SAMANTHA	J	CAIOLA		A	A		5,711	
A	XXX-XX-2602	FRANCES	M	HARRIS		A	A		198,453	
A	XXX-XX-8229	CELESTE	E	SMITH		A	A		288,228	

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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PART III Participant Information - enter all requested information

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- Code D** — has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"					Use with entry code "A" or "B"				Entry code "C" only	
(a) Entry Code	(b) Social Security Number (or FOREIGN)	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
A	XXX-XX-9077	MARC	R	BENJAMIN		A	A		174,607	
A	XXX-XX-3307	MANUEL		BERDAYES		A	A		855,026	
A	XXX-XX-4460	PAMELA	S	ROSS		A	A		6,240	
A	XXX-XX-5570	TIMOTHY	J	GILCHRIST		A	A		226,202	
A	XXX-XX-8401	DONNA	G	VEST		A	A		391,649	
A	XXX-XX-3984	ANNE		CARON		A	A		134,914	
A	XXX-XX-8654	CAROL	P	BLONOWICZ		A	A		70,952	
A	XXX-XX-6596	CHRISTIAN	A	HENDRICKS		A	A		350,449	
A	XXX-XX-9439	MARK	L	LAWRENCE		A	A		44,314	
A	XXX-XX-7949	CORY	M	NIGHTINGALE		A	A		19,944	

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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PART III Participant Information - enter all requested information

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- Code D** — has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"					Use with entry code "A" or "B"				Entry code "C" only	
(a) Entry Code	(b) Social Security Number (or FOREIGN)	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
A	XXX-XX-3362	LEONOR	D	PINO		A	A		155,900	
A	XXX-XX-1086	ROBERT	C	BRENNAN		A	A		6,594	
A	XXX-XX-6697	LAWRENCE	C	TOPPMAN		A	A		406,014	
A	XXX-XX-2040	BRANDI	J	MILLER		A	A		44,449	
A	XXX-XX-4532	ELIJAH	B	SARVER		A	A		56,051	
A	XXX-XX-2118	JACLYN	N	KAPLAN		A	A		65,699	
A	XXX-XX-3189	ANDERS		GYLLENHAAL		A	A		862,984	
A	XXX-XX-1105	AMY	D	SINCLAIR		A	A		141,657	
A	XXX-XX-9138	JASON	R	BUDDAY		A	A		62,488	
A	XXX-XX-9656	KYLE	R	GREEN		A	A		810	

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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PART III Participant Information - enter all requested information

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- Code D** — has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"					Use with entry code "A" or "B"				Entry code "C" only	
(a) Entry Code	(b) Social Security Number (or FOREIGN)	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
A	XXX-XX-7848	MARK	H	WASHBURN	✓	A	A		367,217	
A	XXX-XX-4229	HARRIET	L	GROGAN		A	A		210,474	
A	XXX-XX-7370	KATHRYN	T	LEHMEN		A	A		154,630	
A	XXX-XX-7773	JOANN	S	WILDMAN		A	A		9,988	
A	XXX-XX-1322	CHRISTOPHER	N	COOK		A	A		52,790	
A	XXX-XX-9929	CHERYL	B	CARPENTER		A	A		1,055,882	
A	XXX-XX-7279	RODDEY	H	PLAYER JR		A	A		11,032	
A	XXX-XX-3465	TERESA	G	LEONARD		A	A		526,536	
A	XXX-XX-2565	TODD	S	SUMLIN		A	A		129,443	
A	XXX-XX-3063	DAVID	M	WYATT		A	A		158,673	

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

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Use with entry code "A", "B", "C", or "D"					Use with entry code "A" or "B"				Entry code "C" only	
(a) Entry Code	(b) Social Security Number (or FOREIGN)	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
A	XXX-XX-9927	TONYA		KOONCE-DANIELS		A	A		39,552	
A	XXX-XX-9664	JENNY		BROWN		A	A		42,864	
A	XXX-XX-6944	LARRY	H	DUNCAN		A	A		300,239	
A	XXX-XX-5286	TERRY	W	MATHIS		A	A		283,797	
A	XXX-XX-9103	EILEEN		WADDELL		A	A		167,395	
A	XXX-XX-3558	TODD	W	HARDWICK		A	A		7,265	
A	XXX-XX-1222	WILLIE		MCMANUS		A	A		7,562	
A	XXX-XX-5294	BOBBY	W	MCPETERS		A	A		212,862	
A	XXX-XX-2621	STEVEN	M	LOWERY		A	A		187,299	
A	XXX-XX-9920	AUDRA	D	STRONG-BURCH		A	A		188,109	

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

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Use with entry code "A", "B", "C", or "D"					Use with entry code "A" or "B"				Entry code "C" only	
(a) Entry Code	(b) Social Security Number (or FOREIGN)	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
A	XXX-XX-4242	CLERO	H	WRIGHT		A	A		13,684	
A	XXX-XX-4914	BRENDA		COPE		A	A		52,752	
A	XXX-XX-0130	ANDREW	T	ALLEN		A	A		37,826	
A	XXX-XX-0283	RACHAEL	M	LOWE		A	A		5,151	
A	XXX-XX-5635	SCHEQULIA	D	WILLIS		A	A		18,659	
A	XXX-XX-2997	SHERRIAL		STYLES		A	A		7,064	
A	XXX-XX-3888	KATHY	L	DURHAM		A	A		10,802	
A	XXX-XX-8657	DORA	P	MORAN		A	A		267,571	
A	XXX-XX-0078	RAYMOND	M	CARABALLO		A	A		31,386	
A	XXX-XX-3226	LIANA		GUILARTE		A	A		368,080	

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

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Use with entry code "A", "B", "C", or "D"					Use with entry code "A" or "B"				Entry code "C" only	
(a) Entry Code	(b) Social Security Number (or FOREIGN)	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
A	XXX-XX-6833	BERYL	L	ADCOCK		A	A		712,134	
A	XXX-XX-3286	RENEE		LOPEZ-CANTERA		A	A		70,912	
A	XXX-XX-3805	JORGE	I	ROJAS		A	A		416,432	
A	XXX-XX-3123	LISA	K	LOUSER		A	A		322,764	
A	XXX-XX-6317	ILEANA	M	FALCONE		A	A		5,819	
A	XXX-XX-5503	DEBBIE	A	CAFAZZO		A	A		303,064	
A	XXX-XX-3853	JILL	A	STOFIRA		A	A		93,697	
A	XXX-XX-0839	JESSICA	N	FEARNOW		A	A		66,685	
A	XXX-XX-9783	MICHAEL	A	HOBBS		A	A		5,953	
A	XXX-XX-5481	PATRICK	S	PEMBERTON		A	A		21,549	

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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Use with entry code "A", "B", "C", or "D"					Use with entry code "A" or "B"				Entry code "C" only	
(a) Entry Code	(b) Social Security Number (or FOREIGN)	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
A	XXX-XX-0167	SEAN	A	COCKERHAM	✓	A	A		123,624	
A	XXX-XX-4081	STEVEN	R	THOMMA		A	A		822,556	
A	XXX-XX-4373	MARGARET	E	ANDERSON		A	A		78,890	
A	XXX-XX-3587	PATTI	L	KLEPAC		A	A		222,621	
A	XXX-XX-4899	MELISSA	S	KABUKURU		A	A		7,566	
A	XXX-XX-0190	DAVID	P	BOLING		A	A		292,656	
A	XXX-XX-7158	STACY	R	RICHARDSON		A	A		234,512	
A	XXX-XX-1274	AMANDA		BENYR		A	A		47,850	
A	XXX-XX-8057	CHESTER	W	LIKES		A	A		413,137	
A	XXX-XX-3125	TINA	M	HART		A	A		107,001	

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
A	XXX-XX-9128	BRANDY	R	STEELY		A	A		53,340	
A	XXX-XX-5258	STEPHAN		KASKOVICH		A	A		308,987	
A	XXX-XX-7587	SOREN	T	ANDERSEN		A	A		543,695	
A	XXX-XX-6651	ROLAND	S	WILKERSON		A	A		269,100	
A	XXX-XX-2634	MEREDITH	L	SHEFFER		A	A		43,264	
A	XXX-XX-1163	KIM	R	ANDERSON		A	A		10,084	
A	XXX-XX-4923	FREDERICK	J	KRONSNABEL		A	A		159,421	
A	XXX-XX-4747	CASEY	J	BISCHEL		A	A		8,230	
A	XXX-XX-8192	JEFFREY	A	PATTERSON		A	A		4,492	
A	XXX-XX-5067	ELMER	M	WEBSTER		A	A		954,357	

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(a) Entry Code	(b) Social Security Number (or FOREIGN)	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
A	XXX-XX-4964	MARK	R	CORNELISON	✓	A	A	185,892		
A	XXX-XX-3049	SHEILA	J	VOSE		A	A	887,671		
A	XXX-XX-3240	RICKEY	L	BENTLEY		A	A	20,415		
A	XXX-XX-6555	BARBARA	L	BARRETT		A	A	333,589		
A	XXX-XX-8029	PAUL	M	MITCHELL		A	A	38,750		
A	XXX-XX-6802	BLAIR	A	ROBERTSON		A	A	133,582		
A	XXX-XX-5139	DERRICK	C	NUNNALLY		A	A	5,415		
A	XXX-XX-6084	MIKE	A	NORRIS		A	A	19,597		
A	XXX-XX-4333	JOHN	R	GRAVOIS		A	A	58,218		
A	XXX-XX-9599	MELINDA	L	FRIEDHOFF		A	A	6,377		

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		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
A	XXX-XX-8684	JANET	M	VITT		A	A		571,884	
A	XXX-XX-0534	CASSIDY		GREEN		A	A		327	
A	XXX-XX-7537	HANNAH	S	ALLAM		A	A		5,409	
A	XXX-XX-8243	MARCO	A	RUIZ		A	A		490,984	
A	XXX-XX-1543	KEN	E	KERBY		A	A		353,582	
A	XXX-XX-1097	HOPE	E	PAASCH		A	A		381,926	
A	XXX-XX-2557	PABLO	E	ALCALA		A	A		99,062	
A	XXX-XX-6063	KHAMPHA		BOUAPHANH		A	A		25,762	
A	XXX-XX-4767	TIMOTHY	D	SAGER		A	A		177,386	
A	XXX-XX-3709	RICKY	G	VALENTINE		A	A		35,513	

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
A	XXX-XX-9687	JEREMY	S	CANNON		A	A		7,999	
A	XXX-XX-3388	DONALD	C	LE GRAND		A	A		169,321	
A	XXX-XX-1784	TAMMY	K	DENAPOLI		A	A		70,366	
A	XXX-XX-2228	WILLIAM	P	RUBEY		A	A		124,528	
A	XXX-XX-6388	MARIA	S	MIZZLES		A	A		61,924	
A	XXX-XX-7124	GLENDA	A	BRADLEY		A	A		171,813	
A	XXX-XX-8803	KATHLEEN	H	BRYAN		A	A		120,390	
A	XXX-XX-1011	DEBORAH	J	BARNETT		A	A		106,615	
A	XXX-XX-4425	GREGORY	B	CRAWFORD		A	A		120,445	
A	XXX-XX-0103	MARY	C	WHITE		A	A		258,210	

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		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
A	XXX-XX-5222	PAULA	R	VANCE		A	A		15,020	
A	XXX-XX-1527	JENNIFER	A	HACK		A	A		34,456	
A	XXX-XX-5669	ANTHONY	A	GUNTER		A	A		289,628	
A	XXX-XX-8979	DIANE	D	STAFFORD		A	A		679,460	
A	XXX-XX-6459	VICKIE	L	HOLDEN		A	A		119,863	
A	XXX-XX-3952	JENNIFER	S	HAMPTON		A	A		6,965	
A	XXX-XX-2477	TODD	A	VAN CAMPEN		A	A		45,494	
A	XXX-XX-4797	MARK	E	SEIBEL		A	A		175,772	
A	XXX-XX-5544	DONALD	F	MUNDAY		A	A		235,829	
A	XXX-XX-3540	PHILLIP	L	BROWNLEE		A	A		204,326	

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		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
A	XXX-XX-8934	WILL	E	GRAY		A	A		184,573	
A	XXX-XX-7989	JERRY	W	SCHROTH		A	A		130,445	
A	XXX-XX-7827	ROBIN	L	LANGDON		A	A		255,395	
A	XXX-XX-8022	JOYCE	N	SHIRK		A	A		98,801	
A	XXX-XX-6965	CHRISTOPHER	L	SETSER		A	A		61,113	
A	XXX-XX-6266	PATRICIA	A	RINGGENBERG		A	A		170,298	
A	XXX-XX-2233	SANDI	G	SANDERS		A	A		312,122	
A	XXX-XX-8105	LYNETTE	S	ABITZ		A	A		56,320	
A	XXX-XX-0761	CAREY	A	JONES		A	A		91,522	
A	XXX-XX-8883	JOSEPH		MANN		A	A		6,779	

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		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
A	XXX-XX-2069	KIM	L	BROWN		A	A		78,572		
A	XXX-XX-8943	HOLLY	M	ANDERSON		A	A		267,260		
A	XXX-XX-3247	ANNA	M	WEBB		A	A		320,917		
A	XXX-XX-0530	LANCE	A	QUAS		A	A		69,960		
A	XXX-XX-8621	KATHERINE	M	MAHAN		A	A		220,160		
A	XXX-XX-0947	MATTHEW	S	SCHOFIELD		A	A		93,496		
A	XXX-XX-8289	RAMON		TORRES		A	A		240,563		
A	XXX-XX-5865	KENNETH	C	VIA		A	A		20,472		
A	XXX-XX-7124	JERRE	L	REDECKER		A	A		85,970		
A	XXX-XX-3657	CINDY		KAUFMAN		A	A		146,253		

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
A	XXX-XX-2972	CHRISTOPHER	W	CHRISTENSEN	✓	A	A		30,444	
A	XXX-XX-4561	WANDA	M	HAVARD		A	A		232,529	
A	XXX-XX-1345	ERICA	A	WILKINS		A	A		112,600	
A	XXX-XX-2251	LINDA	M	GONZALES-REED		A	A		596,632	
A	XXX-XX-3597	KENNETH	N	BUNGAY		A	A		126,047	
A	XXX-XX-8994	RICK	O	INGRAHAM		A	A		102,084	
A	XXX-XX-6938	MARGARET		BIKMAN		A	A		6,218	
A	XXX-XX-7024	DOUG	E	BEEMAN		A	A		118,141	
A	XXX-XX-3238	KIMBERLY	B	COSGROVE		A	A		240,599	
A	XXX-XX-6837	PAMELA	D	PETERSEN LAMBERT		A	A		103,521	

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
A	XXX-XX-4873	ALICIA		PEARCE	✓	A	A		6,616	
A	XXX-XX-0086	OLIVIA		BARRAGAN		A	A		141,259	
A	XXX-XX-3317	JANET	L	MACHARRO		A	A		115,951	
A	XXX-XX-6473	JAMES		MILLER		A	A		173,986	
A	XXX-XX-0359	ANDY	D	BOOGAARD		A	A		93,981	
A	XXX-XX-2627	SANDRA	L	LAWSON		A	A		616,472	
A	XXX-XX-6504	THOMAS	D	SELLERS		A	A		105,772	
A	XXX-XX-4209	MICHAEL	C	DOYLE		A	A		477,466	
A	XXX-XX-5580	CHERYL	E	DELL		A	A		592,176	
A	XXX-XX-7285	JEFFREY	P	GLEDHILL		A	A		395,235	

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
A	XXX-XX-6581	JOSEPH		NARCHET	✓	A	A		80,368	
A	XXX-XX-5705	VICTOR	K	CONTRERAS		A	A		186,244	
A	XXX-XX-5181	BETTY	E	LINN		A	A		107,287	
A	XXX-XX-0987	MARCUS		CROWDER		A	A		147,004	
A	XXX-XX-4604	DAVID		DAKIN		A	A		580,319	
A	XXX-XX-2997	MURRAY	K	CHOW		A	A		298,224	
A	XXX-XX-6743	SILVIA		FLORES		A	A		9,579	
A	XXX-XX-1303	KIMBERLY	A	CASTELLO-JOHNSON		A	A		6,650	
A	XXX-XX-6485	ELAINE		MEFFORD		A	A		109,695	
A	XXX-XX-2501	JANET		LAVELLE		A	A		8,085	

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
A	XXX-XX-4903	WILLIAM	J	PATERSON	✓	A	A		251,600	
A	XXX-XX-3427	SHIRLEY	J	CAIL		A	A		9,097	
A	XXX-XX-2904	LEE	E	JUDGE		A	A		143,402	
A	XXX-XX-4114	CHRISTIAN	S	LEE		A	A		31,825	
A	XXX-XX-7511	JOHN	S	ELLIS		A	A		162,038	
A	XXX-XX-0573	PATRICK		TALAMANTES		A	A		571,839	
A	XXX-XX-5701	LYNNE	E	MANGELS		A	A		388,495	
A	XXX-XX-0046	KATHY	C	ELYASH		A	A		515,318	
A	XXX-XX-4744	JEANETTE	R	GRAY		A	A		19,382	
A	XXX-XX-3519	SHARON	R	MOREM		A	A		157,741	

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(a) Entry Code	(b) Social Security Number (or FOREIGN)	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
A	XXX-XX-3503	KATHERINE	J	HELLESEN		A	A		249,616	
A	XXX-XX-2454	ERIK	J	DAVISON		A	A		206,416	
A	XXX-XX-9142	NIA	A	MILLER		A	A		10,593	
A	XXX-XX-7124	BARBARA	L	ZUMWALT		A	A		162,703	
A	XXX-XX-5536	EVONNE	M	CRAYNE		A	A		193,962	
A	XXX-XX-7012	DONALD	W	MUNRO III		A	A		495,961	
A	XXX-XX-5999	DEVON	P	GOETZ		A	A		727,480	
A	XXX-XX-3661	WILLIAM	P	LINDELOF		A	A		404,898	
A	XXX-XX-7978	DENNIS	H	WARKENTIN		A	A		461,375	
A	XXX-XX-5740	NICHOLAS		GIANNANDREA		A	A		7,795	

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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PART III Participant Information - enter all requested information

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		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
A	XXX-XX-5055	STEVEN	E	STEARNS		A	A		123,264	
A	XXX-XX-0096	STEVE	W	PARRA		A	A		389,020	
A	XXX-XX-8423	MICHELLE	E	BOSCH		A	A		129,947	
A	XXX-XX-1011	ELIZABETH		ROBERTS		A	A		4,421	
A	XXX-XX-3906	KATHRYN	S	DORSEY		A	A		51,846	
A	XXX-XX-8571	LUIS	F	SANCHEZ		A	A		182,102	
A	XXX-XX-6479	MATTHEW	D	LACY		A	A		27,552	
A	XXX-XX-1807	VIRGINIA	C	DEL PINO		A	A		83,688	
A	XXX-XX-3910	GEORGE	E	RICHARDS		A	A		112,777	
A	XXX-XX-9068	DAMIAN		FRANCO		A	A		197,887	

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
A	XXX-XX-4687	RABINDRANAT	D	RAMKISSOON		A	A		40,727	
A	XXX-XX-1657	MARTHA	A	ROSAL		A	A		14,477	
A	XXX-XX-6329	JULIE	D	BEACHAM-HOOIE		A	A		83,240	
A	XXX-XX-5993	JANET	A	DINELLI		A	A		64,049	
A	XXX-XX-8253	SEAN	M	LYNCH		A	A		51,495	
A	XXX-XX-4735	JACK	T	CHANG		A	A		43,680	
A	XXX-XX-1650	ZIA	A	NIZAMI		A	A		122,446	
A	XXX-XX-8049	JOSEPH	O	JASZEWSKI		A	A		76,611	
A	XXX-XX-6109	XIAOQI		LI		A	A		35,598	
A	XXX-XX-9267	AMANDA	L	ABUGHOSH		A	A		11,651	

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
A	XXX-XX-4896	NICK	J	CAMP		A	A		29,148	
A	XXX-XX-5132	ROBERT	W	THOMAS		A	A		22,882	
A	XXX-XX-6709	ALLISON	M	PRICE		A	A		5,477	
D	XXX-XX-3884	LAUREN	M	CABELL						
D	XXX-XX-6422	JAMES	E	RASH JR						
D	XXX-XX-3340	RICHARD	J	MURPHY						
D	XXX-XX-5164	TANYALEE		ERWIN						
D	XXX-XX-5763	BARBARA	M	DELOLIS						
D	XXX-XX-9531	LAURA	I	WAKELING						
D	XXX-XX-8632	ANGELA		ARBELAEZ						

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(a) Entry Code	(b) Social Security Number (or FOREIGN)	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-2609	DAVID	B	KNOPF						
D	XXX-XX-3978	KAROL	A	FOGEL						
D	XXX-XX-6770	PATRICIA	A	ROYAL						
D	XXX-XX-3742	JOHN	E	HOEFFEL						
D	XXX-XX-3349	JOSEPH	A	GARCIA						
D	XXX-XX-4110	DAVID	D	JANSE						
D	XXX-XX-7285	JENNY		BABOT ROMNEY						
D	XXX-XX-8043	NIKKI		KAHN						
D	XXX-XX-0258	KARI	B	GECK						
D	XXX-XX-4394	ROBERT	W	LOBE						

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-4842	MARISA	A	TAYLOR						
D	XXX-XX-6189	JOHN	C	MORITZ						
D	XXX-XX-4359	MARILYN	A	STROH						
D	XXX-XX-7396	ROSS	A	DRIVER						
D	XXX-XX-9834	SEALVE	P	WHITE						
D	XXX-XX-2154	DAWN	L	WOTAPKA						
D	XXX-XX-6044	JIMMY		LOUGHLIN						
D	XXX-XX-2421	ROSEMARY		HERRING						
D	XXX-XX-0737	JAYSON	I	STARK						
D	XXX-XX-1809	WILLIAM	K	MARIMOW						

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-3394	KEVIN	A	LYNCH						
D	XXX-XX-4787	TERRY	W	ROSS						
D	XXX-XX-7310	TIFFANY	R	JACKSON						
D	XXX-XX-8789	MITCH		TURNAUER						
D	XXX-XX-1305	PATRICIA	T	REYES HUMPHREY						
D	XXX-XX-2201	JANA	M	STEVENS						
D	XXX-XX-1353	RANDALL	K	WOLF						
D	XXX-XX-2299	JAMES	J	SAWKA						
D	XXX-XX-1283	JEREMY	B	WHITE						
D	XXX-XX-8868	PIA		LOPEZ						

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-5020	SARAH	C	PERRY-SHIPPI						
D	XXX-XX-9313	HENRY	P	BERNTON						
D	XXX-XX-9161	CHRISTY	L	HOFFMAN						
D	XXX-XX-9772	THOMAS	M	BULL						
D	XXX-XX-0277	MARGARET	S	ENKOJI						
D	XXX-XX-6493	JUNNHORNG		YU						
D	XXX-XX-7499	DAVID		CRUTE						
D	XXX-XX-6759	GLADYS	L	SHAMBLIN						
D	XXX-XX-3606	DIANA	L	STULL						
D	XXX-XX-7015	JANE	P	RUFFIN						

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-1351	JOY	M	LAYOLA	✓					
D	XXX-XX-7549	ROBERT	R	TAYLOR						
D	XXX-XX-4150	RICHARD	B	FEATHERSTON						
D	XXX-XX-5532	DANIEL	O	DUFFEY						
D	XXX-XX-3944	OLGA	L	ROSEN						
D	XXX-XX-3630	SUSAN	L	MCRAE						
D	XXX-XX-2836	MORDECIA	D	STRICKLAND						
D	XXX-XX-3093	MARGARET		MARSHBURN						
D	XXX-XX-0692	LOUISE	H	PARKER						
D	XXX-XX-0679	TAWANA	D	BURROUGH						

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-7891	CLINT		EDWARDS						
D	XXX-XX-1835	JUSTIN	L	SCROGGS						
D	XXX-XX-1476	MARY	C	OTTO						
D	XXX-XX-2237	EVERETT	W	WILSON						
D	XXX-XX-1895	WILLIAM	K	DAVIS						
D	XXX-XX-1798	SCOTT		FLAHERTY						
D	XXX-XX-2722	BARBARA	W	CONNOR						
D	XXX-XX-0025	VELMA		BRITT						
D	XXX-XX-3027	WANDA		CHANDLER-FLOWERS						
D	XXX-XX-2973	ANGELA		FILLER						

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-1579	JANE	S	FWLER						
D	XXX-XX-0836	MICHELE	S	HARRIS						
D	XXX-XX-2531	ARDIS	C	HARPER						
D	XXX-XX-6138	WAYNE	M	WASHINGTON						
D	XXX-XX-8456	EVELYN	L	KENT						
D	XXX-XX-0382	THOMAS	L	WILLEY						
D	XXX-XX-6302	LEILA		FADEL						
D	XXX-XX-5412	WAYNE	A	PERPALL						
D	XXX-XX-6543	DARYL	M	HIVELY						
D	XXX-XX-1217	DANIEL	D	FERNANDEZ						

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-6156	MARIA	I	TAMAYO-PEREZ						
D	XXX-XX-3667	TONI	M	KELLY						
D	XXX-XX-4879	ALEXANDER		SOTO						
D	XXX-XX-7448	MARY		TODD						
D	XXX-XX-4539	NEVILLE	F	ALEXANDER						
D	XXX-XX-7118	PATRICK		TONDO						
D	XXX-XX-4215	MARYJEAN		WALL						
D	XXX-XX-4868	JACK	E	CLARK						
D	XXX-XX-1075	MIREYA	L	NOVO						
D	XXX-XX-3915	GEORGE	M	FREY						

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		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
D	XXX-XX-5295	TYA	R	EACHUS						
D	XXX-XX-9445	THOMAS	C	HALL						
D	XXX-XX-5370	BARBARA	A	HOMOLYA						
D	XXX-XX-4240	JUSTICE BER		HILL						
D	XXX-XX-6170	STEPHEN	S	JOHNSON						
D	XXX-XX-6257	MELISSA	B	SHAPIRO						
D	XXX-XX-8958	LOUISE		GENTRY						
D	XXX-XX-7689	JAMES	A	CURLISS						
D	XXX-XX-5785	CAROL		TOWARNICKY						
D	XXX-XX-8866	DAVID	S	LYMAN						

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-0197	JANET	C	LEACH						
D	XXX-XX-3668	LOUIS	M	HELDMAN						
D	XXX-XX-8694	JAMES	F	SCHAEFFER						
D	XXX-XX-3766	DIANE	M	STANTON						
D	XXX-XX-4387	GAILE	E	ROBINSON						
D	XXX-XX-4919	NICKEY	N	CARSON						
D	XXX-XX-4363	BRENT	D	FRAZEE						
D	XXX-XX-0160	RONALD	G	ENGSTROM						
D	XXX-XX-8348	MICHAEL	J	WILEY						
D	XXX-XX-2970	VIRGINIA	K	RICKERT						

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-4271	WAYNE	S	MARKHAM						
D	XXX-XX-0559	ROBERT		HALLINEN						
D	XXX-XX-9011	CATHY	L	TYLEND A						
D	XXX-XX-8298	GEORGEA		KOVANIS						
D	XXX-XX-8571	ANNA	L	MILLER						
D	XXX-XX-6398	REBECCA	R	BEACH						
D	XXX-XX-3965	LEILAH	N	SCOTT						
D	XXX-XX-4277	STEVEN		HERPPICH						
D	XXX-XX-8919	MICHAEL	L	GERACIE						
D	XXX-XX-4982	KAREN	K	COTTEN						

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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PART III Participant Information - enter all requested information

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(a) Entry Code	(b) Social Security Number (or FOREIGN)	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-9785	GERALD	S	THORESON						
D	XXX-XX-0886	THOMAS	E	ISAAC						
D	XXX-XX-9186	SUE	B	CURTIS						
D	XXX-XX-7570	JOHN	P	PRATER						
D	XXX-XX-3741	TAMMY	L	OSBORNE						
D	XXX-XX-6059	TONY	D	BIFFLE						
D	XXX-XX-2998	CRYSTAL	W	CHAPPELL						
D	XXX-XX-5002	MICHAEL	S	CARTER						
D	XXX-XX-1124	ROBERT	L	SOUTHERLAND						
D	XXX-XX-4896	JAMES	E	BATES						

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
D	XXX-XX-5674	KAYE	C	RUSSELL						
D	XXX-XX-8213	EVA-MARIE		AYALA						
D	XXX-XX-5303	WILLIAM	J	DONALDSON						
D	XXX-XX-9733	DIANNA	L	HUNT						
D	XXX-XX-3313	BOBBY	L	EDDINS						
D	XXX-XX-3569	MARK	S	LEACH						
D	XXX-XX-1013	ROBYN	E	SCHMIDT						
D	XXX-XX-1741	JOHN	T	STRONG						
D	XXX-XX-2488	MICHAEL	D	TRIBBLE						
D	XXX-XX-8830	DIANA	L	MULLINS						

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-1828	CAROLYN	A	POIROT						
D	XXX-XX-8075	RICHARD	G	LE MASURIER						
D	XXX-XX-1969	MARK	R	SUTHERLIN						
D	XXX-XX-3031	CHRISTOPHER	B	ADAMS						
D	XXX-XX-0542	CLAYTON	M	SEDLER						
D	XXX-XX-6435	DONNA	M	KORENAK						
D	XXX-XX-7604	JACK	D	BEASLEY						
D	XXX-XX-3444	ANNE	B	CARTER						
D	XXX-XX-1534	MARY	K	STEIERT						
D	XXX-XX-1118	DIERK	B	RICE SR						

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-0228	BEVERLY	S	BAKER						
D	XXX-XX-0256	TIMOTHY	S	MADIGAN						
D	XXX-XX-6042	JACQUELINE	K	SANNES						
D	XXX-XX-2088	LORI	K	LANDA						
D	XXX-XX-7171	JON	L	MATTHEWS						
D	XXX-XX-6583	PAK-KI		LI						
D	XXX-XX-7896	BRILL		BUNDY						
D	XXX-XX-0971	LEROY	V	MILLER						
D	XXX-XX-5683	GREGORY	L	HACK						
D	XXX-XX-6762	FRANK	A	BRUNSKY						

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
D	XXX-XX-5844	YEN	T	NGUYEN						
D	XXX-XX-7600	CATHY	S	GRIPKA						
D	XXX-XX-0538	STEVEN	F	CARLSON						
D	XXX-XX-0944	KATHERINE	A	MANWEILER						
D	XXX-XX-4723	DIANA	M	LYNN						
D	XXX-XX-1326	DEBORAH	M	BAGBY						
D	XXX-XX-7056	KENNETH	J	BATRICK						
D	XXX-XX-7567	FREDRICK	L	CLARK						
D	XXX-XX-5842	NORMAN	B	WILLIAMS						
D	XXX-XX-1462	KATHLEEN	M	CORDELL						

Name of plan The McClatchy Company 401(k) Plan	Plan Number 004	EIN 52-2080478
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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-9097	LISA	E	WILLIAMS						
D	XXX-XX-5917	MY		TRAN						
D	XXX-XX-6270	JOHN	D	PHILLIPS						
D	XXX-XX-5020	DARLENE	M	CARNOPIE						
D	XXX-XX-7903	MICHAEL		TURPIN						
D	XXX-XX-4387	JULIA	C	MARTINEZ						
D	XXX-XX-9163	FRANK	J	LAMONSKI						
D	XXX-XX-1934	LINDA		RAMSEY						
D	XXX-XX-8638	KATHLEEN	M	BALDWIN						
D	XXX-XX-7006	LESLIE		STREETER						

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-4088	KOSE	J	SUAFO 'A						
D	XXX-XX-5169	JEANENE		BALUKOFF						
D	XXX-XX-4044	KATHLEEN	M	BROCK						
D	XXX-XX-7767	PATRICK	H	O' CALLAHAN						
D	XXX-XX-5026	JASON	E	MCCHARNESS						
D	XXX-XX-3132	JACKLYN		FRAIZER						
D	XXX-XX-8060	SCOTT	E	WHEELWRIGHT						
D	XXX-XX-3482	WILLIAM	E	HUNTER II						
D	XXX-XX-1992	PETER	R	BRITTON						
D	XXX-XX-7025	ROBERT	F	ESPINOSA						

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-9770	COLIN	M	BRANSON						
D	XXX-XX-3464	HELENA	L	FISK						
D	XXX-XX-7827	ERIC	L	LUCHINI						
D	XXX-XX-1082	JOSEPH	I	BEGAY						
D	XXX-XX-2538	LISA	G	HANCOCK						
D	XXX-XX-0500	GREGORY	D	ALBRECHT						
D	XXX-XX-2920	PRISCILLA		LORIGA						
D	XXX-XX-0925	GERALD	A	GERVIN						
D	XXX-XX-7862	PAULA		LLOYD						
D	XXX-XX-9757	KEITH	D	WISE						

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-9045	BRENDA	Y	WEGRZYN						
D	XXX-XX-5849	MARY		GALLAGHER						
D	XXX-XX-5131	IRENE	D	TOSTI-SLAYBAUGH						
D	XXX-XX-6055	JEANETTE	K	MONOS						
D	XXX-XX-3768	JANICE	C	BUTLER						
D	XXX-XX-2058	LARRY	W	LARUE						
D	XXX-XX-3501	RAYMOND		ROMAN						
D	XXX-XX-7681	SUSAN	S	PRICE						
D	XXX-XX-9688	LARRY	L	ROWDEN						
D	XXX-XX-1325	RONALD	W	TILLEY						

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D	XXX-XX-6703	KAREN	S	DE SA						
D	XXX-XX-8736	ANA	L	QUINONEZ						
D	XXX-XX-7846	DONNA	J	SALMANS						
D	XXX-XX-2198	JILL	M	LEMIEUX						
D	XXX-XX-6830	DAVID	F	WINK						
D	XXX-XX-4586	PATRICIA		COTTON						
D	XXX-XX-1150	DANA	L	PLEWKA						
D	XXX-XX-8341	STEVEN		HOWARD						
D	XXX-XX-8639	JERRY	A	MC MAHON						
D	XXX-XX-3811	CORINNE	R	CASAS						

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-8987	JOANNE	N	SBRANTI-ESTRADA						
D	XXX-XX-6540	CYNTHIA	J	BARTON						
D	XXX-XX-0555	EILEEN		HAMMOND CUFF						
D	XXX-XX-7691	RICK	M	ERICKSON						
D	XXX-XX-1416	SAMUEL	A	MCMANIS						
D	XXX-XX-9610	MICHAEL	L	LEFKOW						
D	XXX-XX-7337	BARBARA	B	KEARSEY						
D	XXX-XX-6624	PAMELA	A	DOZIER						
D	XXX-XX-8196	DEBORAH	A	CARVER						
D	XXX-XX-9460	MICHELLE	K	AXBERG						

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		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment		
D	XXX-XX-8130	STEVEN	D	BECKETT						
D	XXX-XX-5952	KRISTOPHER	J	SKINNER						
D	XXX-XX-2465	LINDA	H	VELA						
D	XXX-XX-2851	JONE	W	LEE						
D	XXX-XX-8081	ANTONIA	R	GERMANY						
D	XXX-XX-1521	GONZALO		MARTINEZ						
D	XXX-XX-1389	ELSIE	M	WERTZ						
D	XXX-XX-5975	NIRANDA		HARTLE						
D	XXX-XX-1219	MILTON	J	MITSunAGA						
D	XXX-XX-7019	MARIA	C	RIVERO						

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		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	XXX-XX-6064	DENISE	P	MILAN						
D	XXX-XX-4525	JUDY	M	LEE						
D	XXX-XX-6045	ERROL	P	MEIKLE						
D	XXX-XX-3437	NICOLE	J	BEAL						
D	XXX-XX-1558	ANGELA		WOOLEN						
D	XXX-XX-6514	PATRICIA		ALVAREZ						
D	XXX-XX-6926	DENNIS	W	BOYLES						
D	XXX-XX-7623	ASTEWAY		KEBEDE						
D	XXX-XX-5461	ALEKSANDAR		LUKIC						

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
▶ Go to www.irs.gov/Form5558 for the latest information.

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) The McClatchy Company Number, street, and room or suite no. (If a P.O. box, see instructions) P.O. Box 15779 City or town, state, and ZIP code Sacramento CA 95852-0779	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 52-2080478 Social security number (SSN) (9 digits XXX-XX-XXXX)														
C <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 60%;">Plan name</th> <th colspan="4" style="text-align: center;">Plan year ending—</th> </tr> <tr> <th style="text-align: center;">Plan number</th> <th style="text-align: center;">MM</th> <th style="text-align: center;">DD</th> <th style="text-align: center;">YYYY</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: none;">The McClatchy Company 401(k) Plan</td> <td style="border-bottom: none; text-align: center;">0 0 4</td> <td style="border-bottom: none; text-align: center;">12</td> <td style="border-bottom: none; text-align: center;">31</td> <td style="border-bottom: none; text-align: center;">2018</td> </tr> </tbody> </table>	Plan name	Plan year ending—				Plan number	MM	DD	YYYY	The McClatchy Company 401(k) Plan	0 0 4	12	31	2018	
Plan name		Plan year ending—													
	Plan number	MM	DD	YYYY											
The McClatchy Company 401(k) Plan	0 0 4	12	31	2018											

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 10 / 15 / 2019 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 10 / 15 / 2019 to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax ▶	a	
b Enter the payment amount attached ▶	b	
c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶	c	

5 State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ _____ Date ▶ _____