

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>10/01/2009</u> and ending <u>09/30/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>006</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1959</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>006</u>	1c Effective date of plan <u>01/01/1959</u>	
1b Three-digit plan number (PN) ▶	<u>006</u>				
1c Effective date of plan <u>01/01/1959</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>DENVER POST LLC</u> <u>101 WEST COLFAX AVENUE</u> <u>DENVER, CO 80202</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>84-1551911</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>800-332-3807</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>525100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>84-1551911</u>	2c Sponsor's telephone number <u>800-332-3807</u>	2d Business code (see instructions) <u>525100</u>	
2b Employer Identification Number (EIN) <u>84-1551911</u>					
2c Sponsor's telephone number <u>800-332-3807</u>					
2d Business code (see instructions) <u>525100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/06/2011	GREG GRIBBLE
	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 and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

DENVER POST LLC

101 WEST COLFAX AVENUE
DENVER, CO 80202**3b** Administrator's EIN

84-1551911

3c Administrator's telephone number

800-332-3807

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

368

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

22

b Retired or separated participants receiving benefits.....**6b**

202

c Other retired or separated participants entitled to future benefits.....**6c**

88

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

312

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

45

f Total. Add lines **6d** and **6e**.....**6f**

357

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DENVER POST LLC</u>	D Employer Identification Number (EIN) <u>84-1551911</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>19442261</u>
b Actuarial value	2b <u>21386487</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>251</u> <u>17322893</u>
b For terminated vested participants	3b <u>92</u> <u>2515016</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>141258</u>
(2) Vested benefits	3c(2) <u>1729961</u>
(3) Total active	3c(3) <u>25</u> <u>1871219</u>
d Total	3d <u>368</u> <u>21709128</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.71</u> %
6 Target normal cost	6 <u>241882</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>05/27/2011</u>
Signature of actuary	Date
<u>SCOTT H. DAVIS</u>	<u>11-06506</u>
Type or print name of actuary	Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>	<u>612-339-7501</u>
Firm name	Telephone number (including area code)
<u>45 SOUTH SEVENTH STREET STE 2100</u> <u>MINNEAPOLIS, MN 55402</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4230626	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	
9	Amount remaining (Item 7 minus item 8).....	4230626	
10	Interest on item 9 using prior year's actual return of <u>2.82</u> %	119304	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		93591
b	Interest on (a) using prior year's effective rate of <u>6.20</u> %		5803
c	Total available at beginning of current plan year to add to prefunding balance		99394
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	500000	
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	3849930	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.77 %
15	Adjusted funding target attainment percentage.....	15	98.51 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	83.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/30/2009	5428		05/14/2010	2003	
12/31/2009	8673		06/16/2010	2025	
01/14/2009	2590		07/12/2010	1997	
02/04/2010	1926		08/06/2010	1961	
03/05/2010	1883		09/13/2010	1816	
04/08/2010	2392		10/07/2010	1646	
			Totals ►	18(b)	34340
				18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	33335
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	241882
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	241882
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	208547	208547
36 Additional cash requirement (item 34 minus item 35).....	36	33335
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	33335
38 Interest-adjusted excess contributions for current year (see instructions).....	38	
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	
40 Unpaid minimum required contribution for all years	40	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010		
A Name of plan DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 DENVER POST LLC	D Employer Identification Number (EIN) 84-1551911	

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

NORTHERN TRUST CORPORATION 50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-2723087

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

CHICAGO TRUST INVESTMENTS, N.A. 50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-3608252

(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)

HEWITT ASSOCIATES

PO BOX 95135
CHICAGO, IL 60694

36-2235791

(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?
16	NONE	41149	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HOLME ROBERTS AND OWEN LLP

1700 LINCOLN ST, STE 4100
DENVER, CO 80203

84-0415155

(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?
22	NONE	29439	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DENVER INVESTMENT ADVISORS

1225 17TH ST 2600
DENVER, CO 80202

84-0954772

(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?
21	NONE	24211	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

COMPUSYS

2821 S. PARKER RD
AURORA, CO 80014

84-0721304

(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?
12	NONE	17827	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SSA, P.C.

3355 AMERICAN DRIVE
COLORADO SPRINGS, CO 80917

84-0676265

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	10175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BECKER BURKE ASSOCIATES

225 WEST WACKER DRIVE, STE 400
CHICAGO, IL 60606

84-1934785

(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?
20	NONE	6850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLORADO BUSINESS BANK

821 17TH ST
DENVER, CO 80202

84-9137221

(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?
18	NONE	6755	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(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:

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

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
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan <u>DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DENVER POST LLC</u>	D Employer Identification Number (EIN) <u>84-1551911</u>	

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	<u>175703</u>	<u>173796</u>
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>5894</u>	<u>1646</u>
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	<u>3245</u>	<u>3211</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>315660</u>	<u>463287</u>
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	<u>1493485</u>	<u>1465352</u>
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	<u>17472461</u>	<u>17155397</u>
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	654	1095
f Total assets (add all amounts in lines 1a through 1e)	1f	19467102	19263784

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	24812	12670
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	24812	12670

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	19442290	19251114
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	34340	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		34340

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	24	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24

(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)	368536	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		368536

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	1432170	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1432170
(6) Net investment gain (loss) from common/collective trusts	2b(6)		10746
(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)		81635
c Other income.....	2c		33452
d Total income. Add all income amounts in column (b) and enter total.....	2d		1960903

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1978294	
(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)		1978294
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	80763	
(2) Contract administrator fees	2i(2)	17827	
(3) Investment advisory and management fees	2i(3)	38570	
(4) Other	2i(4)	36625	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		173785
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2152079

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-191176
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: SSA, PC

(2) EIN: 84-0676265

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan <u>DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DENVER POST LLC</u>	D Employer Identification Number (EIN) <u>84-1551911</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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 <u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☒ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	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 providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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 items 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 items 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 items 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 items 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 items 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 items 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 item 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 items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



INDEPENDENT AUDITOR'S REPORT

May 9, 2011

Pension Committee
Denver Typographical Union
Newspaper Employees' Pension Plan
Denver, Colorado

We have audited the accompanying statement of net assets available for benefits of the Denver Typographical Union Newspaper Employees' Pension Plan (the Plan) as of September 30, 2010 and 2009 and the related statement of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits at September 30, 2009 and 2008 and related statement of changes in accumulated plan benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of September 30, 2010 and changes therein for the year then ended and its financial status as of September 30, 2009 and changes therein for the year then ended, and information regarding its accumulated plan benefits as of September 30, 2008 and changes therein for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The schedule of assets held at end of year is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

SSA, P.C.

Certified Public Accountants
Colorado Springs, Colorado

SSA, P.C.
Certified Public Accountants

3355 American Drive
Colorado Springs, CO 80917-5707
719.574.0100
fax.380.9631
www.4ways.com

Schedule SB Attachment (Form 5500)—2009 Plan Year
Denver Typographical Union Employees' Pension Plan
EIN: 84-1551911 PN: 006

Schedule SB, Part V—Summary of Plan Provisions

Effective Date October 1, 1959, most recently amended effective December 3, 2009.

Eligibility Any person in regular active employment of a participating employer who is included in a collective bargaining unit of Denver Typographical Union No. 49 and any direct employees on Denver Typographical Union No. 49 who are not covered by the Western States Office and Professional Employees' Pension Trust.

No new participants may enter the plan after December 31, 2007.

Employer Contributions Employer contributions are made for each shift worked. The table below summarizes the most recent history of employer contributions.

Effective Date	Rate Per Shift	Effective Date	Rate Per Shift
4/1987	\$6.10	11/2000 ¹	9.90
10/1989	6.50	2/2001	10.40
11/1991	6.90	2/2002	10.90
4/1993	7.30	2/2003	11.40
4/1994	7.70	2/2004	11.90
4/1995	8.10	2/2005	12.40
4/1997	8.90	2/2006	12.90
10/1999 ¹	9.40	2/2007	13.40

Beginning October 1, 1995, the following additional annual contributions are expected to be made for a 15-year period:

■ Denver Post:	\$ 102,909
■ Denver Publishing Company	\$ 42,748

¹ For Denver Post Only.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Denver Typographical Union Employees' Pension Plan
EIN: 84-1551911 PN: 006

Normal Retirement

Eligibility

Age 62 or, if later, upon completion of two years of vesting service.

Benefit

A monthly income payable for life with five years certain equal to the larger of (a) or (b), as follows:

- (a) \$5 for each year of Benefit Service prior to October 1, 1970, plus \$20 for each year of Benefit Service from October 1, 1970 to September 30, 1976, plus \$40 for each year of Benefit Service from October 1, 1976 to September 30, 1991, plus \$60 for each year of Benefit Service after September 30, 1991. Certain transferred participants are credited with \$132 (in lieu of \$60) for the October 1, 2009 through September 30, 2010 period.
- (b) \$200 per month reduced by the early retirement factor at commencement date, if any, and is also adjusted for election of any optional form of payment.

Early Retirement

Eligibility

The first day of any month following the participant's 55th birthday, after completion of five years of service.

Benefit

The monthly benefit is determined same as normal retirement considering Benefit Service prior to actual retirement. If payment commences prior to age 62 (age 65 for terminations before October 1, 1991), benefits are reduced as follows:

Date of Termination	Reduction
Before October 1, 1985	0.40% for each month by which payments begin before age 65.
October 1, 1985 to September 30, 1991	0.25% for each month by which payments begin before age 65.
On or After October 1, 1991	0.25% for each month by which payments begin before age 62.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Denver Typographical Union Employees' Pension Plan
EIN: 84-1551911 PN: 006

Supplemental Retirement Benefit

The monthly supplemental retirement benefit is payable beginning with the month which includes the Participant's Retirement Date and ending in the month in which the Participant attains age 65. The supplemental retirement benefit is not payable to those members who retire or terminate prior to age 62. The monthly supplemental benefit is payable only to Attrition List Participants, as defined in the restated Plan, and the amount is as follows:

- \$500 for Denver Publishing Company employees
- \$1,035 for Denver Post Corporation employees

Deferred Vested Retirement
Eligibility

Five years of vesting service.

Benefit

100% of the accrued normal retirement benefit payable at normal retirement age or reduced and payable as an early retirement benefit.

Disability Retirement
Eligibility

Ten years of vesting service.

Benefit

Benefit is equal to the participant's accrued benefit at the time of disablement, and is payable immediately without reduction for early payment.

Pre-Retirement Death Benefit

Non-vested participants and participants with no spouse shall have a lump-sum benefit payable to their beneficiary equal to the larger of 60 times the monthly accrued benefit, or the amount of contributions made on behalf of the participant between October 1, 1968 and September 30, 1976.

The spouse of a married participant who meets the eligibility requirements for vesting in the Plan will receive a monthly benefit equal to 50% of the accrued benefit at the participant's date of death, payable at the participant's earliest retirement date, and unreduced for early retirement.

Form of Retirement Benefit
Normal

The normal form of benefit is a Life Annuity with a five year certain period. Participants who are married at their normal retirement date will receive a reduced benefit payable in the form of a qualified Joint and 50% Survivor Annuity unless an alternate form of annuity is elected.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Denver Typographical Union Employees' Pension Plan
EIN: 84-1551911 PN: 006

Optional	Ten-Year Certain and Life Annuity, 50% or 100% Joint and Survivor Annuities.
Definitions	
Actuarial Equivalence	<p>Equivalence in value between two or more methods of payment.</p> <p>For payments other than lump sums, actuarial equivalence shall be based on interest rate of 6.5% per annum, compounded annually, and the 1994 GAR Mortality Table in Revenue Ruling 2001-62.</p> <p>Lump-sum payments are based on 417(e) mortality and interest rates.</p>
Plan Year	October 1 to September 30.
Vesting	Participants are 100% vested in their accrued benefit after completion of five years of service.
Limitations on Benefits	In no event will benefits provided under this Plan exceed the maximum benefit limitations in accordance with Section 415 of the Internal Revenue Code.
Plan Changes	<p>Participation in the Plan is frozen effective January 1, 2008. This change had no impact on the 2007 actuarial valuation.</p> <p>The Internal Revenue Code Section 415 maximum benefit limit increased from \$175,000 to \$180,000 for the 2007/2008 plan year.</p>
Years of Benefit Service	A plan year in which an employee completes 200 shifts, with partial credit at the rate of 1/10th year for each 20 shifts worked.
Years of Vesting Service	A plan year in which an employee completes 133 shifts, with partial credit at the rate of 1/10th year for each 20 shifts worked.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Denver Typographical Union Employees' Pension Plan
EIN: 84-1551911 PN: 006

Changes in Plan Provisions since the Prior Year

- An increase in the annual maximum benefit limit under IRC Section 415 from \$185,000 in 2008 to \$195,000 in 2009;
- An update to the mortality and interest rates for determining minimum lump-sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year; and
- As set forth in amendment six, certain transferred participants are credited with \$132 (in lieu of \$60) for the October 1, 2009 through September 30, 2010 period. The impact of this amendment has been included in the October 1, 2009 valuation per client election under IRC Section 412(d)(2).

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

- The target liability was calculated using the full yield curve based on corporate bond rates for May. As such, "4" was entered on line 21b as the applicable lookback month; and
- The Plan Sponsor's name changed to The Denver Post LLC.

**DENVER TYPOGRAPHICAL UNION
NEWSPAPER EMPLOYEES' PENSION PLAN
DENVER, COLORADO**

**EIN: 84-1551911
PLAN 006**

SEPTEMBER 30, 2010

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, LINE 4(i)**

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	SEPTEMBER 30, 2010	
			(d) COST	(e) CURRENT VALUE
MONEY MARKET FUNDS:				
	Federated Prime Value Obligations Fund	Money market investments - .01%	\$ 463,287	\$ 463,287
	TOTAL MONEY MARKET FUNDS		463,287	463,287
MUTUAL FUNDS:				
	Westcore Midco Growth Fund	814,801.145 shares	6,728,840	4,831,771
	Westcore Blue Chip Fund	281,080.877 shares	3,657,383	2,931,673
	Westcore Plus Bond Fund	620,638.237 shares	6,239,889	6,783,576
	Europacific Growth Fund	65,718.738 shares	2,287,100	2,608,377
	TOTAL MUTUAL FUNDS		18,913,212	17,155,397
COLLECTIVE TRUSTS:				
	S&P 500 Equity Index	438.879 shares	1,199,807	1,465,352
	TOTAL COLLECTIVE TRUSTS		1,199,807	1,465,352
	TOTAL INVESTMENTS		\$ 20,576,306	\$ 19,084,036

Schedule SB Attachment (Form 5500)—2009 Plan Year
Denver Typographical Union Employees' Pension Plan
EIN: 84-1551911 PN: 006

Schedule SB, line 26—Schedule of Active Participant Data as of October 1, 2009
Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39			3							
40-44				2	1					
45-49			1	3						
50-54		1	2			1				
55-59				1	3			1		
60-64			2		1				1	1
65-69			1							
70+										

N-25

Schedule SB Attachment (Form 5500)—2009 Plan Year
Denver Typographical Union Employees' Pension Plan
EIN: 84-1551911 PN: 006

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on the full Yield Curve with a four-month lookback (May 2009 yield curve), with sample rates as follows: Duration 0.5–2.66% Duration 5.5–5.81% Duration 10.5–7.12% Duration 15.5–7.30% Duration 20.5–7.11% Duration 25.5–6.94% Duration 30.5–6.84%
Optional Payment Form Election Percentage	55% elect 5-year Certain and Life Annuity. 20% elect 100% Joint and Survivor Annuity. 25% elect 50% Joint and Survivor Annuity.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 62.
Mortality Rates	
Healthy and Disabled	2009 Static Mortality Table for Annuitants and Non-Annuitants per Section 1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$195,000.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Denver Typographical Union Employees' Pension Plan
EIN: 84-1551911 PN: 006

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% or more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Trust Expenses Included in Target Normal Cost

The Target Normal Cost includes estimated administrative expenses (based on prior year's actual amounts) plus the estimated PBGC premiums for the current year. For 2009, this amount is \$125,000.

Expected Return on Assets

2007 Plan Year

6.40%.

2008 Plan Year

6.58%.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

October 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Denver Typographical Union Employees' Pension Plan
EIN: 84-1551911 PN: 006

Table 1
Retirement Rates

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	5.00%
61	5.00%
62	100.00%
63	100.00%
64	100.00%
65	100.00%
66	100.00%
67	100.00%
68	100.00%
69	100.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
Denver Typographical Union Employees' Pension Plan
EIN: 84-1551911 PN: 006

Table 2
Termination Rates

Age	Rate	Age	Rate
15	16.72%	45	3.49%
16	16.72%	46	3.25%
17	16.72%	47	3.18%
18	16.72%	48	2.99%
19	16.72%	49	2.86%
20	16.72%	50	2.76%
21	15.95%	51	2.65%
22	15.07%	52	2.57%
23	14.09%	53	2.42%
24	13.02%	54	2.31%
25	12.07%	55	2.19%
26	11.21%	56	2.08%
27	10.35%	57	2.00%
28	9.64%	58	1.81%
29	9.11%	59	1.62%
30	8.60%	60	1.43%
31	8.13%	61	1.24%
32	7.66%	62	1.14%
33	7.20%	63	0.81%
34	6.75%	64	0.58%
35	6.35%	65+	0.58%
36	5.97%		
37	5.61%		
38	5.31%		
39	5.02%		
40	4.73%		
41	4.47%		
42	4.22%		
43	3.98%		
44	3.74%		

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Denver Typographical Union Employees' Pension Plan
 EIN: 84-1551911 PN: 006

Table 3
Disability Rates

Age	Rate	Age	Rate
15	0.070%	45	0.162%
16	0.070%	46	0.176%
17	0.070%	47	0.191%
18	0.070%	48	0.207%
19	0.070%	49	0.223%
20	0.070%	50	0.240%
21	0.071%	51	0.260%
22	0.072%	52	0.286%
23	0.073%	53	0.318%
24	0.074%	54	0.356%
25	0.075%	55	0.400%
26	0.076%	56	0.459%
27	0.078%	57	0.534%
28	0.080%	58	0.610%
29	0.082%	59	0.720%
30	0.084%	60	0.843%
31	0.086%	61	0.975%
32	0.088%	62	1.130%
33	0.090%	63	1.305%
34	0.093%	64	1.490%
35	0.096%	65	1.710%
36	0.099%	66	1.950%
37	0.103%	67	2.210%
38	0.107%	68	2.490%
39	0.111%	69	2.790%
40	0.115%	70+	3.110%
41	0.120%		
42	0.127%		
43	0.136%		
44	0.148%		

Schedule SB Attachment (Form 5500)—2009 Plan Year
Denver Typographical Union Employees' Pension Plan
EIN: 84-1551911 PN: 006

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
November 30, 2009	\$ 5,428	6.71%	\$ 5,370
December 31, 2009	8,673	6.71%	8,534
January 14, 2010	2,590	6.71%	2,542
February 4, 2010	1,926	6.71%	1,883
March 5, 2010	1,883	6.71%	1,832
April 8, 2010	2,392	6.71%	2,313
May 14, 2010	2,003	6.71%	1,924
June 16, 2010	2,025	6.71%	1,934
July 12, 2010	1,997	6.71%	1,899
August 6, 2010	1,961	6.71%	1,856
September 13, 2010	1,816	6.71%	1,707
October 7, 2010	1,646	6.71%	1,541
Total Contribution	\$ 34,340		\$ 33,335

Schedule SB Attachment (Form 5500)—2009 Plan Year
Denver Typographical Union Employees' Pension Plan
EIN: 84-1551911 PN: 006

Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following changes:

- A change in the interest rate basis from segment rates to the full yield curve with a four-month lookback (May 2009 yield curve); and
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Denver Typographical Union Employees' Pension Plan
EIN: 84-1551911 PN: 006

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	2.00%	0.9224	1.10
60.5	5.00%	0.9039	2.73
61.5	5.00%	0.8587	2.64
62	100.00%	0.8158	50.58
Weighted Average			61.47

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 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2009****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2009 or fiscal plan year beginning **10/01/2009** and ending **09/30/2010**

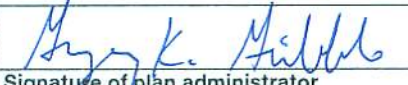
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or
☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description) _____

Part II Basic Plan Information - enter all requested information

1a Name of plan DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES PENSION PLAN	1b Three-digit plan number (PN) ► 006
	1c Effective date of plan 01/01/1959
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) DENVER POST LLC 101 WEST COLFAX AVENUE DENVER CO 80202	2b Employer Identification Number (EIN) 84-1551911 2c Sponsor's telephone number 800-332-3807 2d Business code (see instructions) 525100

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 	06/08/2011	GREG GRIBBLE
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 and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
V.092307.1

3a Plan administrator's name and address (If same as plan sponsor, enter "Same")

SAME

3b Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

368

6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).**a** Active participants**6a**

22

b Retired or separated participants receiving benefits**6b**

202

c Other retired or separated participants entitled to future benefits**6c**

88

d Subtotal. Add lines 6a, 6b, and 6c**6d**

312

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e**

45

f Total. Add lines 6d and 6e**6f**

357

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a** Pension Schedules(1) ☒

R (Retirement Plan Information)

(2) ☐

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

(3) ☒

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

b General Schedules(1) ☒

H (Financial Information)

(2) ☐

I (Financial Information - Small Plan)

(3) ☐

A (Insurance Information)

(4) ☒

C (Service Provider Information)

(5) ☒

D (DFE/Participating Plan Information)

(6) ☐

G (Financial Transaction Schedules)

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION WITH
INDEPENDENT AUDITOR'S REPORT**

**YEARS ENDED
SEPTEMBER 30, 2010 AND 2009**

**DENVER
TYPOGRAPHICAL UNION
NEWSPAPER EMPLOYEES'
PENSION PLAN**

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INDEPENDENT AUDITOR'S REPORT

May 9, 2011

Pension Committee
Denver Typographical Union
Newspaper Employees' Pension Plan
Denver, Colorado

We have audited the accompanying statement of net assets available for benefits of the Denver Typographical Union Newspaper Employees' Pension Plan (the Plan) as of September 30, 2010 and 2009 and the related statement of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits at September 30, 2009 and 2008 and related statement of changes in accumulated plan benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of September 30, 2010 and changes therein for the year then ended and its financial status as of September 30, 2009 and changes therein for the year then ended, and information regarding its accumulated plan benefits as of September 30, 2008 and changes therein for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The schedule of assets held at end of year is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

SSA, P.C.

Certified Public Accountants
Colorado Springs, Colorado

SSA, P.C.
Certified Public Accountants

3355 American Drive
Colorado Springs, CO 80917-5707
719.574.0100
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**DENVER TYPOGRAPHICAL UNION
NEWSPAPER EMPLOYEES' PENSION PLAN**

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ASSETS:		
Investments at fair value:		
Money market funds	\$ 463,287	\$ 315,660
Mutual funds	17,155,397	17,472,461
Collective trusts	<u>1,465,352</u>	<u>1,493,485</u>
Total investments	<u>19,084,036</u>	<u>19,281,606</u>
Receivables:		
Employer contributions	1,646	5,894
Dividends and interest	<u>3,211</u>	<u>3,245</u>
Total receivables	4,857	9,139
Prepaid expenses	1,095	654
Cash	<u>173,796</u>	<u>175,703</u>
TOTAL ASSETS	19,263,784	19,467,102
LIABILITIES:		
Accounts payable	<u>12,670</u>	<u>24,812</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 19,251,114</u></u>	<u><u>\$ 19,442,290</u></u>

The accompanying notes are an integral part of these financial statements.

**DENVER TYPOGRAPHICAL UNION
NEWSPAPER EMPLOYEES' PENSION PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED SEPTEMBER 30, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,809,168	\$ 479,705
Dividends and interest	368,560	413,436
Mutual fund rebate	33,452	26,224
Loss on sale of investments	(284,617)	(328,922)
	<u>1,926,563</u>	<u>590,443</u>
Investment expenses	(38,570)	(35,228)
Net investment income	1,887,993	555,215
Contributions - employer	34,340	262,912
TOTAL ADDITIONS	<u>1,922,333</u>	<u>818,127</u>
DEDUCTIONS:		
Pension and death benefits paid	1,978,294	1,951,601
Administrative expenses:		
Consulting and actuarial fees	41,149	30,768
Legal fees	29,439	43,068
Insurance expense	3,971	4,073
Audit fees	10,175	9,880
Administrative fees	17,827	17,946
Bank fees	1,008	1,106
PBGC premiums	31,646	12,672
Total administrative expenses	<u>135,215</u>	<u>119,513</u>
TOTAL DEDUCTIONS	<u>2,113,509</u>	<u>2,071,114</u>
NET DECREASE	(191,176)	(1,252,987)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>19,442,290</u>	<u>20,695,277</u>
End of year	<u><u>\$ 19,251,114</u></u>	<u><u>\$ 19,442,290</u></u>

The accompanying notes are an integral part of these financial statements.

**DENVER TYPOGRAPHICAL UNION
NEWSPAPER EMPLOYEES' PENSION PLAN**

STATEMENT OF ACCUMULATED PLAN BENEFITS

SEPTEMBER 30, 2009 AND 2008

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:	<u>2009</u>	<u>2008</u>
Vested benefits:		
Participants currently receiving payments	\$ 15,584,660	\$ 14,786,590
Other participants	3,606,761	3,589,563
Total vested benefits	19,191,421	18,376,153
Nonvested benefits	125,672	184,943
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 19,317,093</u>	<u>\$ 18,561,096</u>

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEARS ENDED SEPTEMBER 30, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
CHANGES IN THE ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Balance - beginning of year	<u>\$ 18,561,096</u>	<u>\$ 20,344,522</u>
Increase (decrease) during the year attributable to:		
Interest on accrued benefits	1,452,382	1,450,641
Assumption changes	357,449	(1,386,332)
Plan amendments	-	-
Benefits paid	(1,951,601)	(2,042,200)
Value of one year accrual	-	-
Other changes	897,767	194,465
Net increase (decrease)	<u>755,997</u>	<u>(1,783,426)</u>
Balance - end of year	<u>\$ 19,317,093</u>	<u>\$ 18,561,096</u>
Funded ratio	<u>100.65%</u>	<u>111.50%</u>

The accompanying notes are an integral part of these financial statements.

**DENVER TYPOGRAPHICAL UNION
NEWSPAPER EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2010 AND 2009

A. Description of the Plan:

The following brief description of the Denver Typographical Union Newspaper Employees' Pension Plan (the Plan) is provided for general information purposes only. Financial statement users should also refer to the Plan Agreement for more complete information.

General:

The Plan currently is a collectively-bargained, single-employer, defined benefit pension plan established on October 1, 1959, under an agreement, as amended, which is presently between the Denver Post, LLC and the Denver Typographical Union, to provide pension, disability and death benefits to eligible employees with qualifying years of credited service. This plan was soft frozen effective January 1, 2008. As a result of the freeze, new hires are not eligible to participate. Current participants will continue to earn credit for benefit accrual up to December 31, 2012, at which point they will cease to accrue future service credits. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits:

Employees with two years of vesting service are eligible for pension benefits beginning at age 62. Early retirement benefits are payable at a reduced rate, based upon age at pension commencement, after participants have completed five years of service and attained the age of 55. Participants who terminate employment at any age with two years or more of vesting service will have rights to a benefit under the Plan.

Disability and Death Benefits:

Participants who terminate employment due to disability, with ten years of vesting service, will be able to receive pension benefits at any age.

Death benefits may be paid as a lump sum or as an annuity, under either pre-retirement or post-retirement formulas, to the spouse, depending upon the age of the vested participant at date of death.

B. Summary of Significant Accounting and Reporting Policies:

The following are the significant accounting and reporting policies followed by the Plan:

Basis of Accounting:

Since the Plan has been frozen, the financial statements at September 30, 2010 and 2009 are presented on the liquidation basis of accounting, which is consistent with prior reporting on the accrual method.

**DENVER TYPOGRAPHICAL UNION
NEWSPAPER EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2010 AND 2009

B. Summary of Significant Accounting and Reporting Policies (Continued):

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note G for discussion of fair value measurements.

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. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions:

Employer contributions receivable represents amounts due at September 30th of each year for shifts worked that are collected in the following year. The receivable is stated at the net realizable amount.

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those periodic payments that are attributable under the Plan's provisions to the service that members have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated members or their beneficiaries, (b) beneficiaries of members who have died, and (c) present members or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent that they are deemed attributable to member service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Aon Hewitt as of the beginning of the Plan year and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**DENVER TYPOGRAPHICAL UNION
NEWSPAPER EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2010 AND 2009

B. Summary of Significant Accounting and Reporting Policies (Continued):

Actuarial Present Value of Accumulated Plan Benefits (Continued):

The significant assumptions used for this calculated present value are:

- Life expectancy of participants: RP-2000 Combined Healthy Mortality Table projected to 2009 with Scale AA for active and disabled pensioners
- Interest rate: 8%
- Retirement age: graduated rates beginning at age 55
- Termination rates: age 62
- Disability rates: graduated
- Marital status: percentage married: males - 85%; females - 85%
- Age difference: males are assumed to be three years older than spouses
- Valuation method: Standard Unit Credit Cost Method at a discount rate of 8.00%
- Actuarial value of assets: market value of assets

The *Accounting and Reporting by Defined Benefit Pension Plans* valuation method reflects the following changes:

- A change in the interest rate from 8.25% to 8.00% as of October 1, 2009

The foregoing actuarial assumptions are based on the presumption that the Plan will continue in operation. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Fair Value of Financial Instruments:

The Plan's financial instruments consist of cash, investments, receivables, prepaid expenses, and accounts payable. The recorded values of cash, receivables, prepaid expenses, and accounts payable approximate fair value based on their short-term nature and the fair value of investments is based on quoted market prices.

**DENVER TYPOGRAPHICAL UNION
NEWSPAPER EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2010 AND 2009

B. Summary of Significant Accounting and Reporting Policies (Continued):

Income Taxes:

The Plan is exempt from federal income taxes under the provisions of Section 501(c)(9) of the Internal Revenue Code.

The Plan has adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740 *Accounting for Uncertainty in Income Taxes*, which prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return and also provides guidance on various related matters such as derecognition, interest, penalties and disclosures required. The Plan's determination as a tax-exempt entity is considered a tax position subject to the requirements of ASC 740. There were no unrecognized tax benefits at September 30, 2010, and the Plan does not believe it is reasonably possible that unrecognized tax benefits related to this tax position will significantly change within twelve months of the reporting date.

The Plan would recognize interest and penalties, if any, related to unrecognized tax benefits as income tax expense. The Plan did not have any accrued liabilities or expense for interest or penalties related to unrecognized tax benefits for the years ended September 30, 2010 and 2009.

The Plan has no tax returns subject to examination by taxing authorities. The 5500 forms for 2004 through 2009 remain open to inspection by the Department of Labor.

C. Concentration of Credit Risk:

The Plan's cash is held at a financial institution that is insured by the Federal Deposit Insurance Corporation (FDIC). The Plan's deposits did not exceed the insured amount at September 30, 2010 and 2009.

Contributions to the Plan are dependent on work activity at the Denver Post, LLC in Colorado.

D. Funding Policy:

The Plan is funded by employer contributions based on rates set forth in the collective bargaining agreement for each shift worked. As of September 30, 2009, the Funding Standard Account showed a funding balance credit. This credit serves as a safeguard in meeting the minimum funding standards in the future years. The Plan has met minimum funding requirements of ERISA for the plan years ended September 30, 2009 and 2008.

**DENVER TYPOGRAPHICAL UNION
NEWSPAPER EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2010 AND 2009

D. Funding Policy (Continued):

The Pension Protection Act of 2006 (PPA) revised the minimum funding rules beginning in 2008. The provisions of PPA have been reflected in the Plan valuation. Beginning in 2008, the law requires an annual actuarial certification of the Plan's funded status within the first 120 days of the Plan year.

The funding target attainment percentage is obtained by dividing the Plan's net plan assets by the plan liabilities on the valuation date. The funding target attainment percentage was 80.8 percent at October 1, 2009 and 83.0 percent at October 1, 2008.

The Plan had a funding shortfall of \$4,172,571 at October 1, 2009. The funding shortfall would require quarterly contributions which have been satisfied by contributions and/or credit balances.

Although it has not expressed any intention to do so, the Plan has the right to discontinue contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

E. Plan Termination:

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits of the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

**DENVER TYPOGRAPHICAL UNION
NEWSPAPER EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2010 AND 2009

E. Plan Termination (Continued):

Whether all participants receive their benefits should the plan terminate at some future time will depend on the sufficiency, at that time, of the plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

F. Investments:

The Plan's investments in mutual funds and collective trusts are stated at fair value determined by quoted market price and are held by a bank as custodian. Investments that represent five percent or more of the Plan's net assets are separately identified. The following table presents the cost and fair value of investments at September 30, 2010 and 2009:

	ORIGINAL COST		FAIR VALUE	
	<u>2010</u>	<u>2009</u>	<u>2010</u>	<u>2009</u>
Money market funds	<u>\$ 463,287</u>	<u>\$ 315,660</u>	<u>\$ 463,287</u>	<u>\$ 315,660</u>
Mutual funds:				
Westcore Midco Growth Fund	6,728,840	7,574,445	4,831,771	4,461,032
Westcore Blue Chip Fund	3,657,383	4,094,018	2,931,673	3,263,505
Westcore Plus Bond Fund	6,239,889	6,715,105	6,783,576	6,998,127
Europacific Growth Fund	<u>2,287,100</u>	<u>2,535,443</u>	<u>2,608,377</u>	<u>2,749,797</u>
Total mutual funds	18,913,212	20,919,011	17,155,397	17,472,461
Collective trusts:				
S&P 500 Equity Index	<u>1,199,807</u>	<u>1,348,373</u>	<u>1,465,352</u>	<u>1,493,485</u>
Total investments	<u>\$ 20,576,306</u>	<u>\$ 22,583,044</u>	<u>\$ 19,084,036</u>	<u>\$ 19,281,606</u>

During the years ended September 30, 2010 and 2009, the Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

	<u>2010</u>	<u>2009</u>
Mutual funds:		
Westcore Midco Growth Fund	\$ 1,216,344	\$ 243,032
Westcore Blue Chip Fund	104,803	(79,985)
Westcore Plus Bond Fund	260,665	397,342
Europacific Growth Fund	<u>106,923</u>	<u>55,475</u>
	1,688,735	615,864
Collective trusts:		
S&P 500 Equity Index	<u>120,433</u>	<u>(136,159)</u>
Total	<u>\$ 1,809,168</u>	<u>\$ 479,705</u>

**DENVER TYPOGRAPHICAL UNION
NEWSPAPER EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2010 AND 2009

G. Fair Value Measurements:

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

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 or identical assets in active or inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability or are derived principally from or corroborated by observable market data by correlation or other means.
If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset 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.

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 September 30, 2010 and 2009.

Money market and mutual funds: Valued at net asset value (NAV) of shares held by the Plan at year end.

Collective trusts: Valued at the closing price reported on the active market on which the individual securities are traded.

**DENVER TYPOGRAPHICAL UNION
NEWSPAPER EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2010 AND 2009

G. Fair Value Measurements (Continued):

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2010 and 2009:

Description	Total	Fair Value Measurements at September 30, 2010		
		Level 1	Level 2	Level 3
Money market funds	\$ 463,287	\$ 463,287	\$ -	\$ -
Mutual funds:				
Equity funds	7,763,444	7,763,444	-	-
Fixed income fund	6,783,576	6,783,576	-	-
International equity fund	2,608,377	2,608,377	-	-
Total mutual funds	17,155,397	17,155,397	-	-
Collective trusts:				
S&P Equity 500 Index	1,465,352	-	1,465,352	-
Total	\$ 19,084,036	\$ 17,618,684	\$ 1,465,352	\$ -

Description	Total	Fair Value Measurements at September 30, 2009		
		Level 1	Level 2	Level 3
Money market funds	\$ 315,660	\$ 315,660	\$ -	\$ -
Mutual funds	17,472,461	17,472,461	-	-
Collective trusts	1,493,485	1,493,485	-	-
Total	\$ 19,281,606	\$ 19,281,606	\$ -	\$ -

Transfers from Level 1 to Level 2 were made because of the changes in pricing sources and trading structures. At October 1, 2009, significant transfers between Levels 1 and 2 were as follows:

	Level 1	Level 2
Collective trusts:		
From Level 1 to Level 2	\$ (1,493,485)	\$ 1,493,485

**DENVER TYPOGRAPHICAL UNION
NEWSPAPER EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2010 AND 2009

H. Plan Tax Status:

The Plan obtained its latest determination letter on August 29, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving a favorable tax determination letter from the Internal Revenue Service. However, the Plan's administrator believes the Trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

I. Plan Amendments:

The Plan amended its provisions in 1976 to comply with the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Since that time, the Plan has been restated and amendments to the Plan have been enacted by the Board of Trustees to comply with federal law, enact benefit improvements, and to redefine and clarify benefits and eligibility for benefits. There were no significant amendments to the Plan during the years ended September 30, 2010 and 2009.

J. Risks and Uncertainties:

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

K. Party-In-Interest Transactions:

Fees incurred by the Plan for investment management services amounted to \$38,570 and \$35,228 for the years ended September 30, 2010 and 2009, respectively. Fees were paid during the year for legal, accounting, actuarial and other professional services rendered by parties-in-interest.

L. Subsequent Event:

The Plan did not have any subsequent events through May 9, 2011, which is the date the financial statements were available to be issued, for events requiring recording or disclosure in the financial statements for the year ended September 30, 2010.

**DENVER TYPOGRAPHICAL UNION
NEWSPAPER EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2010 AND 2009

M. Reconciliation of Financial Statements to Form 5500:

The following are reconciling items between the financial statements and Form 5500, Schedule H:

- Realized gains (losses) reported in the Plan's Form 5500 are determined based on the current value of the assets sold at the beginning of the year or the cost of assets acquired during the year. The net gains in the accompanying statement of changes in net assets available for benefits are determined based on the original costs of the assets.
- Dividends and interest are separately stated in the Plan's form 5500.
- Unrealized appreciation (depreciation) reported in the Plan's Form 5500 is determined based on the current value of the assets sold at the beginning of the year or the cost of assets acquired during the year. The appreciation (depreciation) in the accompanying statement of changes in net assets available for benefits is determined based on the original costs of the assets.
- Investment revenues are shown net of investment expenses on the statement of changes in net assets available for benefits. On Form 5500, these expenses are shown in the expense section of the tax return, which creates a difference in total income and total expenses.

	Financial Statements		Form 5500
Realized gains (losses)	\$ (284,617)	Line 2b(6) Line 2b(10)	\$ 10,746 \$ 81,635
Dividends and interest	\$ 368,560	Line 2b(1)(A) Line 2b(2)(C)	\$ 24 \$ 368,536
Unrealized appreciation	\$ 1,809,168	Line 2b(5)(B)	\$ 1,432,170
Total additions/income	\$ 1,922,333	Line 2d	\$ 1,960,903
Total deductions/expenses	\$ 2,113,509	Line 2j	\$ 2,152,079

SUPPLEMENTAL INFORMATION

**DENVER TYPOGRAPHICAL UNION
NEWSPAPER EMPLOYEES' PENSION PLAN
DENVER, COLORADO**

**EIN: 84-1551911
PLAN 006**

SEPTEMBER 30, 2010

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, LINE 4(i)**

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	SEPTEMBER 30, 2010	
			(d) COST	(e) CURRENT VALUE
MONEY MARKET FUNDS:				
	Federated Prime Value Obligations Fund	Money market investments - .01%	\$ 463,287	\$ 463,287
	TOTAL MONEY MARKET FUNDS		463,287	463,287
MUTUAL FUNDS:				
	Westcore Midco Growth Fund	814,801.145 shares	6,728,840	4,831,771
	Westcore Blue Chip Fund	281,080.877 shares	3,657,383	2,931,673
	Westcore Plus Bond Fund	620,638.237 shares	6,239,889	6,783,576
	Europacific Growth Fund	65,718.738 shares	2,287,100	2,608,377
	TOTAL MUTUAL FUNDS		18,913,212	17,155,397
COLLECTIVE TRUSTS:				
	S&P 500 Equity Index	438.879 shares	1,199,807	1,465,352
	TOTAL COLLECTIVE TRUSTS		1,199,807	1,465,352
	TOTAL INVESTMENTS		\$ 20,576,306	\$ 19,084,036

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>Denver Typographical Union Newspaper Employees' Pension Plan</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">006</td> </tr> </table>	B Three-digit plan number (PN) ►	006
B Three-digit plan number (PN) ►	006		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>The Denver Post LLC</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">D Employer Identification Number (EIN)</td> <td style="width:40%; text-align: center;">84-1551911</td> </tr> </table>	D Employer Identification Number (EIN)	84-1551911
D Employer Identification Number (EIN)	84-1551911		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Part I Basic Information			
1 Enter the valuation date: Month <u>10</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a		19,442,261
b Actuarial value.....	2b		21,386,487
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	251	17,322,893
b For terminated vested participants	3b	92	2,515,016
c For active participants:			
(1) Non-vested benefits.....	3c(1)		141,258
(2) Vested benefits.....	3c(2)		1,729,961
(3) Total active	3c(3)	25	1,871,219
d Total.....	3d	368	21,709,128
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5		6.71 %
6 Target normal cost.....	6		241,882

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>Scott H Davis JND</u> Signature of actuary	<u>5/27/2011</u> Date
<u>Scott H. Davis</u> Type or print name of actuary		<u>11-06506</u> Most recent enrollment number
<u>Hewitt Associates LLC</u> Firm name		<u>(612) 339-7501</u> Telephone number (including area code)
<u>45 South Seventh Street - Ste 2100</u> Address of the firm		
<u>Minneapolis MN 55402</u> Address of the firm		

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4,230,626	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	4,230,626	0
10	Interest on item 9 using prior year's actual return of <u>2.82 %</u>	119,304	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		93,591
b	Interest on (a) using prior year's effective rate of <u>6.20 %</u>		5,803
c	Total available at beginning of current plan year to add to prefunding balance		99,394
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	500,000	
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	3,849,930	0

Part III Funding percentages			
14	Funding target attainment percentage	14	80.77 %
15	Adjusted funding target attainment percentage	15	98.51 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/30/2009	5,428		05/14/2010	2,003	
12/31/2009	8,673		06/16/2010	2,025	
01/14/2010	2,590		07/12/2010	1,997	
02/04/2010	1,926		08/06/2010	1,961	
03/05/2010	1,883		09/13/2010	1,816	
04/08/2010	2,392		10/07/2010	1,646	
Totals ▶			18(b)	34,340	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 33,335
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	241,882
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	241,882
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	208,547	0
36 Additional cash requirement (item 34 minus item 35)	36	33,335
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	33,335
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0