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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 04/01/2001

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
THE DENVER POST LLC

101 W. COLFAX AVENUE
DENVER, CO 80202

2b Employer Identification Number (EIN)
84-1551911

2c Sponsor's telephone number
303-954-2554

2d Business code (see instructions)
511110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2011	MISSY MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2011	MISSY MILLER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

101 W. COLFAX AVENUE
DENVER, CO 80202

3b Administrator's EIN
84-1551911

3c Administrator's telephone number
303-954-2554

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**	853
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**	227
b	Retired or separated participants receiving benefits	**6b**	197
c	Other retired or separated participants entitled to future benefits	**6c**	363
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	787
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	54
f	Total. Add lines **6d** and **6e**	**6f**	841
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**	8
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:
1A 1G 3H 1I

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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500.
THE DENVER POST LLC

D Employer Identification Number (EIN)
84-1551911

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	IN-17142	841	01/01/2010	12/31/2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1504623
5	Current value of plan's interest under this contract in separate accounts at year end	5	30626697

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED GENERAL ACCOUNT CONTRACT

b	Balance at the end of the previous year			7b	1499367
c	Additions: (1) Contributions deposited during the year	7c(1)	128200		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	28027		
	(4) Transferred from separate account	7c(4)	1605000		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	1761227
d	Total of balance and additions (add **b** and **c(6)**)			7d	3260594
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1438315		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	317656		
	▶ ELECTIVE SERVICE CHG GPS/PBGC FEE PYMT OF PLAN EXP				
	(5) Total deductions			7e(5)	1755971
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1504623

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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
THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE DENVER POST LLC

D Employer Identification Number (EIN)
84-1551911

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2010

2 Assets:

a	Market value	**2a**	30412088
b	Actuarial value	**2b**	30932055

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	246	15483169
b	For terminated vested participants	**3b**	373	11066045
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		1332921
	(2) Vested benefits	**3c(2)**		12081562
	(3) Total active	**3c(3)**	234	13414483
d	Total	**3d**	853	39963697

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**	6.69 %
6	Target normal cost	**6**	175000

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

09/22/2011
Signature of actuary — Date

SCOTT H. DAVIS
Type or print name of actuary

11-06506
Most recent enrollment number

HEWITT ASSOCIATES LLC
Firm name

612-339-7501
Telephone number (including area code)

45 SOUTH SEVENTH STREET SUITE 2100
MINNEAPOLIS, MN 55402-1616
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 [ ]

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)	53529	112064
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)	53529	112064
10	Interest on item 9 using prior year's actual return of 26.43 %	14148	29619
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		26725
	b Interest on (a) using prior year's effective rate of 8.12 %		2170
	c Total available at beginning of current plan year to add to prefunding balance		28895
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	67677	141683

Part III Funding percentages

14	Funding target attainment percentage	14	76.87 %
15	Adjusted funding target attainment percentage	15	76.87 %
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	87.44 %
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
10/12/2010	100000				
01/13/2011	100000				
09/14/2011	745000				
			Totals ► 18(b)	945000	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	855895

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	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:	
5.03 %	6.73 %	6.82 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 63

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** 0

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** 175000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	7642454	887981
b Waiver amortization installment	0	0

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** 1062981

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	67677	141683	209360

36 Additional cash requirement (item 34 minus item 35) **36** 853621

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 855895

38 Interest-adjusted excess contributions for current year (see instructions) **38** 2274

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN		003
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
THE DENVER POST LLC	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).. . . . . [X] 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

PRUDENTIAL RETIREMENT INS & ANNUITY

06-1050034

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

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

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

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)

GLOBAL PORTFOLIO STRATEGIES, INC

06-1055669

(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?
28	NONE	14723	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRUDENTIAL RETIREMENT

06-1050034

(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?
13	NONE	5528	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

HEWITT ASSOCIATES

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?
11	NONE	154701	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HOLME ROBERTS & OWEN LLP

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?
29	NONE	18173	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:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE DENVER POST LLC

D Employer Identification Number (EIN)
84-1551911

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

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND /PIM

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

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)
06-1050034-151	P	3765641

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS/PIMCO

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS

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)
06-1050034-299	P	3305573

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL BLEND/ARTIO

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

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)
06-1050034-349	P	5230536

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH/GOLDMAN SACHS

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

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)
06-1050034-128	P	2939527

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH/TURNER INV

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

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)
06-1050034-141	P	3280827

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE/LSV ASSET MGMT

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

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)
06-1050034-318	P	3325297

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE/WELLINGTON

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

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)
06-1050034-184	P	3357826

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH/ARTISAN PARTNER

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-185	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 985399

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE/WELLINGTON

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-187	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1009870

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL SHORT TERM

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS

c EIN-PN 06-1050034-041	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 428712

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH/TIMESSQUARE

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-132	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1518263

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE/TS&W

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-256	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1479227

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE DENVER POST LLC

D Employer Identification Number (EIN)
84-1551911

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1493302	845000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	27464748	30626698
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1466903	1554392
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	30424953	33026090
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	12865	44856
k	Total liabilities (add all amounts in lines 1g through1j)	1k	12865	44856
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	30412088	32981234

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	954195	
	(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)		954195
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	423212	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		423212
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3269472
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4646879
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1728086	
(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)		1728086
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	349647	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		349647
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2077733
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2569146
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: EHRHARDT KEEFE STEINER & HOTTMAN PC (2) EIN: 84-0869721

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.)	4a		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.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? 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)

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE DENVER POST LLC

D Employer Identification Number (EIN)
84-1551911

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 22-1211670

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** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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):

---

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):

THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

Financial Statements
and
Independent Auditors' Report
December 31, 2010 and 2009

EKS&H
EHRHARDT • KEEFE
STEINER • HOTTMAN PC
CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS

THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

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INDEPENDENT AUDITORS' REPORT

Plan Administrator, Committee, and Participants
The Denver Post Non-Union Employees' Pension Plan
Denver, Colorado

We were engaged to audit the financial statements of The Denver Post Non-Union Employees' Pension Plan (the "Plan") as of December 31, 2010 and 2009, for the years ended December 31, 2010 and 2009, and the supplemental schedules as of December 31, 2010, as listed in the accompanying table of contents. These financial statements and the supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 2, which was certified by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009, and for the years then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and the supplemental schedules taken as a whole. The form and content of the information included in the financial statements and the supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Ehrhardt Keefe Steiner + Hottman PC

Ehrhardt Keefe Steiner & Hottman PC

September 29, 2011
Denver, Colorado

THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2010	2009
Assets		
Investments, at fair value		
Pooled separate accounts	$ 30,626,698	$ 27,464,748
Guaranteed deposit account	1,554,392	1,466,903
Total investments	32,181,090	28,931,651
Employer contributions receivable	845,000	1,493,302
Total assets	33,026,090	30,424,953
Liabilities and Net Assets		
Liabilities		
Accrued expenses	44,856	12,865
Total liabilities	44,856	12,865
Net assets available for benefits	$ 32,981,234	$ 30,412,088

See notes to financial statements.

THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

	For the Years Ended December 31,	
	2010	2009
Additions to net assets		
Investment income		
Net appreciation in fair value of investments	$ 3,269,472	$ 4,566,201
Interest and dividends	423,212	381,099
Total investment income	3,692,684	4,947,300
Employer contributions	954,195	400,000
Total additions to net assets	4,646,879	5,347,300
Deduction from net assets		
Benefits paid to participants	1,728,086	1,009,728
Administrative fees	349,647	176,058
Total deductions from net assets	2,077,733	1,185,786
Net increase before transfer	2,569,146	4,161,514
Transfer in from other plan	-	8,693,223
Net increase	2,569,146	12,854,737
Net assets available for benefits		
Beginning of year	30,412,088	17,557,351
End of year	$ 32,981,234	$ 30,412,088

See notes to financial statements.

Note 1 - Description of the Plan and Significant Accounting Policies

The following description of The Denver Post Non-Union Employees' Pension Plan (the "Plan") provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan established on April 1, 2001. The Plan is a non-contributory plan covering substantially all non-union employees of The Denver Post, LLC (the "Company"). The Company was formed on January 23, 2001, under a joint operating agreement between the E.W. Scripps Company ("Scripps"), owner of *The Rocky Mountain News*, and The Denver Post Corporation ("DPC") (a subsidiary of MediaNews Group, Inc.), owner of *The Denver Post*. The Plan was formed by a transfer of assets and accrued benefits associated with certain employees who, prior to April 1, 2001, were employees of DPC and The Denver Publishing Company (a subsidiary of Scripps) and participated in certain pension plans of DPC and The Denver Publishing Company. Effective April 1, 2001, these employees became employees of the Company and commenced participation in the Plan.

Effective December 31, 2008 ("Freeze Date"), the Denver Newspaper Agency froze the Plan. New employees as of January 1, 2009 are not eligible to participate in the Plan.

On February 26, 2009, MediaNews Group, Inc. and Scripps entered into a separation agreement (the "Separation Agreement"). Effective February 27, 2009, in accordance with the Separation Agreement, Scripps stopped publishing *The Rocky Mountain News* and ceased management control. The Company maintains fiduciary responsibilities for the Plan and ensures the Plan meets minimum funding requirements.

Prior to January 1, 2009, eligible employees became participants in the Plan on the first day of the month coincident with or following the later of (1) the date the employee completes one year of participation service or (2) the date the employee commences covered employment. Covered employees are defined as employees of the Agency who were not covered by a collective bargaining agreement, leased employees, non-resident aliens who either receive no earned income from U.S. sources or such income is exempt from U.S. income tax, or independent contractors.

Effective June 30, 2010, the Plan name changed from Denver Newspaper Agency Non-Union Employees' Pension Plan to The Denver Post Non-Union Employees' Pension Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Company has elected a committee that administers the Plan. Prudential Retirement Insurance and Annuity Company ("Prudential Retirement") serves as trustee, manages Plan investments, and maintains the Plan's records.

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Plan Merger

As a result of the Separation Agreement, *The Denver Post's* non-union employees who participated in the MediaNews Group Defined Benefit Plan for Certain Employees (the "MNG Plan") were merged into the Plan on August 26, 2009. There were approximately 375 participants of which 40 were active, 170 were term-vested, and 165 were retired in payment. On September 25, 2009, as part of the merger, $6,839,504 was transferred from Bank of New York (the trustee of the MNG Plan) to the Plan and $360,417 represents payments on behalf of transferred participants. This transfer represented approximately 80% of the total assets to be transferred. The remaining balance of the asset transfer of $1,493,302 was a receivable to the Plan as of December 31, 2009, and received during 2010.

Funding Policy

Contributions to the Plan are based on actuarial determinations provided by the Plan's actuary. All contributions are made by the Company in cash in amounts adequate to meet the minimum funding requirement of ERISA. Contributions of $954,195 and $400,000 were made to the Plan for the years ended December 31, 2010 and 2009, respectively.

Vesting and Payment of Benefits

Participants earn one year of vesting service for each calendar year in which a participant is credited with at least 1,000 hours of service. Generally, all of a participant's service prior to April 1, 2001 with Scripps, DPC, and their subsidiaries will be credited for vesting purposes based on vesting service calculations for the predecessor plans applicable to the participants during that time.

Pension benefits are provided to participants under several types of retirement options, based upon years of service and age. Normal retirement commences as of the participant's normal retirement date (age 65). Participants with five years of vesting service may receive reduced retirement benefits for early retirement (age 55). If a participant terminates employment at age 55 (or older), the participant can elect to start benefit payments at age 62 with no reduction to retirement benefits. A participant may also elect late retirement (after age 65). A participant who, prior to normal retirement age, becomes disabled, as defined in the Plan document, and who has completed five years of vesting service, is eligible to receive a disability benefit, calculated as specified in the Plan document. A participant who terminates employment and is not eligible for normal, early, or late pension benefits, but who has completed five years of vesting service, is eligible to receive a deferred vested retirement benefit once the participant reaches the age of 55. Pension benefits are subject to an annual maximum, as described in the Plan document. The normal form of benefit payment is a single life annuity; however, participants may elect various forms of joint and survivor annuities, including a lump-sum payment in certain situations as defined by the Plan document.

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Vesting and Payment of Benefits (continued)

The spouse of a participant who dies while employed and after completing five years of vesting service, or after terminating with normal, early, late, deferred, or disability retirement benefit but before the participant's annuity starting date, as defined in the Plan document, is entitled to a death benefit. The death benefit is payable in the form of a qualified joint and 50% survivor annuity or in the form of a qualified joint and 100% survivor annuity if the proper elections have been made. The death benefit becomes payable no earlier than the date the participant would have become eligible to receive benefits. Participants transferring from the MNG Plan have different calculations of death benefits as defined by the MNG Plan document.

The spouse, or the designated beneficiary if the proper elections have been made, of a participant who dies after normal, early, late, deferred, or disability benefits have commenced is entitled to death benefits payable as elected when the participant became eligible for the benefit, as defined in the Plan document. However, if the participant is unmarried, the designated beneficiary is eligible for death benefits, as described in the Plan document, payable in a single lump sum.

Effective April 1, 2011, the Plan's assets were below the 80% funding target attainment percentage. Until the funded status of the Plan changes, a participant may only receive up to 50% of the participant's vested balance through a lump-sum payment. This amount cannot exceed the lump-sum value of the amount guaranteed by the Pension Benefit Guaranty Corporation. At the participant's benefit commencement, the remaining participant balance can be paid out as either a single life annuity, joint survivor annuity, or certain and life annuity at the participant's direction.

Plan Termination

Although the Company has not expressed any intention to do so, the Company has the right under the Plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in order of priority determined in the Plan document. The Pension Benefit Guaranty Corporation guarantees the payment of all non-forfeitable (vested) benefits subject to certain limitations prescribed by ERISA.

Valuation of Investments 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.

The net realized and unrealized investments gain or loss (net appreciation or depreciation in fair value of investments) is reflected in the accompanying statements of changes in net assets available for benefits and is determined as the difference between fair value at the beginning of the year (or date purchased if during the year) and selling price (if sold during the year) or year-end fair value. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date.

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Risk and Uncertainties

The Plan provides for various investments, which in general are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect participants' benefits and the amounts reported in the statements of net assets available for benefits.

Additionally, some investments held by the Plan are invested in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of comparable U.S. companies.

Recent Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board issued Accounting Standards Update ("ASU") No. 2010-06, *Improving Disclosures about Fair Value Measurements*. This guidance requires additional disclosure of transfers of assets and liabilities between Levels 1 and 2 of the fair value hierarchy and disclosure of activities on a gross basis, including purchases, sales, issuances, and settlements in the reconciliation of the assets and liabilities measured under Level 3 of the fair value hierarchy. This standard also clarifies existing disclosure requirements on levels of disaggregation and disclosures about inputs and valuation techniques. ASU No. 2010-06 was effective for the Plan's year ended December 31, 2010, except for the disclosure requirements on Level 3 activity that will be effective for the Plan's year ending December 31, 2011. The adoption of this standard did not have a material impact on the Plan's financial statements.

Note 2 - Investments

Prudential Retirement has certified in writing to the Plan administrator that the stated amounts for investments at fair value as of December 31, 2010 and 2009, and the income earned on the investments for the years then ended, as reflected in the accompanying financial statements and the supplemental schedules, are complete and accurate.

Note 2 - Investments (continued)

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's auditors not to perform any auditing procedures with respect to the investment information certified by the trustee except for comparing the information contained therein to information included in the financial statements and the supplemental schedules.

The fair value of investments greater than 5% of net assets available for benefits was as follows:

	December 31,	
	2010	2009
International Blend/Artio Fund	$ 5,230,536	$ 4,676,843
Core Bond/PIM Fund	$ 3,765,641	$ 2,955,886
Large Capital Value/Wellington Fund	$ 3,357,826	$ 3,013,054
Large Capital Growth/LSV Asset Management Fund	$ 3,325,297	$ 3,019,930
Core Plus Bond/PIMCO Fund	$ 3,305,573	$ 3,084,950
Large Capital Growth/Turner Investments Fund	$ 3,280,827	$ 3,047,077
Large Capital Growth/Goldman Sachs Fund	$ 2,939,527	$ 2,777,565

Note 3 - Fair Value Accounting

GAAP requires disclosure about how fair value is determined and establishes 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 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

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

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Note 3 - Fair Value Accounting (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2010 and 2009.

Assets at fair value as of December 31, 2010 are as follows:

Description	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Large-capital investments	$ -	$ 12,903,477	$ -	$ 12,903,477
Fixed-income investments	-	7,499,926	-	7,499,926
International investments	-	5,230,536	-	5,230,536
Small-capital investments	-	2,997,490	-	2,997,490
Mid-capital investments	-	1,995,269	-	1,995,269
Guaranteed deposit account	-	1,554,392	-	1,554,392
Total	$ -	$ 32,181,090	$ -	$ 32,181,090

Assets at fair value as of December 31, 2009 are as follows:

Description	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Large-capital investments	$ -	$ 11,857,626	$ -	$ 11,857,626
Fixed-income investments	-	6,308,520	-	6,308,520
International investments	-	4,676,843	-	4,676,843
Small-capital investments	-	2,731,575	-	2,731,575
Mid-capital investments	-	1,890,184	-	1,890,184
Guaranteed deposit account	-	1,466,903	-	1,466,903
Total	$ -	$ 28,931,651	$ -	$ 28,931,651

The valuation technique used to measure fair value of pooled separate accounts is based upon the quoted market prices of the underlying investments. The underlying securities have observable Level 2 pricing inputs, including quoted prices for similar assets in active markets.

The valuation technique used to measure fair value of the guaranteed deposit account is based on the fair value of the Plan's underlying investments held in the account determined by Prudential Retirement using observable Level 2 pricing inputs, including quoted prices for similar assets in active markets.

There were no changes to the valuation techniques used during the year ended December 31, 2010.

Note 4 - Income Taxes

The Internal Revenue Service ("IRS") has determined and informed the Plan in a letter dated August 29, 2008, that the Plan is tax-exempt under the appropriate sections of the Internal Revenue Code ("IRC"). The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC; therefore, no provision for income taxes has been included in the accompanying financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Note 5 - Administration of the Plan

The Company provides, at no cost to the Plan, certain administrative, accounting, and legal services to the Plan and also pays the cost of certain outside services for the Plan.

Note 6 - Party-in-Interest Transactions

Plan investments include pooled separate accounts and a guaranteed deposit account managed by Prudential Retirement. Prudential Retirement is the trustee, as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Note 7 - Accumulated Plan Benefits

The Plan's actuary, Aon Hewitt ("Hewitt"), estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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.

Note 7 - Accumulated Plan Benefits (continued)

Accumulated plan benefits are those estimated future periodic payments including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during their last five years of credited service prior to the Freeze Date. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the Freeze Date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the Freeze Date. The actuarial valuation was performed as of January 1, 2010, and January 1, 2009. Had the valuation been performed as of December 31, 2009, and December 31, 2008, there would be no material difference.

The following table sets forth the accumulated plan benefits of the Plan:

	January 1,	
	2010	2009
Actuarial present value of accumulated plan benefits as follows		
Vested benefits		
Participants currently receiving benefits	$ 13,816,123	$ 6,356,036
Other participants	9,948,343	9,511,979
Participants with deferred benefits	9,101,359	4,996,798
Total vested benefits	32,865,825	20,864,813
Non-vested benefits	972,717	1,114,413
Total actuarial present value of accumulated plan benefits	$ 33,838,542	$ 21,979,226

The change in present value of accumulated plan benefits was as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2009	$ 21,979,226
Increase (decrease) during the year attributable to	
Other changes (1)	11,150,318
Interest accumulation	1,718,726
Benefit payments	(1,009,728)
Actuarial present value of accumulated plan benefits as of January 1, 2010	$ 33,838,542

(1) Other changes represent the normal operation of the Plan consisting primarily of the increase due to the ongoing benefit accruals and those items of Plan experience that are not associated with Plan asset performance.

Note 7 - Accumulated Plan Benefits (continued)

The significant actuarial assumptions used by Hewitt in its January 1, 2010 and 2009, calculations are as follows:

Assumed rate of return on investments	8.00% (2010 and 2009)
Probability of retirement	5% at age 55, 2% at ages 56-59, 15% at age 60, 5% at age 61, 33% at age 62, 10% at ages 63-64, 90% at age 65, 25% at ages 66-69, and 100% at age 70 (2010 and 2009)
Mortality basis	RP2000 Combined Healthy Participant Table Projected to 2009 using scale AA (2010 and 2009)
Turnover	Based upon industry studies which are not inconsistent with employer experience (2010 and 2009)
Actuarial cost method	Standard Unit Credit Cost Method (2010 and 2009)
Compensation increase	3.25% (2010 and 2009)

The effective interest rate assumption changed to 6.69% as of January 1, 2010, from 8.12% as of January 1, 2009.

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

Note 8 - Subsequent Events

The Plan has evaluated subsequent events through September 29, 2011, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2010

Employer Identification Number 84-1551911
Plan Number - 003

(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	(d) Cost	(e) Current Value
	Guaranteed deposit account			
*	Prudential Retirement Insurance and Annuity Company	Guaranteed deposit account	$ 1,504,623	$ 1,554,392
	Pooled separate accounts			
*	Prudential Retirement Insurance and Annuity Company	International Blend/Artio Fund	4,570,946	5,230,536
*	Prudential Retirement Insurance and Annuity Company	Core Bond/PIM Fund	3,512,410	3,765,641
*	Prudential Retirement Insurance and Annuity Company	Large Capital Value/Wellington Fund	2,897,420	3,357,826
*	Prudential Retirement Insurance and Annuity Company	Large Capital Growth/LSV Asset Management Fund	2,968,359	3,325,297
*	Prudential Retirement Insurance and Annuity Company	Core Plus Bond/PIMCO Fund	2,977,642	3,305,573
*	Prudential Retirement Insurance and Annuity Company	Large Capital Growth/Turner Investments Fund	3,207,560	3,280,827
*	Prudential Retirement Insurance and Annuity Company	Large Capital Growth/Goldman Sachs Fund	2,432,553	2,939,527
*	Prudential Retirement Insurance and Annuity Company	Small Capital Growth/TimesSquare Fund	963,972	1,518,263
*	Prudential Retirement Insurance and Annuity Company	Small Capital Value/TS&W Fund	1,229,307	1,479,227
*	Prudential Retirement Insurance and Annuity Company	Mid Capital Growth/Wellington Fund	706,548	1,009,870
*	Prudential Retirement Insurance and Annuity Company	Mid Capital Growth/Artisan Partner Fund	616,126	985,399
*	Prudential Retirement Insurance and Annuity Company	Prudential Short-Term Fund	428,699	428,712
			$ 28,016,165	$ 32,181,090

* Party-in-interest

THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2010

Employer Identification Number 84-1551911
Plan Number - 003

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset/Book Value	(h) Current Value of Asset on Transaction Date	(i) Realized Gains (Losses)
Category (iii) - A series of transactions which exceeds 5% of net assets available for benefits as of the beginning of the Plan year:						
Prudential Retirement Insurance and Annuity Company	Guaranteed deposit account	$ 1,734,667	$ -	$ 1,734,667	$ 1,734,667	$ -
		$ -	$ 1,757,438	$ 1,757,438	$ 1,757,438	$ -

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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

The Denver Post Non-Union Employees' Pension Plan

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

The Denver Post LLC

D Employer Identification Number (EIN)

84-1551911

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2010

2	Assets:			
	a Market value		**2a**	30,412,088
	b Actuarial value		**2b**	30,932,055
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	246	15,483,169
	b For terminated vested participants	**3b**	373	11,066,045
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		1,332,921
	(2) Vested benefits	**3c(2)**		12,081,562
	(3) Total active	**3c(3)**	234	13,414,483
	d Total	**3d**	853	39,963,697
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**	6.69 %
6	Target normal cost		**6**	175,000

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 Scott H Davis FSA

Signature of actuary

09/22/2011

Date

Scott H. Davis

Type or print name of actuary

11-06506

Most recent enrollment number

Hewitt Associates LLC

Firm name

(612)339-7501

Telephone number (including area code)

45 South Seventh Street Suite 2100

Minneapolis MN 55402-1616

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 [ ]

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)	53,529	112,064
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)	53,529	112,064
10	Interest on item 9 using prior year's actual return of 26.43 %	14,148	29,619
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		26,725
b	Interest on (a) using prior year's effective rate of 8.12 %		2,170
c	Total available at beginning of current plan year to add to prefunding balance		28,895
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	67,677	141,683

Part III Funding percentages

14	Funding target attainment percentage	14	76.87 %
15	Adjusted funding target attainment percentage	15	76.87 %
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	87.44 %
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
10/12/2010	100,000				
01/13/2011	100,000				
09/14/2011	745,000				
			Totals ▶ 18(b)	945,000	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	855,895

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	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:	
5.03 %	6.73 %	6.82 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	0
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**	175,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	7,642,454	887,981
b Waiver amortization installment	0	0

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**	1,062,981

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	67,677	141,683	209,360

36 Additional cash requirement (item 34 minus item 35)	**36**	853,621
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	855,895
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	2,274
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

Schedule SB Attachment (Form 5500)—2010 Plan Year
The Denver Post Non-Union Employees' Pension Plan
EIN: 84-1551911 PN: 003

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2010

Date	Amount	Interest Rate	Interest Adjusted Contribution
October 12, 2010	$ 100,000	6.69%	$ 95,086
January 13, 2010	100,000	6.69%	93,530
September 14, 2011	745,000	6.69%	667,279
Total Contribution	$ 945,000		$ 855,895

Schedule SB Attachment (Form 5500)—2010 Plan Year
The Denver Post Non-Union Employees' Pension Plan
EIN: 84-1551911 PN: 003

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) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	2.00%	0.9500	1.07
57.5	2.00%	0.9310	1.07
58.5	2.00%	0.9124	1.07
59.5	2.00%	0.8941	1.06
60.5	15.00%	0.8762	7.95
61.5	5.00%	0.7448	2.29
62.5	33.00%	0.7076	14.59
63.5	10.00%	0.4741	3.01
64.5	10.00%	0.4267	2.75
65.5	90.00%	0.3840	22.64
66.5	25.00%	0.0384	0.64
67.5	25.00%	0.0288	0.49
68.5	25.00%	0.0216	0.37
69.5	25.00%	0.0162	0.28
70	100.00%	0.0121	0.85
		Weighted Average	62.91

Schedule SB Attachment (Form 5500)—2010 Plan Year
The Denver Post Non-Union Employees' Pension Plan
EIN: 84-1551911 PN: 003

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

Interest Rates	Based on segment rates with a four-month lookback (as of September 2009).
1st Segment Rate	5.03%.
2nd Segment Rate	6.73%.
3rd Segment Rate	6.82%.
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.25% per year.
Social Security COLA Increases	3.25%.
Optional Payment Form Election Percentage	50% Life Annuity. 25% Joint and 100% Survivor Annuity. 25% Joint and 50% Survivor Annuity.
Optional Payment Form Conversion Interest Rate	Tabular factors used.[1]
Optional Payment Form Conversion Mortality	Tabular factors used.[1]
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	62.
Mortality Rates	
Healthy and Disabled	2010 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 70% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	W-2 Earnings plus Section 401(k) and Section 125 deferrals.

[1] Factors for a participant age 65 with a spouse the same age are:
100% Joint and Survivor: .80
50% Joint and Survivor: .90
10-Year Certain and Life: .95

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

Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $195,000 and the 401(a)(17) compensation limit of $245,000.
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).
Expected Return on Assets	
2008 Plan Year	6.43%.
2009 Plan Year	6.69%.
Trust Expenses Included in Target Normal Cost	The Target Normal Cost includes estimated administrative expenses (based on the prior years' actual amounts) plus the estimated PBGC premiums for the current year. For 2010, this amount is $175,000.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2010.

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

Table 1

Retirement Rates—Retirement Rates

Age	Rate
55	5.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	15.00%
61	5.00%
62	33.00%
63	10.00%
64	10.00%
65	90.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

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

Table 2—Page 1 of 2

Withdrawal Rates—Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
15	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
16	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
17	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
18	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
19	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
20	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
21	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
22	16.70%	16.70%	16.70%	16.70%	16.70%	16.70%
23	15.80%	15.80%	15.80%	15.80%	15.80%	15.80%
24	15.10%	15.10%	15.10%	15.10%	15.10%	15.10%
25	14.30%	14.30%	14.30%	14.30%	14.30%	14.30%
26	13.60%	13.60%	13.60%	13.60%	13.60%	13.60%
27	12.80%	12.80%	12.80%	12.80%	12.80%	12.80%
28	12.70%	12.10%	12.10%	12.10%	12.10%	12.10%
29	12.70%	11.90%	11.50%	11.50%	11.50%	11.50%
30	12.70%	11.90%	11.00%	10.80%	10.80%	10.80%
31	12.70%	11.90%	11.00%	10.20%	10.20%	10.20%
32	12.70%	11.90%	11.00%	10.20%	9.60%	9.60%
33	12.70%	11.90%	11.00%	10.20%	9.50%	9.00%
34	12.70%	11.90%	11.00%	10.20%	9.50%	8.50%
35	12.70%	11.90%	11.00%	10.20%	9.50%	7.90%
36	12.70%	11.90%	11.00%	10.20%	9.50%	7.40%
37	12.70%	11.90%	11.00%	10.20%	9.50%	6.90%
38	12.70%	11.90%	11.00%	10.20%	9.50%	6.50%
39	12.70%	11.90%	11.00%	10.20%	9.50%	6.00%
40	12.70%	11.90%	11.00%	10.20%	9.50%	5.60%
41	12.70%	11.90%	11.00%	10.20%	9.50%	5.20%
42	12.70%	11.90%	11.00%	10.20%	9.50%	4.90%
43	12.70%	11.90%	11.00%	10.20%	9.50%	4.50%
44	12.70%	11.90%	11.00%	10.20%	9.50%	4.20%

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

Table 2—Page 2 of 2

Withdrawal Rates—Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
45	12.70%	11.90%	11.00%	10.20%	9.50%	3.90%
46	12.70%	11.90%	11.00%	10.20%	9.50%	3.60%
47	12.70%	11.90%	11.00%	10.20%	9.50%	3.40%
48	12.70%	11.90%	11.00%	10.20%	9.50%	3.10%
49	12.70%	11.90%	11.00%	10.20%	9.50%	2.90%
50	12.70%	11.90%	11.00%	10.20%	9.50%	2.70%
51	12.70%	11.90%	11.00%	10.20%	9.50%	2.60%
52	12.70%	11.90%	11.00%	10.20%	9.50%	2.40%
53	12.70%	11.90%	11.00%	10.20%	9.50%	2.30%
54	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
55+	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%

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

Table 3

Disability Rates—Disability Rates

Age	Rate	Age	Rate
15	0.080%	45	0.160%
16	0.080%	46	0.198%
17	0.080%	47	0.236%
18	0.080%	48	0.274%
19	0.080%	49	0.312%
20	0.080%	50	0.350%
21	0.080%	51	0.360%
22	0.080%	52	0.370%
23	0.080%	53	0.380%
24	0.080%	54	0.390%
25	0.080%	55	0.400%
26	0.080%	56	0.488%
27	0.080%	57	0.576%
28	0.080%	58	0.664%
29	0.080%	59	0.752%
30	0.080%	60	0.840%
31	0.084%	61	0.928%
32	0.088%	62	1.016%
33	0.092%	63	1.104%
34	0.096%	64	1.192%
35	0.100%	65+	0.000%
36	0.104%		
37	0.108%		
38	0.112%		
39	0.116%		
40	0.120%		
41	0.128%		
42	0.136%		
43	0.144%		
44	0.152%		

Schedule SB Attachment (Form 5500)—2010 Plan Year
The Denver Post Non-Union Employees' Pension Plan
EIN: 84-1551911 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	April 1, 2001. Last amended effective January 1, 2010.
Participation	One year of eligibility service (1,000 hours). Not covered by a collective-bargaining agreement.
Normal Retirement	
Eligibility	Age 65.
Benefit	One-twelfth of the following: 1.00% of final average compensation plus 0.25% of final average compensation in excess of covered compensation, times credited service. The benefit shall not be less than $45 times credit service. Benefits are frozen as of December 31, 2008.
Postponed Retirement	
Eligibility	After attaining age 65.
Benefit	Normal retirement benefit.
Early Retirement	
Eligibility	Age 55 and five years of vesting service.
Benefit	Normal retirement benefit reduced 5/12% for each month commencement precedes age 62.
Deferred Vested Retirement	
Eligibility	Five years of vesting service.
Benefit	Normal retirement reduced ½% for each month commencement precedes age 65. Benefit may commence as early as age 55.
Preretirement Death	
Eligibility	Employees who die after five years of vesting service.
Benefit	The retiree's surviving spouse will receive 50% of the benefit as if the retiree had retired early and elected a 50% Joint and Survivor Annuity. Benefit commencement is deferred until the time the retiree would have been eligible for early retirement.

Schedule SB, Part V—Summary of Plan Provisions

Form of Retirement Benefit

Normal	▪ Married employees: reduced 50% Joint and Survivor Annuity. ▪ Unmarried employees: Life Annuity.
Optional	▪ 5- or 10-Year Certain and Life Annuity. ▪ 50% or 100% Joint and Survivor Annuities. ▪ Lump sum if between $5,000 and $10,000.

Definitions

Actuarial Equivalence	Equivalence in value between two or more methods of payment. For payments other than lump sums, actuarial equivalence is based on a table of factors. The factors below apply if the difference between the Participant's age and the survivor annuitant's age is not more than five years. ▪ 5-Year Certain and Life Annuity. .98 ▪ 10-Year Certain and Life Annuity. .95 ▪ 50% Joint and Survivor Annuity: .90 ▪ 100% Joint and Survivor Annuity: .80 Lump sum payments are based on 417(e) mortality and interest rates.
Benefit Service	One year granted for each calendar year in which the participant has 1,560 hours of service.
Vesting Service	One year granted for each calendar year in which the employee has 1,000 hours of service.
Compensation	W-2 earnings plus amounts deferred under Section 401(k), Section 125, and the deferred compensation plan.
Final Average Compensation	The highest average annual compensation for any five consecutive calendar years of the ten consecutive calendar years preceding termination of employment.
Plan Year	Calendar year.

Changes in Plan Provisions since the Prior Year

The funding valuation reflects the following plan change:

- 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.

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

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2010 Plan Year
The Denver Post Non-Union Employees' Pension Plan
EIN: 84-1551911 PN: 003

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	$1,393,044	January 1, 2009	6	$264,559
Shortfall	$6,249,410	January 1, 2010	15	$623,422

If funding relief had not been elected for the 2010 plan year, the shortfall amortization amount for the base established on January 1, 2010 would have been $1,051,726.

Schedule SB Attachment (Form 5500)—2010 Plan Year
The Denver Post Non-Union Employees' Pension Plan
EIN: 84-1551911 PN: 003

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption change:

- A change in the assumed expenses payable from the trust from $100,000 to estimated administrative expenses (based on the prior year's actual amounts) plus the estimated PBGC premiums for the current year. For 2010, this amount is $175,000.

This change did not reduce the funding shortfall, as such approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2010 Plan Year
The Denver Post Non-Union Employees' Pension Plan
EIN: 84-1551911 PN: 003

Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following method change:

- A change in the interest rate basis from the full yield curve with a two-month lookback (as of October 2008) to segment rates with a four-month lookback (as of September 2009).

This change has automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2010 Plan Year
The Denver Post Non-Union Employees' Pension Plan
EIN: 84-1551911 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2010

Number of Participants and Average Compensation

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			1							
25-29		2								
30-34		3	6							
35-39		5	8	3						
40-44		4	13	4	1					
45-49		4	18	15	7	1	2			
50-54		5	13	10	3	5	2	1	1	
55-59			8	9	7	7	6	1	1	
60-64		5	2	5	5	1	1	3		
65-69					1		1			
70+										

N-200

Does not include 34 transferred employees.

THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2010	2009
Assets		
Investments, at fair value		
Pooled separate accounts	$ 30,626,698	$ 27,464,748
Guaranteed deposit account	1,554,392	1,466,903
Total investments	32,181,090	28,931,651
Employer contributions receivable	845,000	1,493,302
Total assets	33,026,090	30,424,953
Liabilities and Net Assets		
Liabilities		
Accrued expenses	44,856	12,865
Total liabilities	44,856	12,865
Net assets available for benefits	$ 32,981,234	$ 30,412,088

See notes to financial statements.

THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

	For the Years Ended December 31,	
	2010	2009
Additions to net assets		
Investment income		
Net appreciation in fair value of investments	$ 3,269,472	$ 4,566,201
Interest and dividends	423,212	381,099
Total investment income	3,692,684	4,947,300
Employer contributions	954,195	400,000
Total additions to net assets	4,646,879	5,347,300
Deduction from net assets		
Benefits paid to participants	1,728,086	1,009,728
Administrative fees	349,647	176,058
Total deductions from net assets	2,077,733	1,185,786
Net increase before transfer	2,569,146	4,161,514
Transfer in from other plan	-	8,693,223
Net increase	2,569,146	12,854,737
Net assets available for benefits		
Beginning of year	30,412,088	17,557,351
End of year	$ 32,981,234	$ 30,412,088

See notes to financial statements.

Note 1 - Description of the Plan and Significant Accounting Policies

The following description of The Denver Post Non-Union Employees' Pension Plan (the "Plan") provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan established on April 1, 2001. The Plan is a non-contributory plan covering substantially all non-union employees of The Denver Post, LLC (the "Company"). The Company was formed on January 23, 2001, under a joint operating agreement between the E.W. Scripps Company ("Scripps"), owner of *The Rocky Mountain News*, and The Denver Post Corporation ("DPC") (a subsidiary of MediaNews Group, Inc.), owner of *The Denver Post*. The Plan was formed by a transfer of assets and accrued benefits associated with certain employees who, prior to April 1, 2001, were employees of DPC and The Denver Publishing Company (a subsidiary of Scripps) and participated in certain pension plans of DPC and The Denver Publishing Company. Effective April 1, 2001, these employees became employees of the Company and commenced participation in the Plan.

Effective December 31, 2008 ("Freeze Date"), the Denver Newspaper Agency froze the Plan. New employees as of January 1, 2009 are not eligible to participate in the Plan.

On February 26, 2009, MediaNews Group, Inc. and Scripps entered into a separation agreement (the "Separation Agreement"). Effective February 27, 2009, in accordance with the Separation Agreement, Scripps stopped publishing *The Rocky Mountain News* and ceased management control. The Company maintains fiduciary responsibilities for the Plan and ensures the Plan meets minimum funding requirements.

Prior to January 1, 2009, eligible employees became participants in the Plan on the first day of the month coincident with or following the later of (1) the date the employee completes one year of participation service or (2) the date the employee commences covered employment. Covered employees are defined as employees of the Agency who were not covered by a collective bargaining agreement, leased employees, non-resident aliens who either receive no earned income from U.S. sources or such income is exempt from U.S. income tax, or independent contractors.

Effective June 30, 2010, the Plan name changed from Denver Newspaper Agency Non-Union Employees' Pension Plan to The Denver Post Non-Union Employees' Pension Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Company has elected a committee that administers the Plan. Prudential Retirement Insurance and Annuity Company ("Prudential Retirement") serves as trustee, manages Plan investments, and maintains the Plan's records.

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Plan Merger

As a result of the Separation Agreement, *The Denver Post's* non-union employees who participated in the MediaNews Group Defined Benefit Plan for Certain Employees (the "MNG Plan") were merged into the Plan on August 26, 2009. There were approximately 375 participants of which 40 were active, 170 were term-vested, and 165 were retired in payment. On September 25, 2009, as part of the merger, $6,839,504 was transferred from Bank of New York (the trustee of the MNG Plan) to the Plan and $360,417 represents payments on behalf of transferred participants. This transfer represented approximately 80% of the total assets to be transferred. The remaining balance of the asset transfer of $1,493,302 was a receivable to the Plan as of December 31, 2009, and received during 2010.

Funding Policy

Contributions to the Plan are based on actuarial determinations provided by the Plan's actuary. All contributions are made by the Company in cash in amounts adequate to meet the minimum funding requirement of ERISA. Contributions of $954,195 and $400,000 were made to the Plan for the years ended December 31, 2010 and 2009, respectively.

Vesting and Payment of Benefits

Participants earn one year of vesting service for each calendar year in which a participant is credited with at least 1,000 hours of service. Generally, all of a participant's service prior to April 1, 2001 with Scripps, DPC, and their subsidiaries will be credited for vesting purposes based on vesting service calculations for the predecessor plans applicable to the participants during that time.

Pension benefits are provided to participants under several types of retirement options, based upon years of service and age. Normal retirement commences as of the participant's normal retirement date (age 65). Participants with five years of vesting service may receive reduced retirement benefits for early retirement (age 55). If a participant terminates employment at age 55 (or older), the participant can elect to start benefit payments at age 62 with no reduction to retirement benefits. A participant may also elect late retirement (after age 65). A participant who, prior to normal retirement age, becomes disabled, as defined in the Plan document, and who has completed five years of vesting service, is eligible to receive a disability benefit, calculated as specified in the Plan document. A participant who terminates employment and is not eligible for normal, early, or late pension benefits, but who has completed five years of vesting service, is eligible to receive a deferred vested retirement benefit once the participant reaches the age of 55. Pension benefits are subject to an annual maximum, as described in the Plan document. The normal form of benefit payment is a single life annuity; however, participants may elect various forms of joint and survivor annuities, including a lump-sum payment in certain situations as defined by the Plan document.

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Vesting and Payment of Benefits (continued)

The spouse of a participant who dies while employed and after completing five years of vesting service, or after terminating with normal, early, late, deferred, or disability retirement benefit but before the participant's annuity starting date, as defined in the Plan document, is entitled to a death benefit. The death benefit is payable in the form of a qualified joint and 50% survivor annuity or in the form of a qualified joint and 100% survivor annuity if the proper elections have been made. The death benefit becomes payable no earlier than the date the participant would have become eligible to receive benefits. Participants transferring from the MNG Plan have different calculations of death benefits as defined by the MNG Plan document.

The spouse, or the designated beneficiary if the proper elections have been made, of a participant who dies after normal, early, late, deferred, or disability benefits have commenced is entitled to death benefits payable as elected when the participant became eligible for the benefit, as defined in the Plan document. However, if the participant is unmarried, the designated beneficiary is eligible for death benefits, as described in the Plan document, payable in a single lump sum.

Effective April 1, 2011, the Plan's assets were below the 80% funding target attainment percentage. Until the funded status of the Plan changes, a participant may only receive up to 50% of the participant's vested balance through a lump-sum payment. This amount cannot exceed the lump-sum value of the amount guaranteed by the Pension Benefit Guaranty Corporation. At the participant's benefit commencement, the remaining participant balance can be paid out as either a single life annuity, joint survivor annuity, or certain and life annuity at the participant's direction.

Plan Termination

Although the Company has not expressed any intention to do so, the Company has the right under the Plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in order of priority determined in the Plan document. The Pension Benefit Guaranty Corporation guarantees the payment of all non-forfeitable (vested) benefits subject to certain limitations prescribed by ERISA.

Valuation of Investments 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.

The net realized and unrealized investments gain or loss (net appreciation or depreciation in fair value of investments) is reflected in the accompanying statements of changes in net assets available for benefits and is determined as the difference between fair value at the beginning of the year (or date purchased if during the year) and selling price (if sold during the year) or year-end fair value. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date.

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Risk and Uncertainties

The Plan provides for various investments, which in general are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect participants' benefits and the amounts reported in the statements of net assets available for benefits.

Additionally, some investments held by the Plan are invested in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of comparable U.S. companies.

Recent Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board issued Accounting Standards Update ("ASU") No. 2010-06, *Improving Disclosures about Fair Value Measurements*. This guidance requires additional disclosure of transfers of assets and liabilities between Levels 1 and 2 of the fair value hierarchy and disclosure of activities on a gross basis, including purchases, sales, issuances, and settlements in the reconciliation of the assets and liabilities measured under Level 3 of the fair value hierarchy. This standard also clarifies existing disclosure requirements on levels of disaggregation and disclosures about inputs and valuation techniques. ASU No. 2010-06 was effective for the Plan's year ended December 31, 2010, except for the disclosure requirements on Level 3 activity that will be effective for the Plan's year ending December 31, 2011. The adoption of this standard did not have a material impact on the Plan's financial statements.

Note 2 - Investments

Prudential Retirement has certified in writing to the Plan administrator that the stated amounts for investments at fair value as of December 31, 2010 and 2009, and the income earned on the investments for the years then ended, as reflected in the accompanying financial statements and the supplemental schedules, are complete and accurate.

Note 2 - Investments (continued)

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's auditors not to perform any auditing procedures with respect to the investment information certified by the trustee except for comparing the information contained therein to information included in the financial statements and the supplemental schedules.

The fair value of investments greater than 5% of net assets available for benefits was as follows:

	December 31,	
	2010	2009
International Blend/Artio Fund	$ 5,230,536	$ 4,676,843
Core Bond/PIM Fund	$ 3,765,641	$ 2,955,886
Large Capital Value/Wellington Fund	$ 3,357,826	$ 3,013,054
Large Capital Growth/LSV Asset Management Fund	$ 3,325,297	$ 3,019,930
Core Plus Bond/PIMCO Fund	$ 3,305,573	$ 3,084,950
Large Capital Growth/Turner Investments Fund	$ 3,280,827	$ 3,047,077
Large Capital Growth/Goldman Sachs Fund	$ 2,939,527	$ 2,777,565

Note 3 - Fair Value Accounting

GAAP requires disclosure about how fair value is determined and establishes 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 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

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

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Note 3 - Fair Value Accounting (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2010 and 2009.

Assets at fair value as of December 31, 2010 are as follows:

Description	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Large-capital investments	$ -	$ 12,903,477	$ -	$ 12,903,477
Fixed-income investments	-	7,499,926	-	7,499,926
International investments	-	5,230,536	-	5,230,536
Small-capital investments	-	2,997,490	-	2,997,490
Mid-capital investments	-	1,995,269	-	1,995,269
Guaranteed deposit account	-	1,554,392	-	1,554,392
Total	$ -	$ 32,181,090	$ -	$ 32,181,090

Assets at fair value as of December 31, 2009 are as follows:

Description	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Large-capital investments	$ -	$ 11,857,626	$ -	$ 11,857,626
Fixed-income investments	-	6,308,520	-	6,308,520
International investments	-	4,676,843	-	4,676,843
Small-capital investments	-	2,731,575	-	2,731,575
Mid-capital investments	-	1,890,184	-	1,890,184
Guaranteed deposit account	-	1,466,903	-	1,466,903
Total	$ -	$ 28,931,651	$ -	$ 28,931,651

The valuation technique used to measure fair value of pooled separate accounts is based upon the quoted market prices of the underlying investments. The underlying securities have observable Level 2 pricing inputs, including quoted prices for similar assets in active markets.

The valuation technique used to measure fair value of the guaranteed deposit account is based on the fair value of the Plan's underlying investments held in the account determined by Prudential Retirement using observable Level 2 pricing inputs, including quoted prices for similar assets in active markets.

There were no changes to the valuation techniques used during the year ended December 31, 2010.

Note 4 - Income Taxes

The Internal Revenue Service ("IRS") has determined and informed the Plan in a letter dated August 29, 2008, that the Plan is tax-exempt under the appropriate sections of the Internal Revenue Code ("IRC"). The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC; therefore, no provision for income taxes has been included in the accompanying financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Note 5 - Administration of the Plan

The Company provides, at no cost to the Plan, certain administrative, accounting, and legal services to the Plan and also pays the cost of certain outside services for the Plan.

Note 6 - Party-in-Interest Transactions

Plan investments include pooled separate accounts and a guaranteed deposit account managed by Prudential Retirement. Prudential Retirement is the trustee, as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Note 7 - Accumulated Plan Benefits

The Plan's actuary, Aon Hewitt ("Hewitt"), estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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.

Note 7 - Accumulated Plan Benefits (continued)

Accumulated plan benefits are those estimated future periodic payments including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during their last five years of credited service prior to the Freeze Date. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the Freeze Date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the Freeze Date. The actuarial valuation was performed as of January 1, 2010, and January 1, 2009. Had the valuation been performed as of December 31, 2009, and December 31, 2008, there would be no material difference.

The following table sets forth the accumulated plan benefits of the Plan:

	January 1,	
	2010	2009
Actuarial present value of accumulated plan benefits as follows		
Vested benefits		
Participants currently receiving benefits	$ 13,816,123	$ 6,356,036
Other participants	9,948,343	9,511,979
Participants with deferred benefits	9,101,359	4,996,798
Total vested benefits	32,865,825	20,864,813
Non-vested benefits	972,717	1,114,413
Total actuarial present value of accumulated plan benefits	$ 33,838,542	$ 21,979,226

The change in present value of accumulated plan benefits was as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2009	$ 21,979,226
Increase (decrease) during the year attributable to	
Other changes (1)	11,150,318
Interest accumulation	1,718,726
Benefit payments	(1,009,728)
Actuarial present value of accumulated plan benefits as of January 1, 2010	$ 33,838,542

(1) Other changes represent the normal operation of the Plan consisting primarily of the increase due to the ongoing benefit accruals and those items of Plan experience that are not associated with Plan asset performance.

Note 7 - Accumulated Plan Benefits (continued)

The significant actuarial assumptions used by Hewitt in its January 1, 2010 and 2009, calculations are as follows:

Assumed rate of return on investments	8.00% (2010 and 2009)
Probability of retirement	5% at age 55, 2% at ages 56-59, 15% at age 60, 5% at age 61, 33% at age 62, 10% at ages 63-64, 90% at age 65, 25% at ages 66-69, and 100% at age 70 (2010 and 2009)
Mortality basis	RP2000 Combined Healthy Participant Table Projected to 2009 using scale AA (2010 and 2009)
Turnover	Based upon industry studies which are not inconsistent with employer experience (2010 and 2009)
Actuarial cost method	Standard Unit Credit Cost Method (2010 and 2009)
Compensation increase	3.25% (2010 and 2009)

The effective interest rate assumption changed to 6.69% as of January 1, 2010, from 8.12% as of January 1, 2009.

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

Note 8 - Subsequent Events

The Plan has evaluated subsequent events through September 29, 2011, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2010

Employer Identification Number 84-1551911
Plan Number - 003

(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	(d) Cost	(e) Current Value
	Guaranteed deposit account			
*	Prudential Retirement Insurance and Annuity Company	Guaranteed deposit account	$ 1,504,623	$ 1,554,392
	Pooled separate accounts			
*	Prudential Retirement Insurance and Annuity Company	International Blend/Artio Fund	4,570,946	5,230,536
*	Prudential Retirement Insurance and Annuity Company	Core Bond/PIM Fund	3,512,410	3,765,641
*	Prudential Retirement Insurance and Annuity Company	Large Capital Value/Wellington Fund	2,897,420	3,357,826
*	Prudential Retirement Insurance and Annuity Company	Large Capital Growth/LSV Asset Management Fund	2,968,359	3,325,297
*	Prudential Retirement Insurance and Annuity Company	Core Plus Bond/PIMCO Fund	2,977,642	3,305,573
*	Prudential Retirement Insurance and Annuity Company	Large Capital Growth/Turner Investments Fund	3,207,560	3,280,827
*	Prudential Retirement Insurance and Annuity Company	Large Capital Growth/Goldman Sachs Fund	2,432,553	2,939,527
*	Prudential Retirement Insurance and Annuity Company	Small Capital Growth/TimesSquare Fund	963,972	1,518,263
*	Prudential Retirement Insurance and Annuity Company	Small Capital Value/TS&W Fund	1,229,307	1,479,227
*	Prudential Retirement Insurance and Annuity Company	Mid Capital Growth/Wellington Fund	706,548	1,009,870
*	Prudential Retirement Insurance and Annuity Company	Mid Capital Growth/Artisan Partner Fund	616,126	985,399
*	Prudential Retirement Insurance and Annuity Company	Prudential Short-Term Fund	428,699	428,712
			$ 28,016,165	$ 32,181,090

* Party-in-interest

THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2010

Employer Identification Number 84-1551911
Plan Number - 003

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset/Book Value	(h) Current Value of Asset on Transaction Date	(i) Realized Gains (Losses)
Category (iii) - A series of transactions which exceeds 5% of net assets available for benefits as of the beginning of the Plan year:						
Prudential Retirement Insurance and Annuity Company	Guaranteed deposit account	$ 1,734,667	$ -	$ 1,734,667	$ 1,734,667	$ -
		$ -	$ 1,757,438	$ 1,757,438	$ 1,757,438	$ -

THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2010

Employer Identification Number 84-1551911
Plan Number - 003

(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	(d) Cost	(e) Current Value
	Guaranteed deposit account			
*	Prudential Retirement Insurance and Annuity Company	Guaranteed deposit account	$ 1,504,623	$ 1,554,392
	Pooled separate accounts			
*	Prudential Retirement Insurance and Annuity Company	International Blend/Artio Fund	4,570,946	5,230,536
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*	Prudential Retirement Insurance and Annuity Company	Prudential Short-Term Fund	428,699	428,712
			$ 28,016,165	$ 32,181,090

* Party-in-interest

THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2010

Employer Identification Number 84-1551911
Plan Number - 003

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset/Book Value	(h) Current Value of Asset on Transaction Date	(i) Realized Gains (Losses)
Category (iii) - A series of transactions which exceeds 5% of net assets available for benefits as of the beginning of the Plan year:						
Prudential Retirement Insurance and Annuity Company	Guaranteed deposit account	$ 1,734,667	$ -	$ 1,734,667	$ 1,734,667	$ -
		$ -	$ 1,757,438	$ 1,757,438	$ 1,757,438	$ -

THE DENVER POST NON-UNION EMPLOYEES' PENSION PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2010

Employer Identification Number 84-1551911
Plan Number - 003

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset/Book Value	(h) Current Value of Asset on Transaction Date	(i) Realized Gains (Losses)
Category (iii) - A series of transactions which exceeds 5% of net assets available for benefits as of the beginning of the Plan year:						
Prudential Retirement Insurance and Annuity Company	Guaranteed deposit account	$ 1,734,667	$ -	$ 1,734,667	$ 1,734,667	$ -
		$ -	$ 1,757,438	$ 1,757,438	$ 1,757,438	$ -