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
MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1958

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MEDIANEWS GROUP, INC.

101 W. COLFAX AVENUE, SUITE 1100
DENVER, CO 80202

2b Employer Identification Number (EIN) 76-0425553

2c Sponsor's telephone number 303-954-6446

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.	10/13/2011	STEVEN E. EISENBERG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2011	STEVEN E. EISENBERG
	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")
MEDIANEWS GROUP, INC.

101 W. COLFAX AVENUE, SUITE 1100
DENVER, CO 80202

3b Administrator's EIN
76-0425553

3c Administrator's telephone number
303-954-6446

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**	2307
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**	295
b	Retired or separated participants receiving benefits	**6b**	658
c	Other retired or separated participants entitled to future benefits	**6c**	1234
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2187
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	95
f	Total. Add lines **6d** and **6e**	**6f**	2282
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**	6
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 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	2	**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
MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
MEDIANEWS GROUP, INC.

D Employer Identification Number (EIN)
76-0425553

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
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	001310		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	949342
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶

b	Balance at the end of the previous year			7b	980127
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	56891		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	56891
d	Total of balance and additions (add **b** and **c(6)**)			7d	1037018
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	70679		
	(2) Administration charge made by carrier	7e(2)	16879		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	118		
	▶ PRIOR PERIOD INTEREST RATE CHANGES				
	(5) Total deductions			7e(5)	87676
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	949342

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 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
MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
MEDIANEWS GROUP, INC.

D Employer Identification Number (EIN)
76-0425553

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
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	030253		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**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	2671560

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 ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add **b** and **c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	0

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
MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MEDIANEWS GROUP, INC.

D Employer Identification Number (EIN)
76-0425553

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		45007883
b	Actuarial value	2b		49508671
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	736	35506772
b	For terminated vested participants	3b	1229	20850851
c	For active participants:			
	(1) Non-vested benefits	3c(1)		536700
	(2) Vested benefits	3c(2)		8737261
	(3) Total active	3c(3)	342	9273961
d	Total	3d	2307	65631584
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		6.64 %
6	Target normal cost	6		572379

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

Signature of actuary

09/28/2011
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)	303838	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	303838	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 13.75 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		4057
	b Interest on (a) using prior year's effective rate of 8.21 %		558
	c Total available at beginning of current plan year to add to prefunding balance		4615
	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)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	75.43 %
15	Adjusted funding target attainment percentage	15	75.43 %
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	82.51 %
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
04/13/2010	700000				
07/13/2010	700000				
10/13/2010	700000				
01/13/2011	700000				
09/14/2011	1135000				
			Totals ► 18(b)	3935000	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	3702301

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** 572379

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	16122913	3127348
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** 3699727

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 3699727

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 3702301

38 Interest-adjusted excess contributions for current year (see instructions) **38** 2574

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
MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MEDIANEWS GROUP, INC.

D Employer Identification Number (EIN)
76-0425553

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

(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

(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

(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

(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

(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)

BANK OF NEW YORK

13-6044214

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	35016	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVT INSTL OPERATIONAL CO

300 PURITAN WAY
MARLBOROUGH, MA 01752

(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?
49 50	NONE	127128	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EHRHARDT KEEFE STEINER AND HOTTMAN

84-0869721

(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 50	NONE	42637	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FULBRIGHT AND JAWORSKI LLP

74-1201087

(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 50	NONE	111243	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEWITT ASSOCIATES LLC

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 15 50	NONE	195640	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KALMAR INVESTMENTS

51-0261641

(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 50 51 52 68	NONE	44498	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MERCER INVESTMENT CONSULTING

61-0736136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	20000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEDIA NEWS GROUP INC

76-0425553

(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?
35 50	PLAN SPONSOR	24041	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BNY MELLON TRUST COMPANY

95-3571558

(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 50 51 55 62 63 72 99	NONE	13968	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

PRUDENTIAL INSURANCE CO

22-1211670

(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 28 50 51 52 60 63 68 71	NONE	19986	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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
MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MEDIANEWS GROUP, INC.

D Employer Identification Number (EIN)
76-0425553

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: PRISA

b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO.

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)
22-1211670-038	P	2671560

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV NON-SL STOCK INDEX FUND

b Name of sponsor of entity listed in (a): MELLON BANK, N.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)
25-6078093-010	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMP INVEST FUND

b Name of sponsor of entity listed in (a): MELLON BANK, N.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)
25-6078093-023	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV NON-SL AGG BOND INDEX FUND

b Name of sponsor of entity listed in (a): MELLON BANK, N.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)
25-6078093-056	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MEDIANEWS GROUP INC MASTER RET TR

b Name of sponsor of entity listed in (a): MEDIANEWS GROUP INC.

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)
20-8247598-001	M	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MEDIANEWS GROUP, INC.

D Employer Identification Number (EIN)
76-0425553

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)	1760000	1835000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	182397	587195
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2301063	41516530
(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)	4163701	0
(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)	28054220	0
(10) Value of interest in pooled separate accounts	1c(10)	2344195	2671560
(11) Value of interest in master trust investment accounts	1c(11)	945787	0
(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)	4043286	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	980127	949342
(15) Other	1c(15)	2076449	2428502

		(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	46851225	49988129
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	276216	168022
i Acquisition indebtedness	1i		
j Other liabilities	1j	1493302	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	1769518	168022
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	45081707	49820107

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)	3935000	
(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)		3935000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	57492	
(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)	46616	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		104108
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	20351	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	173103	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		193454
(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)	1708700	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1708700
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3073803
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		379689
(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)		118743
c Other income	2c		358862
d Total income. Add all **income** amounts in column (b) and enter total	2d		9872359
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4229615	
(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)		4229615
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)	208897	
(2) Contract administrator fees	2i(2)	322767	
(3) Investment advisory and management fees	2i(3)	82999	
(4) Other	2i(4)	289681	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		904344
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5133959
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		4738400
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
MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MEDIANEWS GROUP, INC.

D Employer Identification Number (EIN)
76-0425553

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): 13-4283699

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: 0% Investment-Grade Debt: 0% High-Yield Debt: 0% Real Estate: 11% Other: 89%

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): OPTION ADJUSTED DURATION

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

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

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

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Table of Contents

Page

Independent Auditors' Report....1

Financial Statements

Statements of Net Assets Available for Benefits....2

Statements of Changes in Net Assets Available for Benefits....3

Notes to Financial Statements....4

Supplemental Schedules

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)....16

Schedule H, Part IV, Line 4i- Schedule of Assets (Acquired and Disposed of within Year)....17

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions....18

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

7979 E. Tufts Avenue, Suite 400
Denver, Colorado 80237-2843
P: 303-740-9400 F: 303-740-9009

INDEPENDENT AUDITORS' REPORT

Plan Administrator, Committee, and Participants
MediaNews Group Defined Benefit Plan for Certain Employees
Denver, Colorado

We were engaged to audit the financial statements of MediaNews Group Defined Benefit Plan for Certain Employees (the "Plan") as of December 31, 2010 and 2009, and for the years then ended, 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 The Bank of New York Mellon/BNY Mellon, N.A., 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 and for the years ended December 31, 2010 and 2009, 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

September 30, 2011
Denver, Colorado

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Statements of Net Assets Available for Benefits

	December 31, 2010	December 31, 2009
Assets		
Investments, at fair value		
Money market accounts	$ 41,516,530	$ 2,301,063
Guaranteed annuity and investment contracts	3,620,902	3,324,322
Other investments	2,428,502	2,076,449
Common/collective trust funds	-	28,054,220
Common stock	-	4,163,701
Mutual funds	-	4,043,286
Investment in the MediaNews Group, Inc. Master Retirement Trust	-	945,787
Total investments, at fair value	47,565,934	44,908,828
Receivables		
Employer contributions	1,835,000	1,760,000
Due from other plan	587,195	182,397
Total receivables	2,422,195	1,942,397
Total assets	49,988,129	46,851,225
Liabilities and Net Assets		
Accrued expenses	168,022	106,027
Accounts payable	-	170,189
Transfer payable to other plan	-	1,493,302
Total liabilities	168,022	1,769,518
Net assets available for benefits	$ 49,820,107	$ 45,081,707

See notes to financial statements.

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Statements of Changes in Net Assets Available for Benefits

	For the Years Ended December 31,	
	2010	2009
Investment income		
Net appreciation in fair value of investments	$ 5,639,797	$ 5,305,862
Interest and dividends	297,562	499,572
Total investment income	5,937,359	5,805,434
Employer contributions	3,935,000	2,640,011
Deductions from net assets		
Benefits paid to participants	4,229,615	4,535,531
Administrative fees	904,344	880,747
Total deductions	5,133,959	5,416,278
Transfer of assets received in conjunction with plan merger	-	3,515,386
Transfer to other plan	-	(8,693,223)
Total transfer	-	(5,177,837)
Net increase (decrease)	4,738,400	(2,148,670)
Net assets available for benefits		
Beginning of year	45,081,707	47,230,377
End of year	$ 49,820,107	$ 45,081,707

See notes to financial statements.

Note 1 - Description of the Plan and Significant Accounting Policies

The following description of MediaNews Group Defined Benefit Plan for Certain Employees (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 originally established January 1, 1958, by The Denver Post Corporation ("DPC"), a Colorado corporation, for its eligible employees who are not included in a collective bargaining unit. The Plan is a non-contributory plan with the active portion of the Plan covering persons regularly employed in the service of DPC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective June 1, 2009, the Northwest Publications, Inc. Pension Plan for Saint Paul Division (Mechanical) Employees ("Saint Paul Mechanical Plan") merged into the Plan. All assets associated with the Saint Paul Mechanical Plan were invested in the MediaNews Group Inc. Master Retirement Trust ("Master Trust") along with the Plan's interest in the Master Trust.

Effective August 26, 2009, the Denver Newspaper Agency Non-Union Employees' Pension Plan ("DNA Non-Union Plan") assumed all liabilities of the Plan with respect to the current and former employees of DPC. As part of the transfer, the Plan owed the DNA Non-Union Plan $1,493,302 as of December 31, 2009, which was subsequently paid during the 2010 Plan year.

Effective December 31, 2010 ("Mailers Freeze Date"), the Company froze the active Mailers portion of the Plan, prohibiting additional Mailer employees from becoming participants and ceasing all benefit accruals under the Plan.

On December 31, 2010 ("Dissolution Date"), the Company dissolved the Master Trust. As of the Dissolution Date, assets totaling $587,195, formerly held in the Master Trust on behalf of the Saint Paul Mechanical Plan, were due to the Plan from the San Jose Mercury-News Inc. Amended Retirement Plan Covering Employees Represented by the San Jose Newspaper Guild Trust.

MediaNews Group, Inc. (the "Company") administers the Plan. Bank of New York Mellon/BNY Mellon, N.A. ("Bank of New York") serves as trustee, manages Plan investments, and maintains the Plan's records.

Participants receive retirement income benefits based on the product of pension service and the benefit credit applicable to the participant's wage class, as defined in the Plan document.

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 $3,935,000 and $2,640,011 were made to the Plan for the years ended December 31, 2010 and 2009, respectively.

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

Vesting and Payment of Benefits

The benefit accruals and vesting schedules for participants vary depending on which of the following groups the participant is covered under: Los Angeles Daily News; New England Newspapers, Inc. - Middle Town Location; New England Newspapers, Inc. - Eagle Location; New England Newspapers, Inc. - Lowell Location; and Northwest Publications Saint Paul Pioneer Press.

The specific benefit provisions and vesting provisions covering each of the above participant groups are disclosed in the Plan document and Summary Plan Description. Participants and all others should refer to these documents for the specific Plan provisions.

Benefit payments to participants are recorded when paid.

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, assets would be set aside first for the payment of benefits to retirees and then for all other participants. 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

The assets of the Plan are comprised of guaranteed annuity and investment contracts, common/collective trust funds, common stock, mutual funds, other investments, and money market accounts, which are stated at fair value. The Plan also held an interest in the Master Trust, for which the fair value is based on the beginning of the year's value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income, including net appreciation (depreciation) in fair value of investments less allocated investment expenses, actual administrative expenses, and actual benefits paid to the participants. The underlying investments of the Master Trust were stated 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. The most significant of these estimates relates to the determination of the accumulated Plan benefits and the Plan's funded status. 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' account balances and the amounts reported in the statements of net assets available for benefits.

Additionally, some investments 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 ended December 31, 2011. The adoption of this standard did not have a material impact on the Plan's financial statements.

Note 2 - Investments

Bank of New York holds all of the Plan's investments as of and for the year ended December 31, 2010 and 2009. Bank of New York 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.

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 the following:

	December 31,	
	2010	2009
Bank of New York Collective US Government STIF Fund	$ 41,516,530	$ 2,301,063
Prudential Financial Group Annuity	$ 2,671,560	$ 2,344,195
Bank of New York EB DV Non-SL Aggregate Bond Index Fund	$ - *	$ 7,442,593
Bank of New York EB DV Non-SL Stock Index Fund	$ - *	$ 20,611,615
GMO International Core Equity Fund Class III	$ - *	$ 3,175,296

* Amount does not represent greater than 5% of net assets available for benefits at respective date.

The Plan's investments (including investments bought, sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

	December 31,	
	2010	2009
Common/collective trust funds	$ 3,073,803	$ 5,181,874
Common stock	1,708,700	750,819
Guaranteed annuity and investment contracts	379,689	(1,418,345)
Other investments	358,862	(12)
Mutual funds	118,743	363,866
Master Trust (Note 4)	-	427,660
	$ 5,639,797	$ 5,305,862

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.

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, excluding the Plan's investment in the Master Trust (Note 4), are as follows:

Description	Level 1	Level 2	Level 3	Total
Money market accounts	$ -	$ 41,516,530	$ -	$ 41,516,530
Guaranteed annuity and investment contracts	-	-	3,620,902	3,620,902
Other investments				
Real estate	-	-	2,428,502	2,428,502
Total	$ -	$ 41,516,530	$ 6,049,404	$ 47,565,934

Note 3 - Fair Value Accounting (continued)

Assets at fair value as of December 31, 2009, excluding the Plan's investment in the Master Trust (Note 4), are as follows:

Description	Level 1	Level 2	Level 3	Total
Money market account	$ -	$ 2,301,063	$ -	$ 2,301,063
Common/collective trust fund				
Large capital fund	-	20,611,615	-	20,611,615
Fixed income funds	-	7,442,605	-	7,442,605
Guaranteed annuity and investment contracts	-	-	3,324,322	3,324,322
Other investments				
Real estate	-	-	2,076,449	2,076,449
Common stock				
Small capital funds	4,163,701	-	-	4,163,701
Mutual funds				
International equities	4,043,286	-	-	4,043,286
Total	$ 8,206,987	$ 30,355,283	$ 5,400,771	$ 43,963,041

The valuation technique used to measure fair value of the common/collective trust funds is based on quoted market prices for the underlying investments.

The valuation technique used to measure fair value of common stock and mutual funds traded on a national exchange is based on the last quoted sales price on the last business day of the Plan year.

The valuation technique used to measure fair value of guaranteed annuity and investment contracts is based on the fair value of the fund's underlying investments determined by the investment advisor based on Level 3 pricing inputs, including quoted prices for similar assets in active or non-active markets.

The valuation technique used to measure fair value of the money market account is a daily net asset value calculated by the asset manager/custodian but is not directly observable in the marketplace.

The valuation technique used to measure other investments is based upon the appraised value of real estate owned by the investee company, which is valued by a certified real estate appraiser, divided by number of shares outstanding.

There were no changes to the valuation techniques used during the years ended December 31, 2010 and 2009.

Note 3 - Fair Value Accounting (continued)

Level 3 Changes

The following is a reconciliation of the beginning and ending balances for assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) during the period ended December 31, 2010:

	Guaranteed Annuity and Investment Contracts	Other Investments
Beginning balance	$ 3,324,322	$ 2,076,449
Gains (losses) (realized and unrealized)	379,689	278,004
Purchases, issuances, and settlements, net	(83,109)	74,049
Ending balance	$ 3,620,902	$ 2,428,502

Note 4 - Investment in Master Trust

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

The amounts disclosed in the statements of net assets available for benefits represent the Plan's 1.0% undivided interest in the net assets of the Master Trust as of December 31, 2009. Interest, dividends, net appreciation (depreciation) in fair value of investments, realized gains and losses, and investment expenses are allocated to the Plan based upon its respective share. Administrative expenses incurred that relate to individual plans were specifically allocated to each plan. As of the Dissolution Date, Plan assets were no longer held in the Master Trust.

The following table presents the net assets in the Master Trust:

	December 31,	
	2010	2009
Assets		
Investments, at fair value		
Interest in common/collective trusts	$ -	$ 92,396,805
Accrued income	-	232
Net assets in Master Trust	$ -	$ 92,397,037

Note 4 - Investment in Master Trust (continued)

Net investment income for the year ended December 31, 2010, represents activity prior to the dissolution of the Master Trust. The following table presents the net investment income for the Master Trust:

	For the Years Ended December 31,	
	2010	2009
Net unrealized and realized appreciation in fair value of investments	$ 12,072,195	$ 19,231,819
Interest and dividends	-	23,859
Investment expense	(47,540)	(78,669)
Total	$ 12,024,655	$ 19,177,009

The fair value of investments greater than 5% of net assets in the Master Trust as of December 31, 2009, was as follows:

Collective Daily Russell 3000 Equity Index Fund	$ 45,845,792
Collective Daily Aggregate Bond Index Fund	$ 19,214,073
Collective Daily All Countryworld Ex-US Equity Index Fund	$ 17,048,041
Collective Daily Tips Fund	$ 7,057,526

The following table sets forth by level, within the fair value hierarchy as described in Note 3, the Master Trust's investment assets at fair value as of December 31, 2009.

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

Description	Level 1	Level 2	Level 3	Total
Common/collective trust funds				
Large-capital funds	$ -	$ 45,845,792	$ -	$ 45,845,792
International funds	-	26,271,599	-	26,271,599
Fixed-income funds	-	17,048,041	-	17,048,041
Cash equivalents	-	3,231,605	-	3,231,605
Total	$ -	$ 92,397,037	$ -	$ 92,397,037

The valuation techniques used to measure fair value of the common/collective trust funds held by the Master Trust are based on quoted market prices for the underlying investments.

Note 5 - Income Taxes

The Internal Revenue Service ("IRS") has determined and informed the Plan in a letter dated June 18, 2010, that the Plan is qualified and the trust established under the Plan is tax-exempt under the appropriate sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no tax 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 6 - Administration of the Plan

The Plan pays the cost of certain administrative, accounting, and legal services.

Note 7 - Party-in-Interest Transactions

Certain Plan investments are managed by Bank of New York. Bank of New York 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 8 - Accumulated Plan Benefits

The Plan's actuary, Hewitt Associates LLC ("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 8 - 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. 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	January 1, 2009
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving benefits	$ 31,784,325	$ 34,677,941
Participants with deferred benefits	17,379,577	18,644,927
Other participants	7,194,308	9,256,427
Total vested benefits	56,358,210	62,579,295
Non-vested benefits	439,455	540,910
	$ 56,797,665	$ 63,120,205

The change in present value of accumulated plan benefits was:

Actuarial present value of accumulated plan benefits as of January 1, 2009	$ 63,120,205
Increase (decrease) during the year attributable to:	
Interest accumulation	4,877,002
Assumption changes (1)	18,448
Benefit payments (2)	(4,702,380)
Other changes (3)	(6,515,610)
Actuarial present value of accumulated plan benefits as of January 1, 2010	$ 56,797,665

(1) Changes in actuarial assumptions relate to changes in the mortality table as noted in the following table.

(2) Benefit payments differ from the benefits paid to participants on the statement of changes in net assets available for benefits due to adjustments related to the asset transfer during the year ended December 31, 2009.

Note 8 - Accumulated Plan Benefits (continued)

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

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

Assumed rate of return on investments	8.0% (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 ages 70+ (2010 and 2009)
Mortality basis	RP-2000 Combined Healthy Mortality Table Projected to 2010 using Scale AA (2010) and RP-2000 Combined Healthy Mortality Table Projected to 2009 using Scale AA (2009)
Actuarial cost method	Standard Unit Credit Cost Method (2010 and 2009)

The effective interest rate assumption changed to 6.64% as of January 1, 2010, from 8.21% 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 9 - Subsequent Events

Effective August 31, 2011 ("Platemakers Freeze Date"), the Company froze the active Platemakers portion of the Plan, prohibiting additional Platemaker employees from becoming participants and ceasing all benefit accruals under the Plan. The effect on the actuarial present value of accumulated plan benefits is not yet determinable.

The Plan has evaluated subsequent events through September 30, 2011, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

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

Employer Identification Number 76-0425553
Plan Number - 002

(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 annuity and insurance contracts			
	Prudential Financial Group	Prudential Financial Group Annuity	$ 3,523,438	$ 2,671,560
	Aetna Life Insurance Company	Aetna Life Insurance Company Guaranteed Interest Contract	949,342	949,342
	Other investments			
	RREEF America RREIT II Inc.	RREEF America RREIT II Inc.	3,511,701	2,428,502
	Money market account			
*	Bank of New York	Bank of New York Collective U.S. Government STIF Fund	41,516,530	41,516,530
	Total investments		$ 49,501,011	$ 47,565,934

* Indicates a party-in-interest to the Plan

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Schedule H, Part IV, Line 4i - Schedule of Assets (Acquired and Disposed of within Year)
For the Year Ended December 31, 2010

Employer Identification Number 76-0425553
Plan Number - 002

(a)Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Acxiom Corporation	Acxiom Corporation	$ 68,458	$ 77,052
Alphatec Holdings	Alphatec Holdings	$ 23,457	$ 8,251
Beacon Roofing Supply Inc.	Beacon Roofing Supply Inc.	$ 72,236	$ 62,278
Cadence Design Systems Inc.	Cadence Design Systems Inc.	$ 45,067	$ 59,294
Celadon Group Inc.	Celadon Group Inc.	$ 24,126	$ 23,168
Dealertrack Holdings Inc.	Dealertrack Holdings Inc.	$ 73,874	$ 87,469
Elizabeth Arden Inc.	Elizabeth Arden Inc.	$ 51,411	$ 61,667
IMAX Corporation	IMAX Corporation	$ 48,455	$ 74,577
Knight Transportation Inc.	Knight Transportation Inc.	$ 46,256	$ 42,365
Middleby Corporation	Middleby Corporation	$ 52,074	$ 62,097
Pegasystems Inc.	Pegasystems Inc.	$ 54,152	$ 63,469
Polypore International Inc.	Polypore International Inc.	$ 49,601	$ 78,740
Power Integrations Inc.	Power Integrations Inc.	$ 27,233	$ 31,698
Radiant Systems Inc.	Radiant Systems Inc.	$ 21,663	$ 23,314
San Gold Corporation	San Gold Corporation	$ 39,979	$ 42,046
Super Micro Computer Inc.	Super Micro Computer Inc.	$ 26,912	$ 18,510

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

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

Employer Identification Number 76-0425553
Plan Number - 002

(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 (i) - A single transaction which exceeds 5% of net assets available for benefits as of the beginning of the Plan year						
The Bank of New York Trust Company, N.A.	Bank of New York Collective US Government STIF	$ 4,336,533	$ -	$ 4,336,533	$ 4,336,533	$ -
The Bank of New York Trust Company, N.A.	Bank of New York Collective US Government STIF	$ 4,429,533	$ -	$ 4,429,533	$ 4,429,533	$ -
The Bank of New York Trust Company, N.A.	Bank of New York Collective US Government STIF	$ 22,417,116	$ -	$ 22,417,116	$ 22,417,116	$ -
The Bank of New York Trust Company, N.A.	Bank of New York Collective US Government STIF	$ 7,480,466	$ -	$ 7,480,466	$ -	$ -
The Bank of New York Trust Company, N.A.	Bank of New York EB DV Non-SL Aggregate Bond Index Fund	$ -	$ 7,480,466	$ 7,108,373	$ 7,480,466	$ 372,093
The Bank of New York Trust Company, N.A.	Bank of New York EB DV Non-SL Stock Index Fund	$ -	$ 22,417,116	$ 19,360,970	$ 22,417,116	$ 3,056,146
The Bank of New York Trust Company, N.A.	GMO International Core Equity Fund Class III	$ -	$ 3,482,861	$ 3,700,712	$ 3,482,861	$ (217,851)
The Bank of New York Trust Company, N.A.	Short Term Fund	-	$ 2,200,987	$ 2,200,987	$ 2,200,987	$
Category (iii) - A series of transactions which exceed 5% of net assets available for benefits as of the beginning of the Plan year						
The Bank of New York Trust Company, N.A.	Bank of New York Collective US Government STIF	48,077,699	$	$ 48,077,699	$ 48,077,699	$
The Bank of New York Trust Company, N.A.	Bank of New York Collective US Government STIF	-	$ 6,561,170	$ 6,561,170	$ 6,561,170	$
The Bank of New York Trust Company, N.A.	GMO International Core Equity Fund Class III	$ 70,182	$ -	$ 70,182	$ 70,182	$ -
The Bank of New York Trust Company, N.A.	GMO International Core Equity Fund Class III	$ -	$ 3,482,861	$ 3,700,712	$ 3,482,861	$ (217,851)
The Bank of New York Trust Company, N.A.	Short Term Fund	$ -	$ 2,301,063	$ 2,301,063	$ 2,301,063	$ -
The Bank of New York Trust Company, N.A.	Bank of New York EB DV Non-SL Stock Index Fund	$	$ 23,537,950	$ 20,464,160	$ 23,537,950	$ 3,073,790
The Bank of New York Trust Company, N.A.	Bank of New York EB DV Non-SL Aggregate Bond Index Fund	$	$ 7,885,292	$ 7,500,000	$ 7,885,292	$ 385,292

There were no Category (ii) or (iv) reportable transactions during the year ended December 31, 2010.

Columns (e) and (f) have not been presented, as this information is not applicable.

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

MediaNews Group Defined Benefit Plan For Certain Employees

B Three-digit plan number (PN) ▶ 002

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

MediaNews Group, Inc.

D Employer Identification Number (EIN)

76-0425553

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**	45,007,883
b	Actuarial value		**2b**	49,508,671
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	736	35,506,772
b	For terminated vested participants	**3b**	1,229	20,850,851
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		536,700
	(2) Vested benefits	**3c(2)**		8,737,261
	(3) Total active	**3c(3)**	342	9,273,961
d	Total	**3d**	2,307	65,631,584
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**	6.64 %
6	Target normal cost		**6**	572,379

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

09/28/2011

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)	303,838	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	303,838	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 13.75 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		4,057
	b Interest on (a) using prior year's effective rate of 8.21 %		558
	c Total available at beginning of current plan year to add to prefunding balance		4,615
	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)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	75.43 %
15	Adjusted funding target attainment percentage	15	75.43 %
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	82.51 %
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
04/13/2010	700,000				
07/13/2010	700,000				
10/13/2010	700,000				
01/13/2011	700,000				
09/14/2011	1,135,000				
			Totals ► 18(b)	3,935,000	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	3,702,301

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**		572,379
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		16,122,913	3,127,348
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**		3,699,727

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	3,699,727
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	3,702,301
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	2,574
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
Medianews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, line 7—Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

The St. Paul Mechanical Plan merged into this plan on June 1, 2009. As a result of the merger, this plan had $297,614 of additional Funding Standard Carryover Balance available for the 2009 plan year for a total of $303,838.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Medianews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2010

Date	Amount	Interest Rate	Interest Adjusted Contribution
April 13, 2010	$ 700,000	6.64%	$ 687,536
July 13, 2010	700,000	6.64%	676,604
October 13, 2010	700,000	6.64%	665,729
January 13, 2011	700,000	6.64%	655,028
September 14, 2011	1,135,000	6.64%	1,017,404
Total Contribution	$ 3,935,000		$ 3,702,301

Schedule SB Attachment (Form 5500)—2010 Plan Year
Medianews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

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
Medianews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

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%.
Salary Increases	
Minimum Funding Target Normal Cost	2.50%.
Maximum Tax Expected Benefit Increase	2.50%.
Optional Payment Form Election Percentage	55% Life Annuity. 10% Joint and 100% Survivor Annuity. 30% Joint and 50% Survivor Annuity. 5% 10-Year Certain and Life Annuity.
Optional Payment Form Conversion Interest Rate	Daily News: 7.50%. NENI: Tabular factors used. [1] Lowell: 8.00%. St. Paul Mechanical: 7.50%.
Optional Payment Form Conversion Mortality	Daily News: UP-84 Mortality Table with no adjustments. NENI: Tabular factors used.[1] Lowell: 1983 Group Annuity Mortality Table (blended 50% male and 50% female) St. Paul Mechanical: UP-84 Mortality Table with no adjustments.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 62.
Mortality Rates	
Healthy and Disabled	2010 Static Mortality Table for Annuitants and Non-Annuitants per Section 1.430(h)(3)-1(e).

[1] Factors for participant ages 65, with a spouse the same age are:

	NENI
100% J & S	.80
50% J & S	.88
10-Year C&L	.90

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

Withdrawal Rates	See Table 2.
Disability Rates	None.
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	2009 Pensionable earnings rolled forward one year with the salary increase assumption.
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	$500,000.
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

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
Withdrawal Rates

Age	Rate	Age	Rate
15	10.70%	45	2.20%
16	10.70%	46	1.98%
17	10.70%	47	1.76%
18	10.70%	48	1.54%
19	10.70%	49	1.23%
20	10.70%	50	1.10%
21	10.16%	51	0.88%
22	9.62%	52	0.66%
23	9.08%	53	0.44%
24	8.54%	54	0.22%
25	8.00%	55+	0.00%
26	7.58%		
27	7.16%		
28	6.74%		
29	6.32%		
30	5.90%		
31	5.58%		
32	5.26%		
33	4.94%		
34	4.62%		
35	4.30%		
36	4.06%		
37	3.82%		
38	3.58%		
39	3.34%		
40	3.10%		
41	2.92%		
42	2.74%		
43	2.56%		
44	2.38%		

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

January 1, 1958, amended and restated December 1994. Last amended effective January 1, 2010.

Former Daily News Plan

Participation

One year of vesting service and age 21 or date of becoming a covered employee, if later. Not covered under a separate bargaining agreement. No new participants after March 28, 1998.

Normal Retirement

Eligibility

Age 65.

Benefit

The sum of:

(a) 1% of average earnings × pension service subsequent to July 1, 1991; and

(b) The accrued benefit as of July 1, 1991 under the prior plan provisions (including any Prior Plan B amount).

Postponed Retirement

Eligibility

After attaining age 65.

Benefit

Normal retirement benefit.

Early Retirement

Eligibility

Age 55 and ten years of service.

Benefit

Normal retirement benefit with the following reductions:

(a) Benefits earned after July 1, 1991 are reduced by 1/200 for each month that commencement of payments precedes the participant's 65 birthday; and

(b) Benefits earned before July 1, 1991 are reduced by 1/300 for each of the first 24 months and 1/240 for each of the next 60 months that commencement of payments precedes the participant's 62 birthday.

Schedule SB, Part V—Summary of Plan Provisions

Former Daily News Plan

Preretirement Death Benefit

Eligibility	Immediate.
Benefit	The retiree's surviving spouse will receive 50% of the monthly pension benefit as of the date of death, reduced for a 50% Joint and Survivor Annuity and early payment. Benefit commencement is deferred until the time the retiree would have reached age 55.

Deferred Vested Retirement

Eligibility	Age 55 and five years service.
Benefit	Normal retirement benefit reduced 0.5% for each month that commencement of payments precedes the participant's 65th birthday. Benefits are not less than the benefit earned before July 1, 1991 reduced 1/240 for each month that commencement of payments precedes the participant's 65th birthday.

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%, 66⅔%, 75%, or 100% Joint and Survivor Annuities.

Definitions

Actuarial Equivalence	Equivalence in value between two or more methods of payment. For payments other than lump sums, actuarial equivalence shall be based on interest rate of 7.5% per annum, compounded annually, and the 1984 Unisex Pension with no adjustments. Lump-sum payments are based on 417(e) mortality and interest rates.
Vesting	Participants are 100% vested in their accrued benefit after completion of five years of service.
Benefit Service	Elapsed time from participation date, excluding period before January 1, 1976, with a maximum of 35 years. Benefit accruals ceased on March 28, 1998.

Schedule SB, Part V—Summary of Plan Provisions

Former Daily News Plan

Vesting Service	One year granted for each year in which the employee has 1,000 hours of service. For service prior to January 1, 1976, service is determined under the provisions of Prior Plan B (a defined benefit plan adopted by the Van Nuys Publishing Company on December 31, 1959) as it existed on December 31, 1975.
Compensation	Base pay + overtime and commissions.
Average Annual Compensation	The average of the final 60-consecutive calendar months of pensionable pay, ending on the earlier of the participant's termination date, retirement date, or March 28, 1998.

Former NENI Plan—NENI Employees

Participation

Current member as of December 31, 1987—January 1, 1988.

Employees hired after January 1, 1988—beginning of the first year after completing 1,000 hours of service.

Effective September 23, 1995, all benefits were frozen.

Normal Retirement

Eligibility: Age 65.

Benefit: Annual benefit equals the sum of:

(a) For each year of creditable service after 1988: 1.5% × compensation + 0.65% × compensation in excess of the greater of $10,000 or 50% of covered compensation;

(b) For each year of creditable service after 1982 and before 1989: 1.5% × compensation up to $10,000 + 2.0% × compensation between $10,000 and 75% of Social Security wage base + 2.6% × compensation over 75% of Social Security wage base; and

(c) For each year of creditable service before 1983: 1.25% × average compensation up to $10,000 + 1.75% × average compensation over $10,000 × years of service before 1983, subject to a minimum benefit of $48 × years of creditable service (maximum 25 years).

Schedule SB, Part V—Summary of Plan Provisions

Former NENI Plan—NENI Employees

Postponed Retirement

Eligibility	After attaining age 65.
Benefit	Normal retirement benefit.

Early Retirement

Eligibility	Age 55 and 15 years of creditable service.
Benefit	Normal retirement benefit at normal retirement date or immediate benefit with the following reductions: ▪ Benefits accrued before 1989 and benefits accrued after 1988 that are not integrated with covered compensation are reduced by 3% for each of the first three years that payments commence before age 65 and 5% for each additional year; and ▪ Benefits accrued after 1988 that are integrated with covered compensation are reduced by 8% for each of the first three years that payments commence before age 65 and 4% for each additional year.

Deferred Vested Retirement

Eligibility	Age 50, five years of creditable service, and involuntary termination for reasons other than misconduct.
Benefit	Normal retirement benefit reduced actuarially.

Disability Retirement

Eligibility	Age 55, 20 years of creditable service, and disabled under the Social Security Act.
Benefit	Accrued benefit.

Preretirement Death

Eligibility	Five years of creditable service.

Schedule SB, Part V—Summary of Plan Provisions

Former NENI Plan—NENI Employees

Benefit	▪ Spouses of active service employees receive one-half of accrued benefit, reduced for early retirement (if applicable), and payable at earliest age employee could have retired. ▪ Spouses of terminated vested or disabled participants receive the benefit they would have received had participant lived to earliest retirement date, commenced under the normal form, and died.

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%, 66⅔%, 75%, or 100% Joint and Survivor Annuities. ▪ Age 62 or age 65 level-income option.

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. ■ 10-Year Certain and Life Annuity. .90 ■ 50% Joint and Survivor Annuity: .88 ■ 100% Joint and Survivor Annuity: .80 Lump-sum payments are based on 417(e) mortality and interest rates.
Vesting	Participants are 100% vested in their accrued benefit after completion of five years of service.
Creditable Service	One year is generally granted for each calendar year in which the employee has 1,000 hours of service. For service prior to December 31, 1975, service is determined under plan rules in effect as of that date.

Schedule SB, Part V—Summary of Plan Provisions

Former NENI Plan—NENI Employees

Compensation	W-2 earnings. Includes bonus or special pay earned during the year but paid in the following year. Limited to $150,000, as indexed, effective January 1, 1994.
Average Compensation	The average of compensation for 1980, 1981, and 1982.
Covered Compensation	The average (without indexing) of the Social Security wage bases in effect for each of the 35 calendar years ending with the plan year of determination.

Former NENI Plan—Middletown Employees

Participation

Current member as of January 26, 1995—January 27, 1995.

Other employees—beginning of the first month after completing 1,000 hours of service.

Normal Retirement

Eligibility: Age 65.

Benefit: Annual benefit equals the sum of:

(a) For each year of Creditable Service after 3/1/1986—1.7% × Compensation;

(b) For each year of Creditable Service between 3/1/1985 and 2/28/1986—1.465% × Compensation;

(c) For each year of Creditable Service between 3/1/1984 and 2/28/1985—1.385% × Compensation;

(d) For each year of Creditable Service between 3/1/1981 and 2/28/1984—1.305% × Compensation;

(e) For each year of Creditable Service between 3/1/1979 and 2/28/1981—1.10% × Compensation; and

(f) For each year of Creditable Service between 3/1/1962 and 2/28/1979—0.8125% × Compensation.

Schedule SB, Part V—Summary of Plan Provisions
Former NENI Plan—Middletown Employees

Postponed Retirement

Eligibility	After attaining age 65.
Benefit	Normal retirement benefit.

Early Retirement

Eligibility	Age 55.
Benefit	Normal retirement benefit at normal retirement date or immediate benefit as follows:

Number of Years	Percentage	Number of Years	Percentage
0	100.0%	6	57.9%
1	90.4%	7	53.5%
2	82.1%	8	49.5%
3	74.9%	9	46.0%
4	68.5%	10	42.8%
5	62.9%		

Deferred Vested Retirement

Eligibility	Age 55 and five years of creditable service.
Benefit	Early retirement benefit.

Disability Retirement

Eligibility	Active member receiving benefits under the Company's disability plan.
Benefit	Normal or early retirement benefit with benefits accrued during period of disability.

Preretirement Death

Eligibility

- After August 22, 1984, active member with five years of creditable service.
- Termination on or after March 1, 1976 and before August 23, 1984 with ten years of service.
- Disabled member.

Schedule SB, Part V—Summary of Plan Provisions
Former NENI Plan—Middletown Employees

Benefit	Spouses of active service employees receive one-half of accrued benefit, reduced for early retirement (if applicable) and Joint and Survivor annuity factor, and payable any time between earliest age an employee could have retired and employee's age 65.

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%, 66⅔%, 75%, or 100% Joint and Survivor Annuities.

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. ■ 10-Year Certain and Life Annuity. .90 ■ 50% Joint and Survivor Annuity: .88 ■ 100% Joint and Survivor Annuity: .80 Lump-sum payments are based on 417(e) mortality and interest rates.
Vesting	Participants are 100% vested in their accrued benefit after completion of five years of service.
Creditable Service	One year is generally granted for each calendar year in which the employee has 1,000 hours of service. For service prior to January 27, 1995, service is determined under plan rules in effect as of that date.
Compensation	▪ After January 26, 1995—Same as for an Eagle employee. ▪ Prior to January 27, 1995—Base earnings (commissions after March 1, 1993 are included). ▪ Limited to $150,000, as indexed, effective January 1, 1994.

Schedule SB, Part V—Summary of Plan Provisions
Former NENI Plan—Lowell Employees

Participation	Beginning of the first month after age 21 and one year of service. Effective March 31, 2005, all benefits were frozen.
Normal Retirement	
Eligibility	Age 65.
Benefit	Annual benefit equals the sum of: (a) For each year of creditable service after 1995: 1.25% × compensation. (b) For creditable service before 1996: 1.25% × 1996 compensation × years of creditable service before 1996. (c) For creditable service after 1988 and before 1993: $240.00 × years of creditable service after 1988 and before 1993. Minimum benefit of $20 × years of creditable service (maximum ten years).
Postponed Retirement	
Eligibility	After attaining age 65.
Benefit	Normal retirement benefit.
Early Retirement	
Eligibility	Age 55 and ten years of creditable service.
Benefit	Normal retirement benefit at normal retirement date or immediate benefit reduced 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months that payments commence before age 65.
Deferred Vested Retirement	
Eligibility	Age 55 and five years of creditable service.
Benefit	Early retirement benefit.

Schedule SB, Part V—Summary of Plan Provisions
Former NENI Plan—Lowell Employees

Disability Retirement

Eligibility	Age 50 and total disability (with reductions). Age 45 and 15 years of creditable service or age 50 and 15 years of creditable service (without reductions).

Preretirement Death

Eligibility	Five years of creditable service.
Benefit	▪ Spouses of active service employees receive one-half of accrued benefit, reduced for early retirement (if applicable), and payable at earliest age employee could have retired. ▪ Spouses of terminated vested or disabled participants receive the benefit they would have received had participant lived to earliest retirement date, commenced under the normal form, and died.

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%, 66⅔%, 75%, or 100% Joint and Survivor Annuities. ▪ Age 62 or age 65 level-income option.

Definitions

Actuarial Equivalence	Equivalence in value between two or more methods of payment. For payments other than lump sums, actuarial equivalence shall be based on interest rate of 8.0% per annum, compounded annually, and the 1983 Group Annuity Mortality Table. (male rates). Lump-sum payments are based on 417(e) mortality and interest rates.
Vesting	Participants are 100% vested in their accrued benefit after completion of five years of service.

Schedule SB, Part V—Summary of Plan Provisions

Former NENI Plan—Lowell Employees

Creditable Service	One year is granted for each calendar year in which the employee has 1,000 hours of service.
Compensation	▪ Employee's rate of compensation on the first day of the plan year. ▪ Limited to $150,000, as indexed, effective January 1, 1994. For 2001, the limit is $170,000.

Former St. Paul Mechanical Plan Employees

Participation

Included in the bargaining unit represented by one of the unions covered by this plan.

Participation begins on the later of employment commencement or attainment of age 18.

Normal Retirement

Eligibility	Age 65.
Benefit	The product of (a) and (b): (a) $95.66 per month. For Mailers only, $850.00 per month plus $10 per month for each year of service after 1990. (b) Ratio of service on the date of termination (not exceeding 25 years) over 25.

Early Retirement

Eligibility	Age 55 and ten years of vesting service.
Benefit	Normal retirement benefit unreduced if terminated with at least 25 years of vesting service. If termination with less than 25 years of vesting service, normal retirement benefit reduced 5/9 of one percent for each month commencement precedes age 65.

Deferred Vested Retirement

Eligibility	Five years of vesting service.

Schedule SB, Part V—Summary of Plan Provisions
Former St. Paul Mechanical Plan Employees

Benefit	100% of the accrued normal retirement benefits payable at age 65. If terminated with at least ten years of vesting service, reduced and payable as an early retirement benefit.

Disability Retirement

Eligibility	Five years of vesting service.
Benefit	100% of the accrued normal retirement benefit prorated for years of service over years of service if employee remained actively employed until normal retirement date.

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 elected a 50% Joint and Survivor Annuity at age 65. If eligible for early retirement, the spouse may elect to commence payments, reduced according to the early retirement provisions.

Form of Retirement Benefit

Normal	■ Married employees—reduced 50% Joint and Survivor Annuity. ■ Unmarried employees—Life Annuity.
Optional	■ Five Year Certain and Life Annuity. ■ 50% or 66⅔% Joint and Survivor Annuities. ■ Lump sum if less than $20,000.

Definitions

Actuarial Equivalence	Equivalence in value between two or more methods of payment. For payments other than lump sums, actuarial equivalence shall be based on interest rate of 7.5% per annum, compounded annually, and the 1984 Unisex Pension, with no setback for participants and a three-year setback for contingent annuitants. Lump-um payments are based on 417(e) mortality and interest rates.

Schedule SB, Part V—Summary of Plan Provisions
Former St. Paul Mechanical Plan Employees

Vesting	Participants are 100% vested in their accrued benefit after completion of five years of service.
Benefit Accrual Service	Years and months (calculated to the day) of employment service, excluding service prior to age 18.
Vesting Service	Years and months (calculated to the day) of employment service, excluding service prior to age 18.

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
Medianews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

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
Medianews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

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	2	1							
25-29		3	3	1						
30-34		1	3	5	1					
35-39		2		3	5	1				
40-44	1	2	2	5	10	16	2			
45-49			7	10	12	24	10	7		
50-54			6	9	10	18	9	19	3	
55-59		1	3	5	8	11	8	4	17	3
60-64			3		6	5	5	7	11	15
65-69				1		3	2	1		2
70+					1					2

N-338

Excludes 4 transfers.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Medianews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

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	$6,500,190	January 1, 2008	5	$1,430,663
Shortfall	$3,573,031	January 1, 2009	6	$678,570
Shortfall	$6,049,692	January 1, 2010	15	$603,499

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 $1,018,115. In addition, there is an installment acceleration amount applicable to the 2010 plan year of $627,644 resulting in an amortization payment for the 2010 plan year (for the 2010 shortfall base) of $1,018,115.

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Schedule H, Part IV, Line 4i - Schedule of Assets (Acquired and Disposed of within Year)
For the Year Ended December 31, 2010

Employer Identification Number 76-0425553
Plan Number - 002

(a)Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Acxiom Corporation	Acxiom Corporation	$ 68,458	$ 77,052
Alphatec Holdings	Alphatec Holdings	$ 23,457	$ 8,251
Beacon Roofing Supply Inc.	Beacon Roofing Supply Inc.	$ 72,236	$ 62,278
Cadence Design Systems Inc.	Cadence Design Systems Inc.	$ 45,067	$ 59,294
Celadon Group Inc.	Celadon Group Inc.	$ 24,126	$ 23,168
Dealertrack Holdings Inc.	Dealertrack Holdings Inc.	$ 73,874	$ 87,469
Elizabeth Arden Inc.	Elizabeth Arden Inc.	$ 51,411	$ 61,667
IMAX Corporation	IMAX Corporation	$ 48,455	$ 74,577
Knight Transportation Inc.	Knight Transportation Inc.	$ 46,256	$ 42,365
Middleby Corporation	Middleby Corporation	$ 52,074	$ 62,097
Pegasystems Inc.	Pegasystems Inc.	$ 54,152	$ 63,469
Polypore International Inc.	Polypore International Inc.	$ 49,601	$ 78,740
Power Integrations Inc.	Power Integrations Inc.	$ 27,233	$ 31,698
Radiant Systems Inc.	Radiant Systems Inc.	$ 21,663	$ 23,314
San Gold Corporation	San Gold Corporation	$ 39,979	$ 42,046
Super Micro Computer Inc.	Super Micro Computer Inc.	$ 26,912	$ 18,510

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

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

Employer Identification Number 76-0425553
Plan Number - 002

(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 (i) - A single transaction which exceeds 5% of net assets available for benefits as of the beginning of the Plan year						
The Bank of New York Trust Company, N.A.	Bank of New York Collective US Government STIF	$ 4,336,533	$ -	$ 4,336,533	$ 4,336,533	$ -
The Bank of New York Trust Company, N.A.	Bank of New York Collective US Government STIF	$ 4,429,533	$ -	$ 4,429,533	$ 4,429,533	$ -
The Bank of New York Trust Company, N.A.	Bank of New York Collective US Government STIF	$ 22,417,116	$ -	$ 22,417,116	$ 22,417,116	$ -
The Bank of New York Trust Company, N.A.	Bank of New York Collective US Government STIF	$ 7,480,466	$ -	$ 7,480,466	$ -	$ -
The Bank of New York Trust Company, N.A.	Bank of New York EB DV Non-SL Aggregate Bond Index Fund	$ -	$ 7,480,466	$ 7,108,373	$ 7,480,466	$ 372,093
The Bank of New York Trust Company, N.A.	Bank of New York EB DV Non-SL Stock Index Fund	$ -	$ 22,417,116	$ 19,360,970	$ 22,417,116	$ 3,056,146
The Bank of New York Trust Company, N.A.	GMO International Core Equity Fund Class III	$ -	$ 3,482,861	$ 3,700,712	$ 3,482,861	$ (217,851)
The Bank of New York Trust Company, N.A.	Short Term Fund	-	$ 2,200,987	$ 2,200,987	$ 2,200,987	$
Category (iii) - A series of transactions which exceed 5% of net assets available for benefits as of the beginning of the Plan year						
The Bank of New York Trust Company, N.A.	Bank of New York Collective US Government STIF	48,077,699	$	$ 48,077,699	$ 48,077,699	$
The Bank of New York Trust Company, N.A.	Bank of New York Collective US Government STIF	-	$ 6,561,170	$ 6,561,170	$ 6,561,170	$
The Bank of New York Trust Company, N.A.	GMO International Core Equity Fund Class III	$ 70,182	$ -	$ 70,182	$ 70,182	$ -
The Bank of New York Trust Company, N.A.	GMO International Core Equity Fund Class III	$ -	$ 3,482,861	$ 3,700,712	$ 3,482,861	$ (217,851)
The Bank of New York Trust Company, N.A.	Short Term Fund	$ -	$ 2,301,063	$ 2,301,063	$ 2,301,063	$ -
The Bank of New York Trust Company, N.A.	Bank of New York EB DV Non-SL Stock Index Fund	$	$ 23,537,950	$ 20,464,160	$ 23,537,950	$ 3,073,790
The Bank of New York Trust Company, N.A.	Bank of New York EB DV Non-SL Aggregate Bond Index Fund	$	$ 7,885,292	$ 7,500,000	$ 7,885,292	$ 385,292

There were no Category (ii) or (iv) reportable transactions during the year ended December 31, 2010.

Columns (e) and (f) have not been presented, as this information is not applicable.