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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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;
- [X] 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;
- [X] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/1990

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 AVE, STE 1100
DENVER, CO 80202

101 W COLFAX AVE, STE 1100
DENVER, CO 80202

2b Employer Identification Number (EIN)
76-0425553

2c Sponsor's telephone number
303-954-6396

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.	03/26/2012	SHELLY JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

101 W COLFAX AVE, STE 1100
DENVER, CO 80202

3b Administrator's EIN
76-0425553

3c Administrator's telephone number
303-954-6396

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**	7336
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**	6971
b	Retired or separated participants receiving benefits	**6b**	169
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	7140
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	7140
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4A 4B 4D 4E 4F 4G 4H 4L

9a Plan funding arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	26	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
KAISER FOUNDATION HEALTH PLANS INC.

(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
94-1340523	N/A	101933	1003	01/01/2009	12/31/2009

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
41471	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

LOCKTON COMPANIES, LLC
8110 E UNION AVE 700
DENVER, CO 80237-2969

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41471			3

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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**	3586895
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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
HEALTHPARTNERS

(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
41-1693838	95766	20550	159	01/01/2009	12/31/2009

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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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**	1088080
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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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	699737	73	01/01/2009	12/31/2009

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
1052	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

LOCKTON COMPANIES LLC
8110 E UNION SUITE 700
DENVER, CO 80237

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1052			3

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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**	26679
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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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	877113	7310	01/01/2009	12/31/2009

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
53317	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

LOCKTON COMPANIES LLC
8110 E UNION STE 700
DENVER, CO 80237

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
53317			3

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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** [X] Other (specify) ▶ ACCIDENTAL DEATH & DISMEMBERMENT

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**	1387301
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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
UNITED DENTAL CARE OF UTAH, INC.

(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
81-0170040	70408	H760	3	01/01/2009	12/31/2009

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
49	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

LOCKTON COMPANIES, INC
8110 E UNION AVE STE 700
DENVER, CO 80237

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
49			3

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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**	490
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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
DELTA DENTAL OF COLORADO

(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	Policy or contract year (g) To
84-0568337	55875	000000551	4015	01/01/2009	12/31/2009

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
58374	18560

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

LOCKTON COMPANIES, LLC
8110 E UNION AVE STE 700
DENVER, CO 80237

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
58374	18560	OVERRIDE COMMISSIONS	3

(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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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)**	1889319		
(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)**	1889319
b Benefit charges (1) Claims paid	**9b(1)**	1786433		
(2) Increase (decrease) in claim reserves	**9b(2)**	-18587		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	1767846
(4) Claims charged			**9b(4)**	1767846
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	58374		
(B) Administrative service or other fees	**9c(1)(B)**	170039		
(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)**	37786		
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	266199
(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)**	148810
(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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
VISION SERVICE PLAN

(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
06-1227840	39616	12058502	4043	12/01/2008	11/30/2009

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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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)**	523701		
(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)**	523701
b Benefit charges (1) Claims paid	**9b(1)**	487476		
(2) Increase (decrease) in claim reserves	**9b(2)**	-25306		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	462170
(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)**	68081		
(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)**	68081
(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)**	121869
(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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
UNUM LIFE 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
01-0278678	62235	556261	36	01/01/2009	01/01/2010

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
1985	143

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

LOCKTON COMPANIES, LLC
8110 E UNION AVE STE 700
DENVER, CO 80237-2966

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1841	143	ADDITIONAL COMPENSATION PAID	3

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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**	19167
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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
UNUM LIFE 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
01-0278678	62235	374661	276	01/01/2009	01/01/2010

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
5650	750

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

LOCKTON COMPANIES, LLC
8100 E UNION AVE STE 700
DENVER, CO 80237-2966

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4900	750	ADDITIONAL COMPENSATION	

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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**	99955
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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
UNUM LIFE 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
01-0278678	62235	570652	3411	01/01/2009	01/01/2010

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
24274	13518

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
LOCKTON COMPANIES, LLC
8110 E UNION AVE STE 700
DENVER, CO 80237-2966

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24274	13518	ADDITIONAL COMPENSATION PAID	3

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] Temporary disability (accident and sickness)
- **f** [X] 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**	1780125
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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
HYATT LEGAL PLANS, INC.

(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
34-1650967	0000	4770000	178	01/01/2009	12/31/2009

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
2826	252

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

LOCKTON COMPANIES, LLC
DENVER SERIES
8110 E UNION AVE STE 700
DENVER, CO 80237

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2826	252	NON-MONETARY COMPENSATION SUPPLEMENTAL COMPENSATION PROGRAM	3

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] Other (specify) ▶ LEGAL

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**	39476
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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
BERKSHIRE HEALTH WORKS

(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
				06/01/2009	05/31/2010

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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] Other (specify) ▶ EMPLOYEE ASSISTANCE PREMIUMS

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**	4147
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? [X] Yes [ ] No

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

WE DID NOT RECEIVE THE FOLLOWING: EIN, NAIC CODE,

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
RELIASTAR 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
41-0451140	67105	65938-0	3421	01/01/2009	12/31/2009

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
77068	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

LOCKTON COMPANIES, LLC
8110 E UNION AVE STE 700
DENVER, CO 80237-2966

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
77068			3

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] Other (specify) ▶ EXCESS RISK

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**	770683
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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
KAISER FOUNDATION HEALTH PLANS INC.

(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
94-1340523	N/A	8068	1426	01/01/2009	12/31/2009

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
83304	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

LOCKTON COMPANIES, LLC
8110 E UNION AVE 700
DENVER, CO 80237-2969

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
83304			3

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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**	6479926
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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
DELTA DENTAL OF COLORADO

(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	Policy or contract year (g) To
84-0568337	55875	000007592	624	01/01/2009	12/31/2009

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
8129	2910

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

LOCKTON COMPANIES, LLC
8110 E UNION AVE STE 700
DENVER, CO 80237

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
8129	2910	OVERRIDE COMMISSIONS	3

(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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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)**	251993		
(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)**	251993
b Benefit charges (1) Claims paid	**9b(1)**	125811		
(2) Increase (decrease) in claim reserves	**9b(2)**	6		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	125817
(4) Claims charged			**9b(4)**	125817
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	8219		
(B) Administrative service or other fees	**9c(1)(B)**	22679		
(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)**	5040		
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	35938
(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)**	10480
(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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
DELTA DENTAL OF COLORADO

(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	Policy or contract year (g) To
84-0568337	55875	000007928	492	01/01/2009	12/31/2009

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
2689	1345

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

LOCKTON COMPANIES, LLC
8110 E UNION AVE STE 700
DENVER, CO 80237

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
2689	1345	OVERRIDE COMMISSIONS	3

(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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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)**	88768		
(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)**	88768
b Benefit charges (1) Claims paid	**9b(1)**	107801		
(2) Increase (decrease) in claim reserves	**9b(2)**	569		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	108370
(4) Claims charged			**9b(4)**	108370
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	2689		
(B) Administrative service or other fees	**9c(1)(B)**	8877		
(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)**	1775		
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	13341
(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)**	8980
(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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
DELTA DENTAL OF COLORADO

(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	Policy or contract year (g) To
84-0568337	55875	8377	111	01/01/2009	12/31/2009

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
2200	825

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

LOCKTON COMPANIES, LLC
8110 E UNION AVE STE 700
DENVER, CO 80237

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
2200	825	OVERRIDE COMMISSIONS	3

(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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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)**	54312		
(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)**	54312
b Benefit charges (1) Claims paid	**9b(1)**	55266		
(2) Increase (decrease) in claim reserves	**9b(2)**	892		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	56158
(4) Claims charged			**9b(4)**	56158
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	2200		
(B) Administrative service or other fees	**9c(1)(B)**	4345		
(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)**	1086		
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	7631
(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)**	4604
(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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
DELTA DENTAL OF COLORADO

(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
84-0568337	55875	000008378	15	01/01/2009	12/31/2009

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
231	87

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

LOCKTON COMPANIES, LLC
8110 E UNION AVE STE 700
DENVER, CO 80237

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
231	87	OVERRIDE COMMISSIONS	3

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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)**	5931		
(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)**	5931
b Benefit charges (1) Claims paid	**9b(1)**	2704		
(2) Increase (decrease) in claim reserves	**9b(2)**	29		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	2733
(4) Claims charged			**9b(4)**	2733
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	231		
(B) Administrative service or other fees	**9c(1)(B)**	474		
(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)**	119		
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	824
(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)**	225
(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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
DELTA DENTAL OF COLORADO

(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	Policy or contract year (g) To
84-0568337	55875	000008379	7	01/01/2009	12/31/2009

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
93	35

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

LOCKTON COMPANIES, LLC
8110 E UNION AVE STE 700
DENVER, CO 80237

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
93	35	OVERRIDE COMMISSIONS	3

(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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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)**	2062		
(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)**	2062
b Benefit charges (1) Claims paid	**9b(1)**	2162		
(2) Increase (decrease) in claim reserves	**9b(2)**	-133		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	2029
(4) Claims charged			**9b(4)**	2029
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	93		
(B) Administrative service or other fees	**9c(1)(B)**	165		
(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)**	41		
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	299
(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)**	180
(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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
DELTA DENTAL OF COLORADO

(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
84-0568337	55875	000000550	2376	01/01/2009	12/31/2009

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
26416	8423

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

LOCKTON COMPANIES, LLC
8110 E UNION AVE STE 700
DENVER, CO 80237

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
26416	8423	OVERRIDE COMMISSIONS	3

(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 (c) Amount	(d) Purpose	(e) Organization code

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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)**	880462		
(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)**	880462
b Benefit charges (1) Claims paid	**9b(1)**	807200		
(2) Increase (decrease) in claim reserves	**9b(2)**	-13661		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	793539
(4) Claims charged			**9b(4)**	793539
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	26416		
(B) Administrative service or other fees	**9c(1)(B)**	79242		
(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)**	17609		
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	123267
(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)**	67240
(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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
DELTA DENTAL OF COLORADO

(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
84-0568337	55875	000000552	2020	01/01/2009	12/31/2009

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
15458	4968

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

LOCKTON COMPANIES, LLC
8110 E UNION AVE STE 700
DENVER, CO 80237

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15458	4968	OVERRIDE COMMISSIONS	3

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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)**	503689		
(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)**	503689
b Benefit charges (1) Claims paid	**9b(1)**	417308		
(2) Increase (decrease) in claim reserves	**9b(2)**	-8046		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	409262
(4) Claims charged			**9b(4)**	409262
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	15458		
(B) Administrative service or other fees	**9c(1)(B)**	45332		
(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)**	10074		
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	70864
(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)**	34762
(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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
ACE USA GROUP

(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
95-2371728	52411	74270000	6	01/01/2009	12/31/2009

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
155	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

LOCKTON COMPANIES OF COLORADO
8110 E UNION AVE STE 700
DENVER, CO 80237

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
155			3

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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**	1545
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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
HUMANA 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
39-1263473	73288	Q4300	2	01/01/2009	12/31/2009

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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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**	4406
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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
HUMANA 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	Policy or contract year (g) To
39-1263473	73288	Q4060	34	01/01/2009	12/31/2009

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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

(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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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**	70927
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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
HUMANA 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
39-1263473	73288	Q4019	17	01/01/2009	12/31/2009

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
450	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

LOCKTON COMPANIES, LLC
8110 E UNION AVE 700
DENVER, CO 80237-2966

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
450			3

(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		
	(c) Amount	(d) Purpose	(e) Organization code

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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**	43687
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 [X] 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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
HUMANA 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
39-1263473	73288	Q4022	2	01/01/2009	12/31/2009

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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	
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	
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	

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** [X] 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**	4048
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 [X] No

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

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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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)

UNITED BEHAVIORAL HEALTH

94-3077084

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	CONTRACT ADMINISTRATOR	12248	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

LOCKTON COMPANIES, LLC

8110 E UNION AVE STE 700
DENVER, CO 80237

(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?
99	NONE	789	Yes [ ] No [X]	Yes [ ] No [X]		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 ☐

(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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	373063	907734
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	489577	1340309
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	862640	2248043
	Liabilities			
g	Benefit claims payable	1g	3809398	2842053
h	Operating payables	1h	197186	390238
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	4006584	3232291
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	-3143944	-984248

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)	30825619	
	(B) Participants	2a(1)(B)	14327503	
	(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)		45153122
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	185	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		185
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		45153307
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20955553	
(2) To insurance carriers for the provision of benefits	2e(2)	19119907	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		40075460
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2918151	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2918151
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		42993611
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2159696
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: ERHARDT KEEFE STEINER & HOTTMAN (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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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)

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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 WELFARE BENEFITS PLAN

Table of Contents

Page

Independent Auditors' Report....1

Financial Statements

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

Statement 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) as of December 31, 2010....13

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2009....14

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2010....15

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2009....20

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

To the Plan Administrator
MediaNews Group Welfare Benefits Plan
Denver, Colorado

We were engaged to audit the statements of net assets available for benefits of MediaNews Group Welfare Benefits Plan (the "Plan") as of December 31, 2010 and 2009, the related statement of changes in net assets available for benefits for the years then ended, and the supplemental schedules as of and for the years ended December 31, 2010 and 2009 as listed in the accompanying table of contents. These financial statements and 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 Wells Fargo Bank, N.A., the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2010 and 2009, and for the years then ended, that the information provided to the Plan administrator by the custodian 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 custodian, 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

January 30, 2012
Denver, Colorado

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Statements of Net Assets Available for Benefits

	December 31, 2010	December 31, 2009
Assets		
Investments, at fair value		
Money market fund	$ 457,290	$ 1,340,309
Receivables		
Premiums receivable	321,310	390,247
Rebates receivable	149,404	193,115
Stop loss receivable	842,338	324,372
Total receivables	1,313,052	907,734
Total assets	1,770,342	2,248,043
Liabilities		
Current liabilities		
Vendor payable	2,590	63,059
Total liabilities	2,590	63,059
Net assets available for benefits	$ 1,767,752	$ 2,184,984

See notes to financial statements.

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Statement of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2010 and 2009

	For the Years Ended December 31,	
	2010	2009
Additions to net assets		
Employer contributions	$ 27,610,157	$ 30,825,619
Employee contributions, including COBRA and retiree contributions	13,257,333	14,327,503
Total contributions	40,867,490	45,153,122
Interest income	259	185
Total additions	40,867,749	45,153,307
Deductions from net assets		
Benefits payments	23,455,025	21,098,359
Premiums paid to insurance carriers	15,575,604	18,792,728
Administrative expenses	2,254,352	2,918,151
Total deductions	41,284,981	42,809,238
Net (decrease) increase in net assets available for benefits	(417,232)	2,344,069
Net assets available for benefits		
Beginning of year	2,184,984	(159,085)
End of year	$ 1,767,752	$ 2,184,984

See notes to financial statements.

Note 1 - Description of the Plan and Significant Accounting Policies

The following description of the MediaNews Group Welfare Benefits Plan (the "Plan") provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established on January 1, 1990 and was amended and restated effective January 1, 2007. The Plan was established to provide health, dental, accident, life insurance, disability, vision, or other welfare benefits for certain eligible employees of MediaNews Group, Inc. and related companies (collectively, the "Company") and their eligible dependents in accordance with Plan provisions. The Plan is administered by an Administrative Committee (the "Committee") appointed by the Board of Directors of the Company (the "Board") and third-party claims administrators designated by the Plan. The Plan is subject to amendment by the Board. Benefits are provided in accordance with Plan provisions and are funded with employer and employee contributions.

Effective January 1, 2008, the Company established an employee benefit trust intended to be exempt from federal income tax under 501(c)(9) of the Internal Revenue Code (the "VEBA Trust"). The VEBA Trust was established in conjunction with a portion of the medical benefits transitioning to a self-funding arrangement.

Additionally, coverage is continued for eligible employees who are on approved short-term disability or leave under the Family and Medical Leave Act. Former employees and their dependents are eligible for continued coverage for 18 months as specified under the Consolidated Omnibus Budget Reconciliation Act ("COBRA"), if they so elect. Also, a small group of retirees are covered under the Plan. Under the Unemployment Compensation Extension Act of 2010 individuals who qualified on or before May 31, 2010 may continue to pay reduced premiums for up to 15 months, as long as they are not eligible for another group health plan or Medicare.

The American Recovery and Reinvestment Act ("ARRA") provides a COBRA premium reduction for eligible individuals who are involuntarily terminated from employment through the end of May 2010. The COBRA premium reduction under ARRA is not available for individuals who experience involuntary terminations after May 31, 2010. The Plan has included any ARRA amounts received as employer contributions on the statement of changes in net assets available for benefits.

Contributions

Plan participants and the Company share the cost of coverage. Participants pay premiums (based on annually determined contribution rates) through payroll deductions. The Company generally pays authorized benefits for participants in the self-insured portion of the Plan directly from VEBA Trust assets as claims are processed by the claims administrators. Additionally, the Company pays a portion of the monthly premiums to health maintenance organizations, preferred provider organizations, and point of service providers for employees who elected such coverage.

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

Contributions (continued)

The Company and select retirees, who were grandfathered into the Plan through various acquisitions, share in the cost of post-retirement benefits. Retiree contributions are made through direct payments to the Company and through deductions made from pension benefits. In general, the Company pays premiums for the retirees from general corporate assets. In addition to deductibles and co-payments, retirees contribute varying amounts of the estimated cost of providing their post-retirement benefits based on the previously determined agreements.

Participants are responsible for co-payments, deductibles, and co-insurance amounts, if applicable, dependent on the level of coverage selected, as further described in the Plan document. Contributions are recorded when due to the Plan.

Payment of Benefits

Payments of benefits under the Plan are made according to a schedule of benefits upon submission of a proof of claim by a participant to a Plan administrator or independent claims processor. The group insurers for the insurance plans receive premiums from the Plan and pay claims in accordance with their contracts. Health claims and premiums are reported when paid.

Plan Termination

The Board may terminate the Plan at its discretion. At such time, the Plan's assets will be used first to pay all claims, insurance premiums, and other expenses and obligations. Any assets remaining will then be used for continuance of benefits until the assets have been exhausted.

Valuation of Investments and Income Recognition

The Plan's investments are 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 investment gain or loss (net appreciation or depreciation in fair value of investments) is reflected in the accompanying statement 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 requires management to make estimates and assumptions that affect certain reported amounts and disclosures. The most significant of these estimates are for claims incurred but not reported and post-retirement benefit obligations. Actual results could differ from those estimates.

Risk and Uncertainties

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

The actuarial present value of the post-retirement benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Subsequent Events

The Company has evaluated subsequent events through the report date, January 30, 2012, the date the financial statements were available to be issued.

Note 2 - Investments

Wells Fargo Bank, N.A. 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 and losses incurred 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 the Employee Retirement Income Security Act of 1974. 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 custodian, except for comparing the information contained therein to information included in the financial statements and supplemental schedules.

The investment that represents 5% or more of the net assets available for benefits as of December 31, 2010 and 2009 is the Wells Fargo Advantage Government Money Market Fund in the amount of $457,290 and $1,340,309, respectively.

Note 3 - Fair Value Accounting

Accounting principles generally accepted in the United States require disclosure about how fair value is determined and establish a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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.

As of December 31, 2010 and 2009, the asset measured on a recurring basis within the fair value hierarchy is the Company's investment in money market fund. The Company has classified this investment as a Level 2 investment. The fair value of the Company's money market fund as of December 31, 2010 and 2009 was $457,290 and $1,340,309, respectively. There were no changes to the valuation techniques used during the period.

Note 4 - Excess Risk Insurance

Excess risk insurance ("stop loss") coverage is maintained by the Plan for medical benefits. This coverage provides for payment by the insurance carrier when an individual participant's accumulated annual claims exceed the contracted deductible. The contracted deductible was $350,000 or $200,000, depending on account type, and $350,000 per family for the years ended December 31, 2010 and 2009, respectively. The stop loss recoveries included in health claims were approximately $1,100,000 and $490,000, respectively, for the years ended December 31, 2010 and 2009. These amounts are netted against claims paid in the statement of changes in net assets available for benefits.

Note 5 - Prescription Drug Rebates

The Plan receives rebates from its prescription drug program. The rebates received for the years ended December 31, 2010 and 2009 were $149,404 and $264,450, respectively. These amounts are netted against claims paid in the statement of changes in net assets available for benefits.

Note 6 - Tax Status

The Plan established the VEBA Trust with the intention of it being qualified pursuant to Section 501(c)(9) of the Internal Revenue Code of 1986, as amended; accordingly, the Plan assumes that its net investment income is exempt from income taxes. The Plan applied for tax exempt status at the time of establishment of the VEBA Trust. The Plan has obtained a favorable tax exemption letter dated June 25, 2009 from the Internal Revenue Service. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require 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 period in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Note 7 - Post-retirement and Plan Benefit Obligations

Post-retirement benefit obligations represent the actuarial present value of estimated future benefit payments that are attributable to the terms of the Plan based upon employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received from Plan participants, the time value of money ("discount rate") and the timing of payments ("mortality"). The post-retirement benefit obligation represents the amount that is to be funded by contributions from the Company and existing Plan assets. The post-retirement benefit obligations as of December 31, 2010 and 2009 were valued by Hewitt Associates, LLC, third-party actuaries, using a discount rate of 5.90% and 5.40%, respectively. The assumed health care cost-trend rate used to measure the expected costs of benefits covered by the Plan for the next year is 8.75%.

A 1% increase in the assumed health care cost trend rates for each future year would cause an increase in the 2010 and 2009 post-retirement benefits earned during the year of approximately $699,000 and $366,000, respectively.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different assumptions and other factors might be applicable in determining the actuarial present value of the post-retirement benefit obligation.

Postemployment benefit obligations during COBRA and severance periods cannot be reasonably estimated and, therefore, are not reported.

Note 7 - Post-retirement and Plan Benefit Obligations (continued)

Plan benefit obligations of the Company at December 31, 2010 and 2009 for health claims incurred by participants but not reported at that date are estimated by Lockton Inc., third-party actuaries, based upon actual runout claims paid after year-end plus an estimate of additional runout. Such amounts are reported at an undiscounted amount, as amounts are typically payable within one year. Any differences in the amounts estimated and actual will be reported in future years.

The Plan benefit obligations are as follows:

	December 31,	
	2010	2009
Amounts currently payable		
Premiums payable	$ 321,310	$ 327,179
Claims payable and claims incurred but not reported	2,871,555	2,842,053
Total amounts currently payable	3,192,865	3,169,232
Post-retirement benefit obligations at present value of estimated amounts for		
Current retirees	1,660,063	1,071,746
Fully eligible actives	2,259,828	1,795,965
Other actives	985,338	1,347,849
Total post-retirement benefit obligations	4,905,229	4,215,560
Total Plan benefit obligations	$ 8,098,094	$ 7,384,792

Note 7 - Post-retirement and Plan Benefit Obligations (continued)

The changes in Plan benefit obligations are as follows:

	December 31,	
	2010	2009
Total Plan benefit obligations, beginning of year	$ 7,384,792	$ 6,047,938
Amounts currently payable		
Claims payable balance, beginning of year	2,842,053	2,984,859
Claims reported and approved for payment, including benefits reclassified from benefit obligations	23,484,527	20,955,553
Claims paid	(23,455,025)	(21,098,359)
Claims payable balance at end of year	2,871,555	2,842,053
Premiums payable balance, beginning of year	327,179	-
Premiums billed for current benefit coverage	15,569,735	19,119,907
Premiums paid	(15,575,604)	(18,792,728)
Premiums payable balance at end of year	321,310	327,179
Balance at end of year	3,192,865	3,169,232
Post-retirement benefit obligations at present value of estimated amounts for		
Balance, beginning of year	4,215,560	3,063,079
Changes during year		
Changes in actuarial assumptions (1)	(229,340)	826,194
Increase in benefits accumulated during the year	342,714	363,363
Increase due to the passage of time	222,651	199,898
Benefits paid during the year	(196,933)	(114,303)
Other	550,577	(122,671)
Balance at end of year	4,905,229	4,215,560
Total Plan benefit obligations, end of year	$ 8,098,094	$ 7,384,792

(1) Changes in actuarial assumptions relate to changes in discount rate, trend, retirement rates, and mortality rates.

In general, the Company does not offer post-retirement healthcare or other insurance benefits for retired employees; however, the Company is required to continue such plans that were in effect upon certain acquisitions. Generally, the retired employees utilize the Plan as secondary to Medicare.

Note 7 - Post-retirement and Plan Benefit Obligations (continued)

On December 8, 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the "Act") for employers sponsoring post-retirement healthcare plans that provide prescription drug benefits was signed into law. The Act introduces a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree health care benefit plans providing a benefit that is at least actuarially equivalent to Medicare Part D.1. Under the Act, the Medicare subsidy amount is received directly by the Plan sponsor and not the related plan. Further, the Plan sponsor is not required to use the subsidy amount to fund post-retirement benefits and may use the subsidy for any valid business purpose. The accumulated post-retirement benefit obligation as of December 31, 2010 and 2009 and the changes in the accumulated benefit obligation for the years then ended do not reflect any amount associated with the Medicare subsidy as the Plan is not directly entitled to the Medicare subsidy.

Deficiencies, if any, in net assets over benefit obligations will be funded by the Company as the benefits are paid to participants.

Note 8 - Party-in-Interest Transactions

Certain Plan investments were shares of money market funds managed by Wells Fargo Bank, N.A., the asset custodian. Therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Note 9 - Administration of the Plan

The Company provides certain administrative, accounting, and legal services to the Plan for which it is reimbursed.

SUPPLEMENTAL SCHEDULES

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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 - 501

(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
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 457,290	$ 457,290
			$ 457,290	$ 457,290

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(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
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,340,309	$ 1,340,309
			$ 1,340,309	$ 1,340,309

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Category (i) - A single transaction that exceeds 5% of net assets as of the beginning of the Plan year:						
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 726,255	$ 726,255	$ 726,255	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 217,639	$ 217,639	$ 217,639	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 237,885	$ 237,885	$ 237,885	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 515,288	$ -	$ 515,288	$ 515,288	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 69,267	$ 69,267	$ 69,267	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 152,127	$ -	$ 152,127	$ 152,127	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 149,626	$ 149,626	$ 149,626	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 248,578	$ 248,578	$ 248,578	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 345,115	$ 345,115	$ 345,115	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 197,864	$ -	$ 197,864	$ 197,864	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 490,364	$ -	$ 490,364	$ 490,364	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 499,799	$ 499,799	$ 499,799	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 69,465	$ -	$ 69,465	$ 69,465	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 642,205	$ -	$ 642,205	$ 642,205	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 803,512	$ 803,512	$ 803,512	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 324,686	$ -	$ 324,686	$ 324,686	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 322,024	$ 322,024	$ 322,024	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 94,381	$ -	$ 94,381	$ 94,381	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 486,522	$ -	$ 486,522	$ 486,522	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 333,856	$ 333,856	$ 333,856	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,170,000	$ -	$ 1,170,000	$ 1,170,000	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 1,583,870	$ 1,583,870	$ 1,583,870	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 486,401	$ -	$ 486,401	$ 486,401	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 434,468	$ 434,468	$ 434,468	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 159,342	$ -	$ 159,342	$ 159,342	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 498,786	$ -	$ 498,786	$ 498,786	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 269,038	$ -	$ 269,038	$ 269,038	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 276,040	$ 276,040	$ 276,040	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 257,446	$ 257,446	$ 257,446	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 357,078	$ -	$ 357,078	$ 357,078	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 285,488	$ 285,488	$ 285,488	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 292,215	$ 292,215	$ 292,215	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 398,431	$ -	$ 398,431	$ 398,431	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 527,195	$ 527,195	$ 527,195	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 154,975	$ -	$ 154,975	$ 154,975	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 496,774	$ -	$ 496,774	$ 496,774	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 376,373	$ 376,373	$ 376,373	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 186,721	$ 186,721	$ 186,721	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 292,387	$ -	$ 292,387	$ 292,387	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 479,837	$ -	$ 479,837	$ 479,837	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 846,570	$ 846,570	$ 846,570	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 155,981	$ -	$ 155,981	$ 155,981	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 162,905	$ 162,905	$ 162,905	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 215,169	$ -	$ 215,169	$ 215,169	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 477,722	$ -	$ 477,722	$ 477,722	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 571,708	$ 571,708	$ 571,708	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,041,017	$ -	$ 1,041,017	$ 1,041,017	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 1,118,073	$ 1,118,073	$ 1,118,073	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 632,797	$ -	$ 632,797	$ 632,797	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 259,192	$ 259,192	$ 259,192	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 213,709	$ -	$ 213,709	$ 213,709	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 596,005	$ 596,005	$ 596,005	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 232,557	$ -	$ 232,557	$ 232,557	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 452,016	$ -	$ 452,016	$ 452,016	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 488,824	$ 488,824	$ 488,824	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 465,254	$ -	$ 465,254	$ 465,254	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 162,365	$ -	$ 162,365	$ 162,365	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 223,861	$ -	$ 223,861	$ 223,861	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 803,556	$ 803,556	$ 803,556	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 151,692	$ -	$ 151,692	$ 151,692	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 460,998	$ -	$ 460,998	$ 460,998	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 153,609	$ 153,609	$ 153,609	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 493,394	$ 493,394	$ 493,394	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 207,848	$ 207,848	$ 207,848	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 149,561	$ -	$ 149,561	$ 149,561	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 197,596	$ 197,596	$ 197,596	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,625,000	$ -	$ 1,625,000	$ 1,625,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 1,676,581	$ 1,676,581	$ 1,676,581	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 226,688	$ -	$ 226,688	$ 226,688	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 115,281	$ -	$ 115,281	$ 115,281	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 456,637	$ -	$ 456,637	$ 456,637	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 168,613	$ -	$ 168,613	$ 168,613	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 558,193	$ 558,193	$ 558,193	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 153,121	$ 153,121	$ 153,121	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 230,548	$ -	$ 230,548	$ 230,548	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 2,076,700	$ -	$ 2,076,700	$ 2,076,700	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 2,403,477	$ 2,403,477	$ 2,403,477	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 148,645	$ -	$ 148,645	$ 148,645	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 458,185	$ -	$ 458,185	$ 458,185	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 335,616	$ 335,616	$ 335,616	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 198,116	$ -	$ 198,116	$ 198,116	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ -	$ -	$ -	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 404,213	$ 404,213	$ 404,213	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 201,608	$ 201,608	$ 201,608	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 512,569	$ -	$ 512,569	$ 512,569	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 364,643	$ -	$ 364,643	$ 364,643	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 687,611	$ 687,611	$ 687,611	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 454,029	$ -	$ 454,029	$ 454,029	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 709,302	$ 709,302	$ 709,302	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,100,000	$ -	$ 1,100,000	$ 1,100,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 904,535	$ 904,535	$ 904,535	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 162,985	$ 162,985	$ 162,985	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 455,450	$ -	$ 455,450	$ 455,450	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 103,627	$ -	$ 103,627	$ 103,627	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 206,969	$ -	$ 206,969	$ 206,969	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 238,475	$ 238,475	$ 238,475	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 153,433	$ -	$ 153,433	$ 153,433	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 201,618	$ 201,618	$ 201,618	$ -

Category (iii) - A series of transactions that exceed 5% of net assets as of the beginning of the Plan year:

*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 21,825,783	$ -	$ 21,825,783	$ 21,825,783	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 22,709,987	$ 22,709,987	$ 22,709,987	$ -

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.

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Category (i) - A single transaction that exceeds 5% of net assets as of the beginning of the Plan year:						
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 282,379	$ 282,379	$ 282,379	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 196,113	$ 196,113	$ 196,113	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 115,720	$ -	$ 115,720	$ 115,720	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 879,827	$ -	$ 879,827	$ 879,827	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 760,806	$ 760,806	$ 760,806	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 139,634	$ 139,634	$ 139,634	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 526,663	$ -	$ 526,663	$ 526,663	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 197,476	$ 197,476	$ 197,476	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 181,508	$ 181,508	$ 181,508	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 157,831	$ 157,831	$ 157,831	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 497,436	$ -	$ 497,436	$ 497,436	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 190,628	$ 190,628	$ 190,628	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 243,473	$ -	$ 243,473	$ 243,473	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 265,995	$ 265,995	$ 265,995	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 350,213	$ 350,213	$ 350,213	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 489,112	$ -	$ 489,112	$ 489,112	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 417,147	$ 417,147	$ 417,147	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 160,718	$ -	$ 160,718	$ 160,718	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 113,809	$ -	$ 113,809	$ 113,809	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 365,831	$ 365,831	$ 365,831	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 485,624	$ -	$ 485,624	$ 485,624	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 230,645	$ -	$ 230,645	$ 230,645	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 166,796	$ 166,796	$ 166,796	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 147,732	$ 147,732	$ 147,732	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 38,152	$ -	$ 38,152	$ 38,152	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 162,520	$ -	$ 162,520	$ 162,520	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 61,328	$ 61,328	$ 61,328	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 27,864	$ -	$ 27,864	$ 27,864	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 159,655	$ -	$ 159,655	$ 159,655	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 486,946	$ 486,946	$ 486,946	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 474,736	$ -	$ 474,736	$ 474,736	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 516,143	$ 516,143	$ 516,143	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 181,737	$ -	$ 181,737	$ 181,737	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 334,715	$ 334,715	$ 334,715	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 115,753	$ -	$ 115,753	$ 115,753	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 118,796	$ -	$ 118,796	$ 118,796	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 239,758	$ 239,758	$ 239,758	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 39,565	$ 39,565	$ 39,565	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 291,544	$ -	$ 291,544	$ 291,544	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 211,766	$ 211,766	$ 211,766	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 154,389	$ -	$ 154,389	$ 154,389	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 848,133	$ -	$ 848,133	$ 848,133	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 864,725	$ 864,725	$ 864,725	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 65,363	$ 65,363	$ 65,363	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 158,932	$ 158,932	$ 158,932	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 648,000	$ -	$ 648,000	$ 648,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 648,095	$ 648,095	$ 648,095	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 152,403	$ -	$ 152,403	$ 152,403	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 54,438	$ 54,438	$ 54,438	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 620,000	$ -	$ 620,000	$ 620,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 178,078	$ 178,078	$ 178,078	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 450,574	$ 450,574	$ 450,574	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 153,384		$ 153,384	$ 153,384	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 116,157	$ -	$ 116,157	$ 116,157	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 531,788	$ -	$ 531,788	$ 531,788	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 149,820	$ 149,820	$ 149,820	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 300,838	$ 300,838	$ 300,838	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 151,227	$ -	$ 151,227	$ 151,227	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 123,047	$ -	$ 123,047	$ 123,047	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 209,319	$ 209,319	$ 209,319	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 402,301	$ -	$ 402,301	$ 402,301	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 463,807	$ 463,807	$ 463,807	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 71,335	$ -	$ 71,335	$ 71,335	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 164,692	$ 164,692	$ 164,692	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 642,000	$ -	$ 642,000	$ 642,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 920,473	$ 920,473	$ 920,473	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 158,993	$ -	$ 158,993	$ 158,993	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 465,267	$ -	$ 465,267	$ 465,267	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 257,069	$ 257,069	$ 257,069	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 224,403	$ -	$ 224,403	$ 224,403	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 640,328	$ 640,328	$ 640,328	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 241,779	$ -	$ 241,779	$ 241,779	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 157,762	$ -	$ 157,762	$ 157,762	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 411,111	$ 411,111	$ 411,111	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 361,119	$ -	$ 361,119	$ 361,119	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 214,037	$ -	$ 214,037	$ 214,037	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 273,114	$ -	$ 273,114	$ 273,114	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 843,777	$ 843,777	$ 843,777	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 446,927	$ -	$ 446,927	$ 446,927	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 191,215	$ 191,215	$ 191,215	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 35,451	$ -	$ 35,451	$ 35,451	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 294,665	$ 294,665	$ 294,665	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 192,638	$ -	$ 192,638	$ 192,638	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 62,628	$ 62,628	$ 62,628	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 445,291	$ -	$ 445,291	$ 445,291	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 422,648	$ 422,648	$ 422,648	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 261,807	$ -	$ 261,807	$ 261,807	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 99,720	$ -	$ 99,720	$ 99,720	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 132,595	$ 132,595	$ 132,595	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 508,930	$ -	$ 508,930	$ 508,930	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 154,578	$ -	$ 154,578	$ 154,578	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 801,163	$ 801,163	$ 801,163	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 473,477	$ -	$ 473,477	$ 473,477	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 316,704	$ 316,704	$ 316,704	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 203,079	$ 203,079	$ 203,079	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 441,632	$ -	$ 441,632	$ 441,632	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 158,721	$ -	$ 158,721	$ 158,721	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 785,731	$ 785,731	$ 785,731	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 507,439	$ -	$ 507,439	$ 507,439	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 177,112	$ 177,112	$ 177,112	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 240,434	$ 240,434	$ 240,434	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 464,612	$ -	$ 464,612	$ 464,612	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 431,354	$ 431,354	$ 431,354	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 142,927	$ -	$ 142,927	$ 142,927	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 59,275	$ -	$ 59,275	$ 59,275	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 622,000	$ -	$ 622,000	$ 622,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 652,658	$ 652,658	$ 652,658	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 154,449	$ 154,449	$ 154,449	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 138,114	$ -	$ 138,114	$ 138,114	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 583,000	$ -	$ 583,000	$ 583,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 638,131	$ 638,131	$ 638,131	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 244,387	$ -	$ 244,387	$ 244,387	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 48,081	$ -	$ 48,081	$ 48,081	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 179,280	$ 179,280	$ 179,280	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 212,337	$ -	$ 212,337	$ 212,337	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 212,197	$ -	$ 212,197	$ 212,197	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 585,570	$ 585,570	$ 585,570	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 169,474	$ 169,474	$ 169,474	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 458,967	$ -	$ 458,967	$ 458,967	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ 1,500,000	$ -	$ 1,500,000	$ 1,500,000	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ 161,040	$ -	$ 161,040	$ 161,040	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ -	$ 296,989	$ 296,989	$ 296,989	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ -	$ 296,525	$ 296,525	$ 296,525	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ -	$ 172,971	$ 172,971	$ 172,971	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ 61,023	$ -	$ 61,023	$ 61,023	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ 452,329	$ -	$ 452,329	$ 452,329	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ -	$ 521,963	$ 521,963	$ 521,963	$ -
	Category (iii) - A series of transactions that exceed 5% of net assets as of the beginning of the Plan year:						
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 21,111,322	$ -	$ 21,111,322	$ 21,111,322	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 20,219,087	$ 20,219,087	$ 20,219,087	$ -

There were no Category (ii) or (iv) reportable transactions during the year ended December 31, 2009.

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

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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 WELFARE BENEFITS PLAN

Table of Contents

Page

Independent Auditors' Report....1

Financial Statements

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

Statement 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) as of December 31, 2010....13

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2009....14

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2010....15

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2009....20

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

To the Plan Administrator
MediaNews Group Welfare Benefits Plan
Denver, Colorado

We were engaged to audit the statements of net assets available for benefits of MediaNews Group Welfare Benefits Plan (the "Plan") as of December 31, 2010 and 2009, the related statement of changes in net assets available for benefits for the years then ended, and the supplemental schedules as of and for the years ended December 31, 2010 and 2009 as listed in the accompanying table of contents. These financial statements and 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 Wells Fargo Bank, N.A., the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2010 and 2009, and for the years then ended, that the information provided to the Plan administrator by the custodian 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 custodian, 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

January 30, 2012
Denver, Colorado

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Statements of Net Assets Available for Benefits

	December 31, 2010	December 31, 2009
Assets		
Investments, at fair value		
Money market fund	$ 457,290	$ 1,340,309
Receivables		
Premiums receivable	321,310	390,247
Rebates receivable	149,404	193,115
Stop loss receivable	842,338	324,372
Total receivables	1,313,052	907,734
Total assets	1,770,342	2,248,043
Liabilities		
Current liabilities		
Vendor payable	2,590	63,059
Total liabilities	2,590	63,059
Net assets available for benefits	$ 1,767,752	$ 2,184,984

See notes to financial statements.

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Statement of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2010 and 2009

	For the Years Ended December 31,	
	2010	2009
Additions to net assets		
Employer contributions	$ 27,610,157	$ 30,825,619
Employee contributions, including COBRA and retiree contributions	13,257,333	14,327,503
Total contributions	40,867,490	45,153,122
Interest income	259	185
Total additions	40,867,749	45,153,307
Deductions from net assets		
Benefits payments	23,455,025	21,098,359
Premiums paid to insurance carriers	15,575,604	18,792,728
Administrative expenses	2,254,352	2,918,151
Total deductions	41,284,981	42,809,238
Net (decrease) increase in net assets available for benefits	(417,232)	2,344,069
Net assets available for benefits		
Beginning of year	2,184,984	(159,085)
End of year	$ 1,767,752	$ 2,184,984

See notes to financial statements.

Note 1 - Description of the Plan and Significant Accounting Policies

The following description of the MediaNews Group Welfare Benefits Plan (the "Plan") provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established on January 1, 1990 and was amended and restated effective January 1, 2007. The Plan was established to provide health, dental, accident, life insurance, disability, vision, or other welfare benefits for certain eligible employees of MediaNews Group, Inc. and related companies (collectively, the "Company") and their eligible dependents in accordance with Plan provisions. The Plan is administered by an Administrative Committee (the "Committee") appointed by the Board of Directors of the Company (the "Board") and third-party claims administrators designated by the Plan. The Plan is subject to amendment by the Board. Benefits are provided in accordance with Plan provisions and are funded with employer and employee contributions.

Effective January 1, 2008, the Company established an employee benefit trust intended to be exempt from federal income tax under 501(c)(9) of the Internal Revenue Code (the "VEBA Trust"). The VEBA Trust was established in conjunction with a portion of the medical benefits transitioning to a self-funding arrangement.

Additionally, coverage is continued for eligible employees who are on approved short-term disability or leave under the Family and Medical Leave Act. Former employees and their dependents are eligible for continued coverage for 18 months as specified under the Consolidated Omnibus Budget Reconciliation Act ("COBRA"), if they so elect. Also, a small group of retirees are covered under the Plan. Under the Unemployment Compensation Extension Act of 2010 individuals who qualified on or before May 31, 2010 may continue to pay reduced premiums for up to 15 months, as long as they are not eligible for another group health plan or Medicare.

The American Recovery and Reinvestment Act ("ARRA") provides a COBRA premium reduction for eligible individuals who are involuntarily terminated from employment through the end of May 2010. The COBRA premium reduction under ARRA is not available for individuals who experience involuntary terminations after May 31, 2010. The Plan has included any ARRA amounts received as employer contributions on the statement of changes in net assets available for benefits.

Contributions

Plan participants and the Company share the cost of coverage. Participants pay premiums (based on annually determined contribution rates) through payroll deductions. The Company generally pays authorized benefits for participants in the self-insured portion of the Plan directly from VEBA Trust assets as claims are processed by the claims administrators. Additionally, the Company pays a portion of the monthly premiums to health maintenance organizations, preferred provider organizations, and point of service providers for employees who elected such coverage.

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

Contributions (continued)

The Company and select retirees, who were grandfathered into the Plan through various acquisitions, share in the cost of post-retirement benefits. Retiree contributions are made through direct payments to the Company and through deductions made from pension benefits. In general, the Company pays premiums for the retirees from general corporate assets. In addition to deductibles and co-payments, retirees contribute varying amounts of the estimated cost of providing their post-retirement benefits based on the previously determined agreements.

Participants are responsible for co-payments, deductibles, and co-insurance amounts, if applicable, dependent on the level of coverage selected, as further described in the Plan document. Contributions are recorded when due to the Plan.

Payment of Benefits

Payments of benefits under the Plan are made according to a schedule of benefits upon submission of a proof of claim by a participant to a Plan administrator or independent claims processor. The group insurers for the insurance plans receive premiums from the Plan and pay claims in accordance with their contracts. Health claims and premiums are reported when paid.

Plan Termination

The Board may terminate the Plan at its discretion. At such time, the Plan's assets will be used first to pay all claims, insurance premiums, and other expenses and obligations. Any assets remaining will then be used for continuance of benefits until the assets have been exhausted.

Valuation of Investments and Income Recognition

The Plan's investments are 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 investment gain or loss (net appreciation or depreciation in fair value of investments) is reflected in the accompanying statement 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 requires management to make estimates and assumptions that affect certain reported amounts and disclosures. The most significant of these estimates are for claims incurred but not reported and post-retirement benefit obligations. Actual results could differ from those estimates.

Risk and Uncertainties

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

The actuarial present value of the post-retirement benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Subsequent Events

The Company has evaluated subsequent events through the report date, January 30, 2012, the date the financial statements were available to be issued.

Note 2 - Investments

Wells Fargo Bank, N.A. 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 and losses incurred 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 the Employee Retirement Income Security Act of 1974. 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 custodian, except for comparing the information contained therein to information included in the financial statements and supplemental schedules.

The investment that represents 5% or more of the net assets available for benefits as of December 31, 2010 and 2009 is the Wells Fargo Advantage Government Money Market Fund in the amount of $457,290 and $1,340,309, respectively.

Note 3 - Fair Value Accounting

Accounting principles generally accepted in the United States require disclosure about how fair value is determined and establish a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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.

As of December 31, 2010 and 2009, the asset measured on a recurring basis within the fair value hierarchy is the Company's investment in money market fund. The Company has classified this investment as a Level 2 investment. The fair value of the Company's money market fund as of December 31, 2010 and 2009 was $457,290 and $1,340,309, respectively. There were no changes to the valuation techniques used during the period.

Note 4 - Excess Risk Insurance

Excess risk insurance ("stop loss") coverage is maintained by the Plan for medical benefits. This coverage provides for payment by the insurance carrier when an individual participant's accumulated annual claims exceed the contracted deductible. The contracted deductible was $350,000 or $200,000, depending on account type, and $350,000 per family for the years ended December 31, 2010 and 2009, respectively. The stop loss recoveries included in health claims were approximately $1,100,000 and $490,000, respectively, for the years ended December 31, 2010 and 2009. These amounts are netted against claims paid in the statement of changes in net assets available for benefits.

Note 5 - Prescription Drug Rebates

The Plan receives rebates from its prescription drug program. The rebates received for the years ended December 31, 2010 and 2009 were $149,404 and $264,450, respectively. These amounts are netted against claims paid in the statement of changes in net assets available for benefits.

Note 6 - Tax Status

The Plan established the VEBA Trust with the intention of it being qualified pursuant to Section 501(c)(9) of the Internal Revenue Code of 1986, as amended; accordingly, the Plan assumes that its net investment income is exempt from income taxes. The Plan applied for tax exempt status at the time of establishment of the VEBA Trust. The Plan has obtained a favorable tax exemption letter dated June 25, 2009 from the Internal Revenue Service. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require 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 period in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Note 7 - Post-retirement and Plan Benefit Obligations

Post-retirement benefit obligations represent the actuarial present value of estimated future benefit payments that are attributable to the terms of the Plan based upon employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received from Plan participants, the time value of money ("discount rate") and the timing of payments ("mortality"). The post-retirement benefit obligation represents the amount that is to be funded by contributions from the Company and existing Plan assets. The post-retirement benefit obligations as of December 31, 2010 and 2009 were valued by Hewitt Associates, LLC, third-party actuaries, using a discount rate of 5.90% and 5.40%, respectively. The assumed health care cost-trend rate used to measure the expected costs of benefits covered by the Plan for the next year is 8.75%.

A 1% increase in the assumed health care cost trend rates for each future year would cause an increase in the 2010 and 2009 post-retirement benefits earned during the year of approximately $699,000 and $366,000, respectively.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different assumptions and other factors might be applicable in determining the actuarial present value of the post-retirement benefit obligation.

Postemployment benefit obligations during COBRA and severance periods cannot be reasonably estimated and, therefore, are not reported.

Note 7 - Post-retirement and Plan Benefit Obligations (continued)

Plan benefit obligations of the Company at December 31, 2010 and 2009 for health claims incurred by participants but not reported at that date are estimated by Lockton Inc., third-party actuaries, based upon actual runout claims paid after year-end plus an estimate of additional runout. Such amounts are reported at an undiscounted amount, as amounts are typically payable within one year. Any differences in the amounts estimated and actual will be reported in future years.

The Plan benefit obligations are as follows:

	December 31,	
	2010	2009
Amounts currently payable		
Premiums payable	$ 321,310	$ 327,179
Claims payable and claims incurred but not reported	2,871,555	2,842,053
Total amounts currently payable	3,192,865	3,169,232
Post-retirement benefit obligations at present value of estimated amounts for		
Current retirees	1,660,063	1,071,746
Fully eligible actives	2,259,828	1,795,965
Other actives	985,338	1,347,849
Total post-retirement benefit obligations	4,905,229	4,215,560
Total Plan benefit obligations	$ 8,098,094	$ 7,384,792

Note 7 - Post-retirement and Plan Benefit Obligations (continued)

The changes in Plan benefit obligations are as follows:

	December 31,	
	2010	2009
Total Plan benefit obligations, beginning of year	$ 7,384,792	$ 6,047,938
Amounts currently payable		
Claims payable balance, beginning of year	2,842,053	2,984,859
Claims reported and approved for payment, including benefits reclassified from benefit obligations	23,484,527	20,955,553
Claims paid	(23,455,025)	(21,098,359)
Claims payable balance at end of year	2,871,555	2,842,053
Premiums payable balance, beginning of year	327,179	-
Premiums billed for current benefit coverage	15,569,735	19,119,907
Premiums paid	(15,575,604)	(18,792,728)
Premiums payable balance at end of year	321,310	327,179
Balance at end of year	3,192,865	3,169,232
Post-retirement benefit obligations at present value of estimated amounts for		
Balance, beginning of year	4,215,560	3,063,079
Changes during year		
Changes in actuarial assumptions (1)	(229,340)	826,194
Increase in benefits accumulated during the year	342,714	363,363
Increase due to the passage of time	222,651	199,898
Benefits paid during the year	(196,933)	(114,303)
Other	550,577	(122,671)
Balance at end of year	4,905,229	4,215,560
Total Plan benefit obligations, end of year	$ 8,098,094	$ 7,384,792

(1) Changes in actuarial assumptions relate to changes in discount rate, trend, retirement rates, and mortality rates.

In general, the Company does not offer post-retirement healthcare or other insurance benefits for retired employees; however, the Company is required to continue such plans that were in effect upon certain acquisitions. Generally, the retired employees utilize the Plan as secondary to Medicare.

Note 7 - Post-retirement and Plan Benefit Obligations (continued)

On December 8, 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the "Act") for employers sponsoring post-retirement healthcare plans that provide prescription drug benefits was signed into law. The Act introduces a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree health care benefit plans providing a benefit that is at least actuarially equivalent to Medicare Part D.1. Under the Act, the Medicare subsidy amount is received directly by the Plan sponsor and not the related plan. Further, the Plan sponsor is not required to use the subsidy amount to fund post-retirement benefits and may use the subsidy for any valid business purpose. The accumulated post-retirement benefit obligation as of December 31, 2010 and 2009 and the changes in the accumulated benefit obligation for the years then ended do not reflect any amount associated with the Medicare subsidy as the Plan is not directly entitled to the Medicare subsidy.

Deficiencies, if any, in net assets over benefit obligations will be funded by the Company as the benefits are paid to participants.

Note 8 - Party-in-Interest Transactions

Certain Plan investments were shares of money market funds managed by Wells Fargo Bank, N.A., the asset custodian. Therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Note 9 - Administration of the Plan

The Company provides certain administrative, accounting, and legal services to the Plan for which it is reimbursed.

SUPPLEMENTAL SCHEDULES

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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 - 501

(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
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 457,290	$ 457,290
			$ 457,290	$ 457,290

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(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
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,340,309	$ 1,340,309
			$ 1,340,309	$ 1,340,309

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Category (i) - A single transaction that exceeds 5% of net assets as of the beginning of the Plan year:						
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 726,255	$ 726,255	$ 726,255	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 217,639	$ 217,639	$ 217,639	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 237,885	$ 237,885	$ 237,885	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 515,288	$ -	$ 515,288	$ 515,288	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 69,267	$ 69,267	$ 69,267	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 152,127	$ -	$ 152,127	$ 152,127	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 149,626	$ 149,626	$ 149,626	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 248,578	$ 248,578	$ 248,578	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 345,115	$ 345,115	$ 345,115	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 197,864	$ -	$ 197,864	$ 197,864	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 490,364	$ -	$ 490,364	$ 490,364	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 499,799	$ 499,799	$ 499,799	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 69,465	$ -	$ 69,465	$ 69,465	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 642,205	$ -	$ 642,205	$ 642,205	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 803,512	$ 803,512	$ 803,512	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 324,686	$ -	$ 324,686	$ 324,686	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 322,024	$ 322,024	$ 322,024	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 94,381	$ -	$ 94,381	$ 94,381	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 486,522	$ -	$ 486,522	$ 486,522	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 333,856	$ 333,856	$ 333,856	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,170,000	$ -	$ 1,170,000	$ 1,170,000	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 1,583,870	$ 1,583,870	$ 1,583,870	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 486,401	$ -	$ 486,401	$ 486,401	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 434,468	$ 434,468	$ 434,468	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 159,342	$ -	$ 159,342	$ 159,342	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 498,786	$ -	$ 498,786	$ 498,786	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 269,038	$ -	$ 269,038	$ 269,038	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 276,040	$ 276,040	$ 276,040	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 257,446	$ 257,446	$ 257,446	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 357,078	$ -	$ 357,078	$ 357,078	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 285,488	$ 285,488	$ 285,488	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 292,215	$ 292,215	$ 292,215	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 398,431	$ -	$ 398,431	$ 398,431	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 527,195	$ 527,195	$ 527,195	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 154,975	$ -	$ 154,975	$ 154,975	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 496,774	$ -	$ 496,774	$ 496,774	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 376,373	$ 376,373	$ 376,373	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 186,721	$ 186,721	$ 186,721	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 292,387	$ -	$ 292,387	$ 292,387	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 479,837	$ -	$ 479,837	$ 479,837	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 846,570	$ 846,570	$ 846,570	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 155,981	$ -	$ 155,981	$ 155,981	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 162,905	$ 162,905	$ 162,905	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 215,169	$ -	$ 215,169	$ 215,169	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 477,722	$ -	$ 477,722	$ 477,722	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 571,708	$ 571,708	$ 571,708	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,041,017	$ -	$ 1,041,017	$ 1,041,017	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 1,118,073	$ 1,118,073	$ 1,118,073	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 632,797	$ -	$ 632,797	$ 632,797	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 259,192	$ 259,192	$ 259,192	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 213,709	$ -	$ 213,709	$ 213,709	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 596,005	$ 596,005	$ 596,005	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 232,557	$ -	$ 232,557	$ 232,557	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 452,016	$ -	$ 452,016	$ 452,016	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 488,824	$ 488,824	$ 488,824	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 465,254	$ -	$ 465,254	$ 465,254	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 162,365	$ -	$ 162,365	$ 162,365	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 223,861	$ -	$ 223,861	$ 223,861	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 803,556	$ 803,556	$ 803,556	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 151,692	$ -	$ 151,692	$ 151,692	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 460,998	$ -	$ 460,998	$ 460,998	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 153,609	$ 153,609	$ 153,609	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 493,394	$ 493,394	$ 493,394	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 207,848	$ 207,848	$ 207,848	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 149,561	$ -	$ 149,561	$ 149,561	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 197,596	$ 197,596	$ 197,596	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,625,000	$ -	$ 1,625,000	$ 1,625,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 1,676,581	$ 1,676,581	$ 1,676,581	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 226,688	$ -	$ 226,688	$ 226,688	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 115,281	$ -	$ 115,281	$ 115,281	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 456,637	$ -	$ 456,637	$ 456,637	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 168,613	$ -	$ 168,613	$ 168,613	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 558,193	$ 558,193	$ 558,193	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 153,121	$ 153,121	$ 153,121	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 230,548	$ -	$ 230,548	$ 230,548	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 2,076,700	$ -	$ 2,076,700	$ 2,076,700	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 2,403,477	$ 2,403,477	$ 2,403,477	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 148,645	$ -	$ 148,645	$ 148,645	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 458,185	$ -	$ 458,185	$ 458,185	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 335,616	$ 335,616	$ 335,616	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 198,116	$ -	$ 198,116	$ 198,116	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ -	$ -	$ -	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 404,213	$ 404,213	$ 404,213	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 201,608	$ 201,608	$ 201,608	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 512,569	$ -	$ 512,569	$ 512,569	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 364,643	$ -	$ 364,643	$ 364,643	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 687,611	$ 687,611	$ 687,611	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 454,029	$ -	$ 454,029	$ 454,029	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 709,302	$ 709,302	$ 709,302	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,100,000	$ -	$ 1,100,000	$ 1,100,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 904,535	$ 904,535	$ 904,535	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 162,985	$ 162,985	$ 162,985	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 455,450	$ -	$ 455,450	$ 455,450	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 103,627	$ -	$ 103,627	$ 103,627	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 206,969	$ -	$ 206,969	$ 206,969	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 238,475	$ 238,475	$ 238,475	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 153,433	$ -	$ 153,433	$ 153,433	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 201,618	$ 201,618	$ 201,618	$ -

Category (iii) - A series of transactions that exceed 5% of net assets as of the beginning of the Plan year:

*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 21,825,783	$ -	$ 21,825,783	$ 21,825,783	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 22,709,987	$ 22,709,987	$ 22,709,987	$ -

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.

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Category (i) - A single transaction that exceeds 5% of net assets as of the beginning of the Plan year:						
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 282,379	$ 282,379	$ 282,379	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 196,113	$ 196,113	$ 196,113	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 115,720	$ -	$ 115,720	$ 115,720	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 879,827	$ -	$ 879,827	$ 879,827	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 760,806	$ 760,806	$ 760,806	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 139,634	$ 139,634	$ 139,634	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 526,663	$ -	$ 526,663	$ 526,663	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 197,476	$ 197,476	$ 197,476	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 181,508	$ 181,508	$ 181,508	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 157,831	$ 157,831	$ 157,831	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 497,436	$ -	$ 497,436	$ 497,436	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 190,628	$ 190,628	$ 190,628	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 243,473	$ -	$ 243,473	$ 243,473	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 265,995	$ 265,995	$ 265,995	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 350,213	$ 350,213	$ 350,213	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 489,112	$ -	$ 489,112	$ 489,112	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 417,147	$ 417,147	$ 417,147	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 160,718	$ -	$ 160,718	$ 160,718	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 113,809	$ -	$ 113,809	$ 113,809	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 365,831	$ 365,831	$ 365,831	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 485,624	$ -	$ 485,624	$ 485,624	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 230,645	$ -	$ 230,645	$ 230,645	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 166,796	$ 166,796	$ 166,796	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 147,732	$ 147,732	$ 147,732	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 38,152	$ -	$ 38,152	$ 38,152	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 162,520	$ -	$ 162,520	$ 162,520	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 61,328	$ 61,328	$ 61,328	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 27,864	$ -	$ 27,864	$ 27,864	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 159,655	$ -	$ 159,655	$ 159,655	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 486,946	$ 486,946	$ 486,946	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 474,736	$ -	$ 474,736	$ 474,736	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 516,143	$ 516,143	$ 516,143	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 181,737	$ -	$ 181,737	$ 181,737	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 334,715	$ 334,715	$ 334,715	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 115,753	$ -	$ 115,753	$ 115,753	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 118,796	$ -	$ 118,796	$ 118,796	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 239,758	$ 239,758	$ 239,758	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 39,565	$ 39,565	$ 39,565	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 291,544	$ -	$ 291,544	$ 291,544	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 211,766	$ 211,766	$ 211,766	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 154,389	$ -	$ 154,389	$ 154,389	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 848,133	$ -	$ 848,133	$ 848,133	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 864,725	$ 864,725	$ 864,725	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 65,363	$ 65,363	$ 65,363	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 158,932	$ 158,932	$ 158,932	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 648,000	$ -	$ 648,000	$ 648,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 648,095	$ 648,095	$ 648,095	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 152,403	$ -	$ 152,403	$ 152,403	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 54,438	$ 54,438	$ 54,438	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 620,000	$ -	$ 620,000	$ 620,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 178,078	$ 178,078	$ 178,078	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 450,574	$ 450,574	$ 450,574	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 153,384		$ 153,384	$ 153,384	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 116,157	$ -	$ 116,157	$ 116,157	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 531,788	$ -	$ 531,788	$ 531,788	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 149,820	$ 149,820	$ 149,820	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 300,838	$ 300,838	$ 300,838	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 151,227	$ -	$ 151,227	$ 151,227	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 123,047	$ -	$ 123,047	$ 123,047	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 209,319	$ 209,319	$ 209,319	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 402,301	$ -	$ 402,301	$ 402,301	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 463,807	$ 463,807	$ 463,807	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 71,335	$ -	$ 71,335	$ 71,335	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 164,692	$ 164,692	$ 164,692	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 642,000	$ -	$ 642,000	$ 642,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 920,473	$ 920,473	$ 920,473	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 158,993	$ -	$ 158,993	$ 158,993	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 465,267	$ -	$ 465,267	$ 465,267	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 257,069	$ 257,069	$ 257,069	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 224,403	$ -	$ 224,403	$ 224,403	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 640,328	$ 640,328	$ 640,328	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 241,779	$ -	$ 241,779	$ 241,779	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 157,762	$ -	$ 157,762	$ 157,762	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 411,111	$ 411,111	$ 411,111	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 361,119	$ -	$ 361,119	$ 361,119	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 214,037	$ -	$ 214,037	$ 214,037	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 273,114	$ -	$ 273,114	$ 273,114	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 843,777	$ 843,777	$ 843,777	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 446,927	$ -	$ 446,927	$ 446,927	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 191,215	$ 191,215	$ 191,215	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 35,451	$ -	$ 35,451	$ 35,451	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 294,665	$ 294,665	$ 294,665	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 192,638	$ -	$ 192,638	$ 192,638	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 62,628	$ 62,628	$ 62,628	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 445,291	$ -	$ 445,291	$ 445,291	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 422,648	$ 422,648	$ 422,648	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 261,807	$ -	$ 261,807	$ 261,807	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 99,720	$ -	$ 99,720	$ 99,720	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 132,595	$ 132,595	$ 132,595	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 508,930	$ -	$ 508,930	$ 508,930	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 154,578	$ -	$ 154,578	$ 154,578	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 801,163	$ 801,163	$ 801,163	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 473,477	$ -	$ 473,477	$ 473,477	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 316,704	$ 316,704	$ 316,704	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 203,079	$ 203,079	$ 203,079	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 441,632	$ -	$ 441,632	$ 441,632	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 158,721	$ -	$ 158,721	$ 158,721	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 785,731	$ 785,731	$ 785,731	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 507,439	$ -	$ 507,439	$ 507,439	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 177,112	$ 177,112	$ 177,112	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 240,434	$ 240,434	$ 240,434	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 464,612	$ -	$ 464,612	$ 464,612	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 431,354	$ 431,354	$ 431,354	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 142,927	$ -	$ 142,927	$ 142,927	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 59,275	$ -	$ 59,275	$ 59,275	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 622,000	$ -	$ 622,000	$ 622,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 652,658	$ 652,658	$ 652,658	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 154,449	$ 154,449	$ 154,449	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 138,114	$ -	$ 138,114	$ 138,114	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 583,000	$ -	$ 583,000	$ 583,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 638,131	$ 638,131	$ 638,131	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 244,387	$ -	$ 244,387	$ 244,387	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 48,081	$ -	$ 48,081	$ 48,081	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 179,280	$ 179,280	$ 179,280	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 212,337	$ -	$ 212,337	$ 212,337	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 212,197	$ -	$ 212,197	$ 212,197	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 585,570	$ 585,570	$ 585,570	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 169,474	$ 169,474	$ 169,474	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 458,967	$ -	$ 458,967	$ 458,967	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ 1,500,000	$ -	$ 1,500,000	$ 1,500,000	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ 161,040	$ -	$ 161,040	$ 161,040	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ -	$ 296,989	$ 296,989	$ 296,989	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ -	$ 296,525	$ 296,525	$ 296,525	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ -	$ 172,971	$ 172,971	$ 172,971	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ 61,023	$ -	$ 61,023	$ 61,023	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ 452,329	$ -	$ 452,329	$ 452,329	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ -	$ 521,963	$ 521,963	$ 521,963	$ -
	Category (iii) - A series of transactions that exceed 5% of net assets as of the beginning of the Plan year:						
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 21,111,322	$ -	$ 21,111,322	$ 21,111,322	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 20,219,087	$ 20,219,087	$ 20,219,087	$ -

There were no Category (ii) or (iv) reportable transactions during the year ended December 31, 2009.

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

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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 WELFARE BENEFITS PLAN

Table of Contents

Page

Independent Auditors' Report....1

Financial Statements

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

Statement 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) as of December 31, 2010....13

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2009....14

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2010....15

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2009....20

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

To the Plan Administrator
MediaNews Group Welfare Benefits Plan
Denver, Colorado

We were engaged to audit the statements of net assets available for benefits of MediaNews Group Welfare Benefits Plan (the "Plan") as of December 31, 2010 and 2009, the related statement of changes in net assets available for benefits for the years then ended, and the supplemental schedules as of and for the years ended December 31, 2010 and 2009 as listed in the accompanying table of contents. These financial statements and 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 Wells Fargo Bank, N.A., the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2010 and 2009, and for the years then ended, that the information provided to the Plan administrator by the custodian 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 custodian, 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

January 30, 2012
Denver, Colorado

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Statements of Net Assets Available for Benefits

	December 31, 2010	December 31, 2009
Assets		
Investments, at fair value		
Money market fund	$ 457,290	$ 1,340,309
Receivables		
Premiums receivable	321,310	390,247
Rebates receivable	149,404	193,115
Stop loss receivable	842,338	324,372
Total receivables	1,313,052	907,734
Total assets	1,770,342	2,248,043
Liabilities		
Current liabilities		
Vendor payable	2,590	63,059
Total liabilities	2,590	63,059
Net assets available for benefits	$ 1,767,752	$ 2,184,984

See notes to financial statements.

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Statement of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2010 and 2009

	For the Years Ended December 31,	
	2010	2009
Additions to net assets		
Employer contributions	$ 27,610,157	$ 30,825,619
Employee contributions, including COBRA and retiree contributions	13,257,333	14,327,503
Total contributions	40,867,490	45,153,122
Interest income	259	185
Total additions	40,867,749	45,153,307
Deductions from net assets		
Benefits payments	23,455,025	21,098,359
Premiums paid to insurance carriers	15,575,604	18,792,728
Administrative expenses	2,254,352	2,918,151
Total deductions	41,284,981	42,809,238
Net (decrease) increase in net assets available for benefits	(417,232)	2,344,069
Net assets available for benefits		
Beginning of year	2,184,984	(159,085)
End of year	$ 1,767,752	$ 2,184,984

See notes to financial statements.

Note 1 - Description of the Plan and Significant Accounting Policies

The following description of the MediaNews Group Welfare Benefits Plan (the "Plan") provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established on January 1, 1990 and was amended and restated effective January 1, 2007. The Plan was established to provide health, dental, accident, life insurance, disability, vision, or other welfare benefits for certain eligible employees of MediaNews Group, Inc. and related companies (collectively, the "Company") and their eligible dependents in accordance with Plan provisions. The Plan is administered by an Administrative Committee (the "Committee") appointed by the Board of Directors of the Company (the "Board") and third-party claims administrators designated by the Plan. The Plan is subject to amendment by the Board. Benefits are provided in accordance with Plan provisions and are funded with employer and employee contributions.

Effective January 1, 2008, the Company established an employee benefit trust intended to be exempt from federal income tax under 501(c)(9) of the Internal Revenue Code (the "VEBA Trust"). The VEBA Trust was established in conjunction with a portion of the medical benefits transitioning to a self-funding arrangement.

Additionally, coverage is continued for eligible employees who are on approved short-term disability or leave under the Family and Medical Leave Act. Former employees and their dependents are eligible for continued coverage for 18 months as specified under the Consolidated Omnibus Budget Reconciliation Act ("COBRA"), if they so elect. Also, a small group of retirees are covered under the Plan. Under the Unemployment Compensation Extension Act of 2010 individuals who qualified on or before May 31, 2010 may continue to pay reduced premiums for up to 15 months, as long as they are not eligible for another group health plan or Medicare.

The American Recovery and Reinvestment Act ("ARRA") provides a COBRA premium reduction for eligible individuals who are involuntarily terminated from employment through the end of May 2010. The COBRA premium reduction under ARRA is not available for individuals who experience involuntary terminations after May 31, 2010. The Plan has included any ARRA amounts received as employer contributions on the statement of changes in net assets available for benefits.

Contributions

Plan participants and the Company share the cost of coverage. Participants pay premiums (based on annually determined contribution rates) through payroll deductions. The Company generally pays authorized benefits for participants in the self-insured portion of the Plan directly from VEBA Trust assets as claims are processed by the claims administrators. Additionally, the Company pays a portion of the monthly premiums to health maintenance organizations, preferred provider organizations, and point of service providers for employees who elected such coverage.

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

Contributions (continued)

The Company and select retirees, who were grandfathered into the Plan through various acquisitions, share in the cost of post-retirement benefits. Retiree contributions are made through direct payments to the Company and through deductions made from pension benefits. In general, the Company pays premiums for the retirees from general corporate assets. In addition to deductibles and co-payments, retirees contribute varying amounts of the estimated cost of providing their post-retirement benefits based on the previously determined agreements.

Participants are responsible for co-payments, deductibles, and co-insurance amounts, if applicable, dependent on the level of coverage selected, as further described in the Plan document. Contributions are recorded when due to the Plan.

Payment of Benefits

Payments of benefits under the Plan are made according to a schedule of benefits upon submission of a proof of claim by a participant to a Plan administrator or independent claims processor. The group insurers for the insurance plans receive premiums from the Plan and pay claims in accordance with their contracts. Health claims and premiums are reported when paid.

Plan Termination

The Board may terminate the Plan at its discretion. At such time, the Plan's assets will be used first to pay all claims, insurance premiums, and other expenses and obligations. Any assets remaining will then be used for continuance of benefits until the assets have been exhausted.

Valuation of Investments and Income Recognition

The Plan's investments are 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 investment gain or loss (net appreciation or depreciation in fair value of investments) is reflected in the accompanying statement 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 requires management to make estimates and assumptions that affect certain reported amounts and disclosures. The most significant of these estimates are for claims incurred but not reported and post-retirement benefit obligations. Actual results could differ from those estimates.

Risk and Uncertainties

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

The actuarial present value of the post-retirement benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Subsequent Events

The Company has evaluated subsequent events through the report date, January 30, 2012, the date the financial statements were available to be issued.

Note 2 - Investments

Wells Fargo Bank, N.A. 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 and losses incurred 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 the Employee Retirement Income Security Act of 1974. 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 custodian, except for comparing the information contained therein to information included in the financial statements and supplemental schedules.

The investment that represents 5% or more of the net assets available for benefits as of December 31, 2010 and 2009 is the Wells Fargo Advantage Government Money Market Fund in the amount of $457,290 and $1,340,309, respectively.

Note 3 - Fair Value Accounting

Accounting principles generally accepted in the United States require disclosure about how fair value is determined and establish a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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.

As of December 31, 2010 and 2009, the asset measured on a recurring basis within the fair value hierarchy is the Company's investment in money market fund. The Company has classified this investment as a Level 2 investment. The fair value of the Company's money market fund as of December 31, 2010 and 2009 was $457,290 and $1,340,309, respectively. There were no changes to the valuation techniques used during the period.

Note 4 - Excess Risk Insurance

Excess risk insurance ("stop loss") coverage is maintained by the Plan for medical benefits. This coverage provides for payment by the insurance carrier when an individual participant's accumulated annual claims exceed the contracted deductible. The contracted deductible was $350,000 or $200,000, depending on account type, and $350,000 per family for the years ended December 31, 2010 and 2009, respectively. The stop loss recoveries included in health claims were approximately $1,100,000 and $490,000, respectively, for the years ended December 31, 2010 and 2009. These amounts are netted against claims paid in the statement of changes in net assets available for benefits.

Note 5 - Prescription Drug Rebates

The Plan receives rebates from its prescription drug program. The rebates received for the years ended December 31, 2010 and 2009 were $149,404 and $264,450, respectively. These amounts are netted against claims paid in the statement of changes in net assets available for benefits.

Note 6 - Tax Status

The Plan established the VEBA Trust with the intention of it being qualified pursuant to Section 501(c)(9) of the Internal Revenue Code of 1986, as amended; accordingly, the Plan assumes that its net investment income is exempt from income taxes. The Plan applied for tax exempt status at the time of establishment of the VEBA Trust. The Plan has obtained a favorable tax exemption letter dated June 25, 2009 from the Internal Revenue Service. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require 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 period in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Note 7 - Post-retirement and Plan Benefit Obligations

Post-retirement benefit obligations represent the actuarial present value of estimated future benefit payments that are attributable to the terms of the Plan based upon employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received from Plan participants, the time value of money ("discount rate") and the timing of payments ("mortality"). The post-retirement benefit obligation represents the amount that is to be funded by contributions from the Company and existing Plan assets. The post-retirement benefit obligations as of December 31, 2010 and 2009 were valued by Hewitt Associates, LLC, third-party actuaries, using a discount rate of 5.90% and 5.40%, respectively. The assumed health care cost-trend rate used to measure the expected costs of benefits covered by the Plan for the next year is 8.75%.

A 1% increase in the assumed health care cost trend rates for each future year would cause an increase in the 2010 and 2009 post-retirement benefits earned during the year of approximately $699,000 and $366,000, respectively.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different assumptions and other factors might be applicable in determining the actuarial present value of the post-retirement benefit obligation.

Postemployment benefit obligations during COBRA and severance periods cannot be reasonably estimated and, therefore, are not reported.

Note 7 - Post-retirement and Plan Benefit Obligations (continued)

Plan benefit obligations of the Company at December 31, 2010 and 2009 for health claims incurred by participants but not reported at that date are estimated by Lockton Inc., third-party actuaries, based upon actual runout claims paid after year-end plus an estimate of additional runout. Such amounts are reported at an undiscounted amount, as amounts are typically payable within one year. Any differences in the amounts estimated and actual will be reported in future years.

The Plan benefit obligations are as follows:

	December 31,	
	2010	2009
Amounts currently payable		
Premiums payable	$ 321,310	$ 327,179
Claims payable and claims incurred but not reported	2,871,555	2,842,053
Total amounts currently payable	3,192,865	3,169,232
Post-retirement benefit obligations at present value of estimated amounts for		
Current retirees	1,660,063	1,071,746
Fully eligible actives	2,259,828	1,795,965
Other actives	985,338	1,347,849
Total post-retirement benefit obligations	4,905,229	4,215,560
Total Plan benefit obligations	$ 8,098,094	$ 7,384,792

Note 7 - Post-retirement and Plan Benefit Obligations (continued)

The changes in Plan benefit obligations are as follows:

	December 31,	
	2010	2009
Total Plan benefit obligations, beginning of year	$ 7,384,792	$ 6,047,938
Amounts currently payable		
Claims payable balance, beginning of year	2,842,053	2,984,859
Claims reported and approved for payment, including benefits reclassified from benefit obligations	23,484,527	20,955,553
Claims paid	(23,455,025)	(21,098,359)
Claims payable balance at end of year	2,871,555	2,842,053
Premiums payable balance, beginning of year	327,179	-
Premiums billed for current benefit coverage	15,569,735	19,119,907
Premiums paid	(15,575,604)	(18,792,728)
Premiums payable balance at end of year	321,310	327,179
Balance at end of year	3,192,865	3,169,232
Post-retirement benefit obligations at present value of estimated amounts for		
Balance, beginning of year	4,215,560	3,063,079
Changes during year		
Changes in actuarial assumptions (1)	(229,340)	826,194
Increase in benefits accumulated during the year	342,714	363,363
Increase due to the passage of time	222,651	199,898
Benefits paid during the year	(196,933)	(114,303)
Other	550,577	(122,671)
Balance at end of year	4,905,229	4,215,560
Total Plan benefit obligations, end of year	$ 8,098,094	$ 7,384,792

(1) Changes in actuarial assumptions relate to changes in discount rate, trend, retirement rates, and mortality rates.

In general, the Company does not offer post-retirement healthcare or other insurance benefits for retired employees; however, the Company is required to continue such plans that were in effect upon certain acquisitions. Generally, the retired employees utilize the Plan as secondary to Medicare.

Note 7 - Post-retirement and Plan Benefit Obligations (continued)

On December 8, 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the "Act") for employers sponsoring post-retirement healthcare plans that provide prescription drug benefits was signed into law. The Act introduces a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree health care benefit plans providing a benefit that is at least actuarially equivalent to Medicare Part D.1. Under the Act, the Medicare subsidy amount is received directly by the Plan sponsor and not the related plan. Further, the Plan sponsor is not required to use the subsidy amount to fund post-retirement benefits and may use the subsidy for any valid business purpose. The accumulated post-retirement benefit obligation as of December 31, 2010 and 2009 and the changes in the accumulated benefit obligation for the years then ended do not reflect any amount associated with the Medicare subsidy as the Plan is not directly entitled to the Medicare subsidy.

Deficiencies, if any, in net assets over benefit obligations will be funded by the Company as the benefits are paid to participants.

Note 8 - Party-in-Interest Transactions

Certain Plan investments were shares of money market funds managed by Wells Fargo Bank, N.A., the asset custodian. Therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Note 9 - Administration of the Plan

The Company provides certain administrative, accounting, and legal services to the Plan for which it is reimbursed.

SUPPLEMENTAL SCHEDULES

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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 - 501

(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
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 457,290	$ 457,290
			$ 457,290	$ 457,290

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(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
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,340,309	$ 1,340,309
			$ 1,340,309	$ 1,340,309

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Category (i) - A single transaction that exceeds 5% of net assets as of the beginning of the Plan year:						
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 726,255	$ 726,255	$ 726,255	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 217,639	$ 217,639	$ 217,639	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 237,885	$ 237,885	$ 237,885	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 515,288	$ -	$ 515,288	$ 515,288	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 69,267	$ 69,267	$ 69,267	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 152,127	$ -	$ 152,127	$ 152,127	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 149,626	$ 149,626	$ 149,626	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 248,578	$ 248,578	$ 248,578	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 345,115	$ 345,115	$ 345,115	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 197,864	$ -	$ 197,864	$ 197,864	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 490,364	$ -	$ 490,364	$ 490,364	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 499,799	$ 499,799	$ 499,799	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 69,465	$ -	$ 69,465	$ 69,465	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 642,205	$ -	$ 642,205	$ 642,205	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 803,512	$ 803,512	$ 803,512	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 324,686	$ -	$ 324,686	$ 324,686	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 322,024	$ 322,024	$ 322,024	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 94,381	$ -	$ 94,381	$ 94,381	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 486,522	$ -	$ 486,522	$ 486,522	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 333,856	$ 333,856	$ 333,856	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,170,000	$ -	$ 1,170,000	$ 1,170,000	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 1,583,870	$ 1,583,870	$ 1,583,870	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 486,401	$ -	$ 486,401	$ 486,401	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 434,468	$ 434,468	$ 434,468	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 159,342	$ -	$ 159,342	$ 159,342	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 498,786	$ -	$ 498,786	$ 498,786	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 269,038	$ -	$ 269,038	$ 269,038	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 276,040	$ 276,040	$ 276,040	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 257,446	$ 257,446	$ 257,446	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 357,078	$ -	$ 357,078	$ 357,078	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 285,488	$ 285,488	$ 285,488	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 292,215	$ 292,215	$ 292,215	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 398,431	$ -	$ 398,431	$ 398,431	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 527,195	$ 527,195	$ 527,195	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 154,975	$ -	$ 154,975	$ 154,975	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 496,774	$ -	$ 496,774	$ 496,774	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 376,373	$ 376,373	$ 376,373	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 186,721	$ 186,721	$ 186,721	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 292,387	$ -	$ 292,387	$ 292,387	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 479,837	$ -	$ 479,837	$ 479,837	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 846,570	$ 846,570	$ 846,570	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 155,981	$ -	$ 155,981	$ 155,981	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 162,905	$ 162,905	$ 162,905	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 215,169	$ -	$ 215,169	$ 215,169	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 477,722	$ -	$ 477,722	$ 477,722	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 571,708	$ 571,708	$ 571,708	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,041,017	$ -	$ 1,041,017	$ 1,041,017	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 1,118,073	$ 1,118,073	$ 1,118,073	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 632,797	$ -	$ 632,797	$ 632,797	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 259,192	$ 259,192	$ 259,192	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 213,709	$ -	$ 213,709	$ 213,709	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 596,005	$ 596,005	$ 596,005	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 232,557	$ -	$ 232,557	$ 232,557	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 452,016	$ -	$ 452,016	$ 452,016	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 488,824	$ 488,824	$ 488,824	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 465,254	$ -	$ 465,254	$ 465,254	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 162,365	$ -	$ 162,365	$ 162,365	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 223,861	$ -	$ 223,861	$ 223,861	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 803,556	$ 803,556	$ 803,556	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 151,692	$ -	$ 151,692	$ 151,692	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 460,998	$ -	$ 460,998	$ 460,998	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 153,609	$ 153,609	$ 153,609	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 493,394	$ 493,394	$ 493,394	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 207,848	$ 207,848	$ 207,848	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 149,561	$ -	$ 149,561	$ 149,561	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 197,596	$ 197,596	$ 197,596	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,625,000	$ -	$ 1,625,000	$ 1,625,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 1,676,581	$ 1,676,581	$ 1,676,581	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 226,688	$ -	$ 226,688	$ 226,688	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 115,281	$ -	$ 115,281	$ 115,281	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 456,637	$ -	$ 456,637	$ 456,637	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 168,613	$ -	$ 168,613	$ 168,613	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 558,193	$ 558,193	$ 558,193	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 153,121	$ 153,121	$ 153,121	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 230,548	$ -	$ 230,548	$ 230,548	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 2,076,700	$ -	$ 2,076,700	$ 2,076,700	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 2,403,477	$ 2,403,477	$ 2,403,477	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 148,645	$ -	$ 148,645	$ 148,645	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 458,185	$ -	$ 458,185	$ 458,185	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 335,616	$ 335,616	$ 335,616	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 198,116	$ -	$ 198,116	$ 198,116	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ -	$ -	$ -	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 404,213	$ 404,213	$ 404,213	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 201,608	$ 201,608	$ 201,608	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 512,569	$ -	$ 512,569	$ 512,569	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 364,643	$ -	$ 364,643	$ 364,643	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 687,611	$ 687,611	$ 687,611	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 454,029	$ -	$ 454,029	$ 454,029	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 709,302	$ 709,302	$ 709,302	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,100,000	$ -	$ 1,100,000	$ 1,100,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 904,535	$ 904,535	$ 904,535	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 162,985	$ 162,985	$ 162,985	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 455,450	$ -	$ 455,450	$ 455,450	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 103,627	$ -	$ 103,627	$ 103,627	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 206,969	$ -	$ 206,969	$ 206,969	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 238,475	$ 238,475	$ 238,475	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 153,433	$ -	$ 153,433	$ 153,433	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 201,618	$ 201,618	$ 201,618	$ -

Category (iii) - A series of transactions that exceed 5% of net assets as of the beginning of the Plan year:

*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 21,825,783	$ -	$ 21,825,783	$ 21,825,783	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 22,709,987	$ 22,709,987	$ 22,709,987	$ -

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.

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Category (i) - A single transaction that exceeds 5% of net assets as of the beginning of the Plan year:						
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 282,379	$ 282,379	$ 282,379	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 196,113	$ 196,113	$ 196,113	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 115,720	$ -	$ 115,720	$ 115,720	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 879,827	$ -	$ 879,827	$ 879,827	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 760,806	$ 760,806	$ 760,806	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 139,634	$ 139,634	$ 139,634	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 526,663	$ -	$ 526,663	$ 526,663	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 197,476	$ 197,476	$ 197,476	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 181,508	$ 181,508	$ 181,508	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 157,831	$ 157,831	$ 157,831	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 497,436	$ -	$ 497,436	$ 497,436	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 190,628	$ 190,628	$ 190,628	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 243,473	$ -	$ 243,473	$ 243,473	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 265,995	$ 265,995	$ 265,995	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 350,213	$ 350,213	$ 350,213	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 489,112	$ -	$ 489,112	$ 489,112	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 417,147	$ 417,147	$ 417,147	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 160,718	$ -	$ 160,718	$ 160,718	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 113,809	$ -	$ 113,809	$ 113,809	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 365,831	$ 365,831	$ 365,831	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 485,624	$ -	$ 485,624	$ 485,624	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 230,645	$ -	$ 230,645	$ 230,645	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 166,796	$ 166,796	$ 166,796	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 147,732	$ 147,732	$ 147,732	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 38,152	$ -	$ 38,152	$ 38,152	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 162,520	$ -	$ 162,520	$ 162,520	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 61,328	$ 61,328	$ 61,328	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 27,864	$ -	$ 27,864	$ 27,864	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 159,655	$ -	$ 159,655	$ 159,655	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 486,946	$ 486,946	$ 486,946	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 474,736	$ -	$ 474,736	$ 474,736	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 516,143	$ 516,143	$ 516,143	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 181,737	$ -	$ 181,737	$ 181,737	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 334,715	$ 334,715	$ 334,715	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 115,753	$ -	$ 115,753	$ 115,753	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 118,796	$ -	$ 118,796	$ 118,796	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 239,758	$ 239,758	$ 239,758	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 39,565	$ 39,565	$ 39,565	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 291,544	$ -	$ 291,544	$ 291,544	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 211,766	$ 211,766	$ 211,766	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 154,389	$ -	$ 154,389	$ 154,389	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 848,133	$ -	$ 848,133	$ 848,133	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 864,725	$ 864,725	$ 864,725	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 65,363	$ 65,363	$ 65,363	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 158,932	$ 158,932	$ 158,932	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 648,000	$ -	$ 648,000	$ 648,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 648,095	$ 648,095	$ 648,095	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 152,403	$ -	$ 152,403	$ 152,403	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 54,438	$ 54,438	$ 54,438	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 620,000	$ -	$ 620,000	$ 620,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 178,078	$ 178,078	$ 178,078	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 450,574	$ 450,574	$ 450,574	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 153,384		$ 153,384	$ 153,384	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 116,157	$ -	$ 116,157	$ 116,157	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 531,788	$ -	$ 531,788	$ 531,788	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 149,820	$ 149,820	$ 149,820	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 300,838	$ 300,838	$ 300,838	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 151,227	$ -	$ 151,227	$ 151,227	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 123,047	$ -	$ 123,047	$ 123,047	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 209,319	$ 209,319	$ 209,319	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 402,301	$ -	$ 402,301	$ 402,301	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 463,807	$ 463,807	$ 463,807	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 71,335	$ -	$ 71,335	$ 71,335	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 164,692	$ 164,692	$ 164,692	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 642,000	$ -	$ 642,000	$ 642,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 920,473	$ 920,473	$ 920,473	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 158,993	$ -	$ 158,993	$ 158,993	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 465,267	$ -	$ 465,267	$ 465,267	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 257,069	$ 257,069	$ 257,069	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 224,403	$ -	$ 224,403	$ 224,403	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 640,328	$ 640,328	$ 640,328	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 241,779	$ -	$ 241,779	$ 241,779	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 157,762	$ -	$ 157,762	$ 157,762	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 411,111	$ 411,111	$ 411,111	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 361,119	$ -	$ 361,119	$ 361,119	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 214,037	$ -	$ 214,037	$ 214,037	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 273,114	$ -	$ 273,114	$ 273,114	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 843,777	$ 843,777	$ 843,777	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 446,927	$ -	$ 446,927	$ 446,927	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 191,215	$ 191,215	$ 191,215	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 35,451	$ -	$ 35,451	$ 35,451	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 294,665	$ 294,665	$ 294,665	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 192,638	$ -	$ 192,638	$ 192,638	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 62,628	$ 62,628	$ 62,628	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 445,291	$ -	$ 445,291	$ 445,291	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 422,648	$ 422,648	$ 422,648	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 261,807	$ -	$ 261,807	$ 261,807	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 99,720	$ -	$ 99,720	$ 99,720	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 132,595	$ 132,595	$ 132,595	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 508,930	$ -	$ 508,930	$ 508,930	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 154,578	$ -	$ 154,578	$ 154,578	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 801,163	$ 801,163	$ 801,163	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 473,477	$ -	$ 473,477	$ 473,477	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 316,704	$ 316,704	$ 316,704	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 203,079	$ 203,079	$ 203,079	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 441,632	$ -	$ 441,632	$ 441,632	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 158,721	$ -	$ 158,721	$ 158,721	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 785,731	$ 785,731	$ 785,731	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 507,439	$ -	$ 507,439	$ 507,439	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 177,112	$ 177,112	$ 177,112	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 240,434	$ 240,434	$ 240,434	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 464,612	$ -	$ 464,612	$ 464,612	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 431,354	$ 431,354	$ 431,354	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 142,927	$ -	$ 142,927	$ 142,927	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 59,275	$ -	$ 59,275	$ 59,275	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 622,000	$ -	$ 622,000	$ 622,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 652,658	$ 652,658	$ 652,658	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 154,449	$ 154,449	$ 154,449	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 138,114	$ -	$ 138,114	$ 138,114	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 583,000	$ -	$ 583,000	$ 583,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 638,131	$ 638,131	$ 638,131	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 244,387	$ -	$ 244,387	$ 244,387	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 48,081	$ -	$ 48,081	$ 48,081	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 179,280	$ 179,280	$ 179,280	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 212,337	$ -	$ 212,337	$ 212,337	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 212,197	$ -	$ 212,197	$ 212,197	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 585,570	$ 585,570	$ 585,570	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 169,474	$ 169,474	$ 169,474	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 458,967	$ -	$ 458,967	$ 458,967	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ 1,500,000	$ -	$ 1,500,000	$ 1,500,000	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ 161,040	$ -	$ 161,040	$ 161,040	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ -	$ 296,989	$ 296,989	$ 296,989	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ -	$ 296,525	$ 296,525	$ 296,525	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ -	$ 172,971	$ 172,971	$ 172,971	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ 61,023	$ -	$ 61,023	$ 61,023	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ 452,329	$ -	$ 452,329	$ 452,329	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ -	$ 521,963	$ 521,963	$ 521,963	$ -
	Category (iii) - A series of transactions that exceed 5% of net assets as of the beginning of the Plan year:						
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 21,111,322	$ -	$ 21,111,322	$ 21,111,322	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 20,219,087	$ 20,219,087	$ 20,219,087	$ -

There were no Category (ii) or (iv) reportable transactions during the year ended December 31, 2009.

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

* Party-in-interest

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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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;
- [X] 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;
- [X] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information -enter all requested information

1a Name of plan
MEDIANEWS GROUP WELFARE BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/1990

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 AVE, STE 1100
DENVER CO 80202

2b Employer Identification Number (EIN) 76-0425553

2c Sponsor's telephone number 303-954-6396

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	Missy Miller	2/23/12	Missy Miller
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. **Form 5500 (2009)**
v.092307.1

9A6704 1.000
1898DE N752 4116-07 MLH Amend

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	7336
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**	6971
b	Retired or separated participants receiving benefits	**6b**	169
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	7140
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	7140
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4A 4B 4D 4E 4F 4G 4H 4L

9a Plan funding arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	26	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

1898DE N752 4116-07 MLH Amend

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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 WELFARE BENEFITS PLAN

Table of Contents

Page

Independent Auditors' Report....1

Financial Statements

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

Statement 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) as of December 31, 2010....13

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2009....14

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2010....15

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2009....20

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

To the Plan Administrator
MediaNews Group Welfare Benefits Plan
Denver, Colorado

We were engaged to audit the statements of net assets available for benefits of MediaNews Group Welfare Benefits Plan (the "Plan") as of December 31, 2010 and 2009, the related statement of changes in net assets available for benefits for the years then ended, and the supplemental schedules as of and for the years ended December 31, 2010 and 2009 as listed in the accompanying table of contents. These financial statements and 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 Wells Fargo Bank, N.A., the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2010 and 2009, and for the years then ended, that the information provided to the Plan administrator by the custodian 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 custodian, 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

January 30, 2012
Denver, Colorado

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Statements of Net Assets Available for Benefits

	December 31, 2010	December 31, 2009
Assets		
Investments, at fair value		
Money market fund	$ 457,290	$ 1,340,309
Receivables		
Premiums receivable	321,310	390,247
Rebates receivable	149,404	193,115
Stop loss receivable	842,338	324,372
Total receivables	1,313,052	907,734
Total assets	1,770,342	2,248,043
Liabilities		
Current liabilities		
Vendor payable	2,590	63,059
Total liabilities	2,590	63,059
Net assets available for benefits	$ 1,767,752	$ 2,184,984

See notes to financial statements.

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Statement of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2010 and 2009

	For the Years Ended December 31,	
	2010	2009
Additions to net assets		
Employer contributions	$ 27,610,157	$ 30,825,619
Employee contributions, including COBRA and retiree contributions	13,257,333	14,327,503
Total contributions	40,867,490	45,153,122
Interest income	259	185
Total additions	40,867,749	45,153,307
Deductions from net assets		
Benefits payments	23,455,025	21,098,359
Premiums paid to insurance carriers	15,575,604	18,792,728
Administrative expenses	2,254,352	2,918,151
Total deductions	41,284,981	42,809,238
Net (decrease) increase in net assets available for benefits	(417,232)	2,344,069
Net assets available for benefits		
Beginning of year	2,184,984	(159,085)
End of year	$ 1,767,752	$ 2,184,984

See notes to financial statements.

Note 1 - Description of the Plan and Significant Accounting Policies

The following description of the MediaNews Group Welfare Benefits Plan (the "Plan") provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established on January 1, 1990 and was amended and restated effective January 1, 2007. The Plan was established to provide health, dental, accident, life insurance, disability, vision, or other welfare benefits for certain eligible employees of MediaNews Group, Inc. and related companies (collectively, the "Company") and their eligible dependents in accordance with Plan provisions. The Plan is administered by an Administrative Committee (the "Committee") appointed by the Board of Directors of the Company (the "Board") and third-party claims administrators designated by the Plan. The Plan is subject to amendment by the Board. Benefits are provided in accordance with Plan provisions and are funded with employer and employee contributions.

Effective January 1, 2008, the Company established an employee benefit trust intended to be exempt from federal income tax under 501(c)(9) of the Internal Revenue Code (the "VEBA Trust"). The VEBA Trust was established in conjunction with a portion of the medical benefits transitioning to a self-funding arrangement.

Additionally, coverage is continued for eligible employees who are on approved short-term disability or leave under the Family and Medical Leave Act. Former employees and their dependents are eligible for continued coverage for 18 months as specified under the Consolidated Omnibus Budget Reconciliation Act ("COBRA"), if they so elect. Also, a small group of retirees are covered under the Plan. Under the Unemployment Compensation Extension Act of 2010 individuals who qualified on or before May 31, 2010 may continue to pay reduced premiums for up to 15 months, as long as they are not eligible for another group health plan or Medicare.

The American Recovery and Reinvestment Act ("ARRA") provides a COBRA premium reduction for eligible individuals who are involuntarily terminated from employment through the end of May 2010. The COBRA premium reduction under ARRA is not available for individuals who experience involuntary terminations after May 31, 2010. The Plan has included any ARRA amounts received as employer contributions on the statement of changes in net assets available for benefits.

Contributions

Plan participants and the Company share the cost of coverage. Participants pay premiums (based on annually determined contribution rates) through payroll deductions. The Company generally pays authorized benefits for participants in the self-insured portion of the Plan directly from VEBA Trust assets as claims are processed by the claims administrators. Additionally, the Company pays a portion of the monthly premiums to health maintenance organizations, preferred provider organizations, and point of service providers for employees who elected such coverage.

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

Contributions (continued)

The Company and select retirees, who were grandfathered into the Plan through various acquisitions, share in the cost of post-retirement benefits. Retiree contributions are made through direct payments to the Company and through deductions made from pension benefits. In general, the Company pays premiums for the retirees from general corporate assets. In addition to deductibles and co-payments, retirees contribute varying amounts of the estimated cost of providing their post-retirement benefits based on the previously determined agreements.

Participants are responsible for co-payments, deductibles, and co-insurance amounts, if applicable, dependent on the level of coverage selected, as further described in the Plan document. Contributions are recorded when due to the Plan.

Payment of Benefits

Payments of benefits under the Plan are made according to a schedule of benefits upon submission of a proof of claim by a participant to a Plan administrator or independent claims processor. The group insurers for the insurance plans receive premiums from the Plan and pay claims in accordance with their contracts. Health claims and premiums are reported when paid.

Plan Termination

The Board may terminate the Plan at its discretion. At such time, the Plan's assets will be used first to pay all claims, insurance premiums, and other expenses and obligations. Any assets remaining will then be used for continuance of benefits until the assets have been exhausted.

Valuation of Investments and Income Recognition

The Plan's investments are 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 investment gain or loss (net appreciation or depreciation in fair value of investments) is reflected in the accompanying statement 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 requires management to make estimates and assumptions that affect certain reported amounts and disclosures. The most significant of these estimates are for claims incurred but not reported and post-retirement benefit obligations. Actual results could differ from those estimates.

Risk and Uncertainties

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

The actuarial present value of the post-retirement benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Subsequent Events

The Company has evaluated subsequent events through the report date, January 30, 2012, the date the financial statements were available to be issued.

Note 2 - Investments

Wells Fargo Bank, N.A. 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 and losses incurred 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 the Employee Retirement Income Security Act of 1974. 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 custodian, except for comparing the information contained therein to information included in the financial statements and supplemental schedules.

The investment that represents 5% or more of the net assets available for benefits as of December 31, 2010 and 2009 is the Wells Fargo Advantage Government Money Market Fund in the amount of $457,290 and $1,340,309, respectively.

Note 3 - Fair Value Accounting

Accounting principles generally accepted in the United States require disclosure about how fair value is determined and establish a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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.

As of December 31, 2010 and 2009, the asset measured on a recurring basis within the fair value hierarchy is the Company's investment in money market fund. The Company has classified this investment as a Level 2 investment. The fair value of the Company's money market fund as of December 31, 2010 and 2009 was $457,290 and $1,340,309, respectively. There were no changes to the valuation techniques used during the period.

Note 4 - Excess Risk Insurance

Excess risk insurance ("stop loss") coverage is maintained by the Plan for medical benefits. This coverage provides for payment by the insurance carrier when an individual participant's accumulated annual claims exceed the contracted deductible. The contracted deductible was $350,000 or $200,000, depending on account type, and $350,000 per family for the years ended December 31, 2010 and 2009, respectively. The stop loss recoveries included in health claims were approximately $1,100,000 and $490,000, respectively, for the years ended December 31, 2010 and 2009. These amounts are netted against claims paid in the statement of changes in net assets available for benefits.

Note 5 - Prescription Drug Rebates

The Plan receives rebates from its prescription drug program. The rebates received for the years ended December 31, 2010 and 2009 were $149,404 and $264,450, respectively. These amounts are netted against claims paid in the statement of changes in net assets available for benefits.

Note 6 - Tax Status

The Plan established the VEBA Trust with the intention of it being qualified pursuant to Section 501(c)(9) of the Internal Revenue Code of 1986, as amended; accordingly, the Plan assumes that its net investment income is exempt from income taxes. The Plan applied for tax exempt status at the time of establishment of the VEBA Trust. The Plan has obtained a favorable tax exemption letter dated June 25, 2009 from the Internal Revenue Service. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require 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 period in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Note 7 - Post-retirement and Plan Benefit Obligations

Post-retirement benefit obligations represent the actuarial present value of estimated future benefit payments that are attributable to the terms of the Plan based upon employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received from Plan participants, the time value of money ("discount rate") and the timing of payments ("mortality"). The post-retirement benefit obligation represents the amount that is to be funded by contributions from the Company and existing Plan assets. The post-retirement benefit obligations as of December 31, 2010 and 2009 were valued by Hewitt Associates, LLC, third-party actuaries, using a discount rate of 5.90% and 5.40%, respectively. The assumed health care cost-trend rate used to measure the expected costs of benefits covered by the Plan for the next year is 8.75%.

A 1% increase in the assumed health care cost trend rates for each future year would cause an increase in the 2010 and 2009 post-retirement benefits earned during the year of approximately $699,000 and $366,000, respectively.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different assumptions and other factors might be applicable in determining the actuarial present value of the post-retirement benefit obligation.

Postemployment benefit obligations during COBRA and severance periods cannot be reasonably estimated and, therefore, are not reported.

Note 7 - Post-retirement and Plan Benefit Obligations (continued)

Plan benefit obligations of the Company at December 31, 2010 and 2009 for health claims incurred by participants but not reported at that date are estimated by Lockton Inc., third-party actuaries, based upon actual runout claims paid after year-end plus an estimate of additional runout. Such amounts are reported at an undiscounted amount, as amounts are typically payable within one year. Any differences in the amounts estimated and actual will be reported in future years.

The Plan benefit obligations are as follows:

	December 31,	
	2010	2009
Amounts currently payable		
Premiums payable	$ 321,310	$ 327,179
Claims payable and claims incurred but not reported	2,871,555	2,842,053
Total amounts currently payable	3,192,865	3,169,232
Post-retirement benefit obligations at present value of estimated amounts for		
Current retirees	1,660,063	1,071,746
Fully eligible actives	2,259,828	1,795,965
Other actives	985,338	1,347,849
Total post-retirement benefit obligations	4,905,229	4,215,560
Total Plan benefit obligations	$ 8,098,094	$ 7,384,792

Note 7 - Post-retirement and Plan Benefit Obligations (continued)

The changes in Plan benefit obligations are as follows:

	December 31,	
	2010	2009
Total Plan benefit obligations, beginning of year	$ 7,384,792	$ 6,047,938
Amounts currently payable		
Claims payable balance, beginning of year	2,842,053	2,984,859
Claims reported and approved for payment, including benefits reclassified from benefit obligations	23,484,527	20,955,553
Claims paid	(23,455,025)	(21,098,359)
Claims payable balance at end of year	2,871,555	2,842,053
Premiums payable balance, beginning of year	327,179	-
Premiums billed for current benefit coverage	15,569,735	19,119,907
Premiums paid	(15,575,604)	(18,792,728)
Premiums payable balance at end of year	321,310	327,179
Balance at end of year	3,192,865	3,169,232
Post-retirement benefit obligations at present value of estimated amounts for		
Balance, beginning of year	4,215,560	3,063,079
Changes during year		
Changes in actuarial assumptions (1)	(229,340)	826,194
Increase in benefits accumulated during the year	342,714	363,363
Increase due to the passage of time	222,651	199,898
Benefits paid during the year	(196,933)	(114,303)
Other	550,577	(122,671)
Balance at end of year	4,905,229	4,215,560
Total Plan benefit obligations, end of year	$ 8,098,094	$ 7,384,792

(1) Changes in actuarial assumptions relate to changes in discount rate, trend, retirement rates, and mortality rates.

In general, the Company does not offer post-retirement healthcare or other insurance benefits for retired employees; however, the Company is required to continue such plans that were in effect upon certain acquisitions. Generally, the retired employees utilize the Plan as secondary to Medicare.

Note 7 - Post-retirement and Plan Benefit Obligations (continued)

On December 8, 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the "Act") for employers sponsoring post-retirement healthcare plans that provide prescription drug benefits was signed into law. The Act introduces a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree health care benefit plans providing a benefit that is at least actuarially equivalent to Medicare Part D.1. Under the Act, the Medicare subsidy amount is received directly by the Plan sponsor and not the related plan. Further, the Plan sponsor is not required to use the subsidy amount to fund post-retirement benefits and may use the subsidy for any valid business purpose. The accumulated post-retirement benefit obligation as of December 31, 2010 and 2009 and the changes in the accumulated benefit obligation for the years then ended do not reflect any amount associated with the Medicare subsidy as the Plan is not directly entitled to the Medicare subsidy.

Deficiencies, if any, in net assets over benefit obligations will be funded by the Company as the benefits are paid to participants.

Note 8 - Party-in-Interest Transactions

Certain Plan investments were shares of money market funds managed by Wells Fargo Bank, N.A., the asset custodian. Therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Note 9 - Administration of the Plan

The Company provides certain administrative, accounting, and legal services to the Plan for which it is reimbursed.

SUPPLEMENTAL SCHEDULES

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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 - 501

(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
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 457,290	$ 457,290
			$ 457,290	$ 457,290

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(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
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,340,309	$ 1,340,309
			$ 1,340,309	$ 1,340,309

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Category (i) - A single transaction that exceeds 5% of net assets as of the beginning of the Plan year:						
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 726,255	$ 726,255	$ 726,255	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 217,639	$ 217,639	$ 217,639	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 237,885	$ 237,885	$ 237,885	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 515,288	$ -	$ 515,288	$ 515,288	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 69,267	$ 69,267	$ 69,267	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 152,127	$ -	$ 152,127	$ 152,127	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 149,626	$ 149,626	$ 149,626	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 248,578	$ 248,578	$ 248,578	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 345,115	$ 345,115	$ 345,115	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 197,864	$ -	$ 197,864	$ 197,864	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 490,364	$ -	$ 490,364	$ 490,364	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 499,799	$ 499,799	$ 499,799	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 69,465	$ -	$ 69,465	$ 69,465	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 642,205	$ -	$ 642,205	$ 642,205	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 803,512	$ 803,512	$ 803,512	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 324,686	$ -	$ 324,686	$ 324,686	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 322,024	$ 322,024	$ 322,024	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 94,381	$ -	$ 94,381	$ 94,381	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 486,522	$ -	$ 486,522	$ 486,522	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 333,856	$ 333,856	$ 333,856	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,170,000	$ -	$ 1,170,000	$ 1,170,000	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 1,583,870	$ 1,583,870	$ 1,583,870	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 486,401	$ -	$ 486,401	$ 486,401	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 434,468	$ 434,468	$ 434,468	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 159,342	$ -	$ 159,342	$ 159,342	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 498,786	$ -	$ 498,786	$ 498,786	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 269,038	$ -	$ 269,038	$ 269,038	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 276,040	$ 276,040	$ 276,040	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 257,446	$ 257,446	$ 257,446	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 357,078	$ -	$ 357,078	$ 357,078	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 285,488	$ 285,488	$ 285,488	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 292,215	$ 292,215	$ 292,215	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 398,431	$ -	$ 398,431	$ 398,431	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 527,195	$ 527,195	$ 527,195	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 154,975	$ -	$ 154,975	$ 154,975	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 496,774	$ -	$ 496,774	$ 496,774	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 376,373	$ 376,373	$ 376,373	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 186,721	$ 186,721	$ 186,721	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 292,387	$ -	$ 292,387	$ 292,387	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 479,837	$ -	$ 479,837	$ 479,837	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 846,570	$ 846,570	$ 846,570	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 155,981	$ -	$ 155,981	$ 155,981	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 162,905	$ 162,905	$ 162,905	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 215,169	$ -	$ 215,169	$ 215,169	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 477,722	$ -	$ 477,722	$ 477,722	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 571,708	$ 571,708	$ 571,708	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,041,017	$ -	$ 1,041,017	$ 1,041,017	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 1,118,073	$ 1,118,073	$ 1,118,073	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 632,797	$ -	$ 632,797	$ 632,797	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 259,192	$ 259,192	$ 259,192	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 213,709	$ -	$ 213,709	$ 213,709	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 596,005	$ 596,005	$ 596,005	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 232,557	$ -	$ 232,557	$ 232,557	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 452,016	$ -	$ 452,016	$ 452,016	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 488,824	$ 488,824	$ 488,824	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 465,254	$ -	$ 465,254	$ 465,254	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 162,365	$ -	$ 162,365	$ 162,365	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 223,861	$ -	$ 223,861	$ 223,861	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 803,556	$ 803,556	$ 803,556	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 151,692	$ -	$ 151,692	$ 151,692	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 460,998	$ -	$ 460,998	$ 460,998	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 153,609	$ 153,609	$ 153,609	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 493,394	$ 493,394	$ 493,394	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 207,848	$ 207,848	$ 207,848	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 149,561	$ -	$ 149,561	$ 149,561	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 197,596	$ 197,596	$ 197,596	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,625,000	$ -	$ 1,625,000	$ 1,625,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 1,676,581	$ 1,676,581	$ 1,676,581	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 226,688	$ -	$ 226,688	$ 226,688	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 115,281	$ -	$ 115,281	$ 115,281	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 456,637	$ -	$ 456,637	$ 456,637	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 168,613	$ -	$ 168,613	$ 168,613	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 558,193	$ 558,193	$ 558,193	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 153,121	$ 153,121	$ 153,121	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 230,548	$ -	$ 230,548	$ 230,548	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 2,076,700	$ -	$ 2,076,700	$ 2,076,700	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 2,403,477	$ 2,403,477	$ 2,403,477	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 148,645	$ -	$ 148,645	$ 148,645	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 458,185	$ -	$ 458,185	$ 458,185	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 335,616	$ 335,616	$ 335,616	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 198,116	$ -	$ 198,116	$ 198,116	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ -	$ -	$ -	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 404,213	$ 404,213	$ 404,213	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 201,608	$ 201,608	$ 201,608	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

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

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 512,569	$ -	$ 512,569	$ 512,569	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 364,643	$ -	$ 364,643	$ 364,643	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 687,611	$ 687,611	$ 687,611	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 454,029	$ -	$ 454,029	$ 454,029	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 709,302	$ 709,302	$ 709,302	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 1,100,000	$ -	$ 1,100,000	$ 1,100,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 904,535	$ 904,535	$ 904,535	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 162,985	$ 162,985	$ 162,985	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 455,450	$ -	$ 455,450	$ 455,450	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 103,627	$ -	$ 103,627	$ 103,627	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 206,969	$ -	$ 206,969	$ 206,969	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 238,475	$ 238,475	$ 238,475	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 153,433	$ -	$ 153,433	$ 153,433	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 201,618	$ 201,618	$ 201,618	$ -

Category (iii) - A series of transactions that exceed 5% of net assets as of the beginning of the Plan year:

*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 21,825,783	$ -	$ 21,825,783	$ 21,825,783	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 22,709,987	$ 22,709,987	$ 22,709,987	$ -

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.

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Category (i) - A single transaction that exceeds 5% of net assets as of the beginning of the Plan year:						
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 282,379	$ 282,379	$ 282,379	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 196,113	$ 196,113	$ 196,113	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 115,720	$ -	$ 115,720	$ 115,720	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 879,827	$ -	$ 879,827	$ 879,827	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 760,806	$ 760,806	$ 760,806	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 139,634	$ 139,634	$ 139,634	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 526,663	$ -	$ 526,663	$ 526,663	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 197,476	$ 197,476	$ 197,476	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 181,508	$ 181,508	$ 181,508	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 157,831	$ 157,831	$ 157,831	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 497,436	$ -	$ 497,436	$ 497,436	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 190,628	$ 190,628	$ 190,628	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 243,473	$ -	$ 243,473	$ 243,473	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 265,995	$ 265,995	$ 265,995	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 350,213	$ 350,213	$ 350,213	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 489,112	$ -	$ 489,112	$ 489,112	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 417,147	$ 417,147	$ 417,147	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 160,718	$ -	$ 160,718	$ 160,718	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 113,809	$ -	$ 113,809	$ 113,809	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 365,831	$ 365,831	$ 365,831	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 485,624	$ -	$ 485,624	$ 485,624	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 230,645	$ -	$ 230,645	$ 230,645	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 166,796	$ 166,796	$ 166,796	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 147,732	$ 147,732	$ 147,732	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 38,152	$ -	$ 38,152	$ 38,152	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 162,520	$ -	$ 162,520	$ 162,520	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 61,328	$ 61,328	$ 61,328	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 27,864	$ -	$ 27,864	$ 27,864	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 159,655	$ -	$ 159,655	$ 159,655	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 486,946	$ 486,946	$ 486,946	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 474,736	$ -	$ 474,736	$ 474,736	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 516,143	$ 516,143	$ 516,143	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 181,737	$ -	$ 181,737	$ 181,737	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 334,715	$ 334,715	$ 334,715	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 115,753	$ -	$ 115,753	$ 115,753	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 118,796	$ -	$ 118,796	$ 118,796	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 239,758	$ 239,758	$ 239,758	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 39,565	$ 39,565	$ 39,565	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 291,544	$ -	$ 291,544	$ 291,544	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 211,766	$ 211,766	$ 211,766	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 154,389	$ -	$ 154,389	$ 154,389	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 848,133	$ -	$ 848,133	$ 848,133	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 864,725	$ 864,725	$ 864,725	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 65,363	$ 65,363	$ 65,363	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 158,932	$ 158,932	$ 158,932	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 648,000	$ -	$ 648,000	$ 648,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 648,095	$ 648,095	$ 648,095	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 152,403	$ -	$ 152,403	$ 152,403	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 54,438	$ 54,438	$ 54,438	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 620,000	$ -	$ 620,000	$ 620,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 178,078	$ 178,078	$ 178,078	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 450,574	$ 450,574	$ 450,574	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 153,384		$ 153,384	$ 153,384	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 116,157	$ -	$ 116,157	$ 116,157	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 531,788	$ -	$ 531,788	$ 531,788	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 149,820	$ 149,820	$ 149,820	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 300,838	$ 300,838	$ 300,838	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 151,227	$ -	$ 151,227	$ 151,227	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 123,047	$ -	$ 123,047	$ 123,047	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 209,319	$ 209,319	$ 209,319	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 402,301	$ -	$ 402,301	$ 402,301	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 463,807	$ 463,807	$ 463,807	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 71,335	$ -	$ 71,335	$ 71,335	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 164,692	$ 164,692	$ 164,692	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 642,000	$ -	$ 642,000	$ 642,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 920,473	$ 920,473	$ 920,473	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 158,993	$ -	$ 158,993	$ 158,993	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 465,267	$ -	$ 465,267	$ 465,267	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 257,069	$ 257,069	$ 257,069	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 224,403	$ -	$ 224,403	$ 224,403	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 640,328	$ 640,328	$ 640,328	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 241,779	$ -	$ 241,779	$ 241,779	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 157,762	$ -	$ 157,762	$ 157,762	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 411,111	$ 411,111	$ 411,111	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 361,119	$ -	$ 361,119	$ 361,119	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 214,037	$ -	$ 214,037	$ 214,037	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 273,114	$ -	$ 273,114	$ 273,114	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 843,777	$ 843,777	$ 843,777	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 446,927	$ -	$ 446,927	$ 446,927	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 191,215	$ 191,215	$ 191,215	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 35,451	$ -	$ 35,451	$ 35,451	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 294,665	$ 294,665	$ 294,665	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 192,638	$ -	$ 192,638	$ 192,638	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 62,628	$ 62,628	$ 62,628	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 445,291	$ -	$ 445,291	$ 445,291	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 422,648	$ 422,648	$ 422,648	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 261,807	$ -	$ 261,807	$ 261,807	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 99,720	$ -	$ 99,720	$ 99,720	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 132,595	$ 132,595	$ 132,595	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 508,930	$ -	$ 508,930	$ 508,930	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 154,578	$ -	$ 154,578	$ 154,578	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 801,163	$ 801,163	$ 801,163	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 473,477	$ -	$ 473,477	$ 473,477	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 316,704	$ 316,704	$ 316,704	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 203,079	$ 203,079	$ 203,079	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 441,632	$ -	$ 441,632	$ 441,632	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 158,721	$ -	$ 158,721	$ 158,721	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 785,731	$ 785,731	$ 785,731	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 507,439	$ -	$ 507,439	$ 507,439	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 177,112	$ 177,112	$ 177,112	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 240,434	$ 240,434	$ 240,434	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 464,612	$ -	$ 464,612	$ 464,612	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 431,354	$ 431,354	$ 431,354	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 142,927	$ -	$ 142,927	$ 142,927	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 59,275	$ -	$ 59,275	$ 59,275	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 622,000	$ -	$ 622,000	$ 622,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 652,658	$ 652,658	$ 652,658	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 154,449	$ 154,449	$ 154,449	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 138,114	$ -	$ 138,114	$ 138,114	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 583,000	$ -	$ 583,000	$ 583,000	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 638,131	$ 638,131	$ 638,131	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 244,387	$ -	$ 244,387	$ 244,387	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 48,081	$ -	$ 48,081	$ 48,081	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 179,280	$ 179,280	$ 179,280	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 212,337	$ -	$ 212,337	$ 212,337	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 212,197	$ -	$ 212,197	$ 212,197	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 585,570	$ 585,570	$ 585,570	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 169,474	$ 169,474	$ 169,474	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 458,967	$ -	$ 458,967	$ 458,967	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ 1,500,000	$ -	$ 1,500,000	$ 1,500,000	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ 161,040	$ -	$ 161,040	$ 161,040	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ -	$ 296,989	$ 296,989	$ 296,989	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ -	$ 296,525	$ 296,525	$ 296,525	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ -	$ 172,971	$ 172,971	$ 172,971	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ 61,023	$ -	$ 61,023	$ 61,023	$ -
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ 452,329	$ -	$ 452,329	$ 452,329	$ -

(Continued on the following page)

* Party-in-interest

MEDIANEWS GROUP WELFARE BENEFITS PLAN

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
for the Year Ended December 31, 2009

Employer Identification Number 76-0425553
Plan Number - 501

(Continued from the previous page)

	(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)
*	Wells Fargo	Wells Fargo Institutional Money Market Fund	$ -	$ 521,963	$ 521,963	$ 521,963	$ -
	Category (iii) - A series of transactions that exceed 5% of net assets as of the beginning of the Plan year:						
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ 21,111,322	$ -	$ 21,111,322	$ 21,111,322	$ -
*	Wells Fargo	Wells Fargo Advantage Government Money Market Fund	$ -	$ 20,219,087	$ 20,219,087	$ 20,219,087	$ -

There were no Category (ii) or (iv) reportable transactions during the year ended December 31, 2009.

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

* Party-in-interest