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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2012</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                      |
| For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u> |                                                                                                                                                                                                                                                      |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                                    |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input checked="" type="checkbox"/>                                                                                                                                                                                                                  |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                            |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |     |                                                      |  |                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----|------------------------------------------------------|--|------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                          |                                                              |     |                                                      |  |                                                      |  |
| <b>1a</b> Name of plan<br>THE DISPATCH PRINTING COMPANY COLUMBUS MIDWEST NEWSPAPER PRINTING PRESSMEN AND ASSISTANTS UNION, LOCAL 123N, COLUMBUS CHAPEL PENSION TRUS                                           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">008</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>03/01/1972</td> </tr> </table>                                                                                       | <b>1b</b> Three-digit plan number (PN) ▶                     | 008 | <b>1c</b> Effective date of plan<br>03/01/1972       |  |                                                      |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                      | 008                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |     |                                                      |  |                                                      |  |
| <b>1c</b> Effective date of plan<br>03/01/1972                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |     |                                                      |  |                                                      |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br>THE DISPATCH PRINTING COMPANY<br><br><br>34 SOUTH THIRD STREET<br>COLUMBUS, OH 43215 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>2b</b> Employer Identification Number (EIN)<br/>31-4166990</td> <td style="width: 20%;"></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/>614-461-5000</td> <td></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/>511110</td> <td></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>31-4166990 |     | <b>2c</b> Sponsor's telephone number<br>614-461-5000 |  | <b>2d</b> Business code (see instructions)<br>511110 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>31-4166990                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |     |                                                      |  |                                                      |  |
| <b>2c</b> Sponsor's telephone number<br>614-461-5000                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |     |                                                      |  |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>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.

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/11/2013 | JOAN E. COX                                                  |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/11/2013 | JOAN E. COX                                                  |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                   |            | Preparer's telephone number (optional)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address<br><br>JOINT PENSION COMMITTEE<br><br>34 SOUTH THIRD STREET<br>COLUMBUS, OH 43215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3b</b> Administrator's EIN<br>31-0963818<br><br><b>3c</b> Administrator's telephone number<br>614-461-5000                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>5</b> 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a</b> Active participants.....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a</b> 0<br><b>6b</b> 0<br><b>6c</b> 0<br><b>6d</b> 0<br><b>6e</b> 0<br><b>6f</b> 0<br><b>6g</b> 0<br><b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                              |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

|                                                                                                                                                                           |                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>THE DISPATCH PRINTING COMPANY COLUMBUS MIDWEST NEWSPAPER PRINTING PRESSMEN AND ASSISTANTS UNION, LOCAL 123N, COLUMBUS CHAPEL PENSION TRUS</u> | <b>B</b> Three-digit plan number (PN) ▶ <u>008</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>THE DISPATCH PRINTING COMPANY</u>                                                          | <b>D</b> Employer Identification Number (EIN)<br><u>31-4166990</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B                                 | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|               |                                                                                                                                                                                                                                 |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                                                        |
| <b>1</b>      | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>                                                                                                                                                        |
| <b>2</b>      | Assets:                                                                                                                                                                                                                         |
| <b>a</b>      | Market value ..... <b>2a</b> <u>2012910</u>                                                                                                                                                                                     |
| <b>b</b>      | Actuarial value ..... <b>2b</b> <u>2022655</u>                                                                                                                                                                                  |
| <b>3</b>      | Funding target/participant count breakdown:                                                                                                                                                                                     |
| <b>a</b>      | For retired participants and beneficiaries receiving payment..... <b>3a</b> <u>59</u> <u>1137877</u>                                                                                                                            |
| <b>b</b>      | For terminated vested participants..... <b>3b</b> <u>30</u> <u>131710</u>                                                                                                                                                       |
| <b>c</b>      | For active participants:                                                                                                                                                                                                        |
| <b>(1)</b>    | Non-vested benefits..... <b>3c(1)</b> <u>9403</u>                                                                                                                                                                               |
| <b>(2)</b>    | Vested benefits..... <b>3c(2)</b> <u>516338</u>                                                                                                                                                                                 |
| <b>(3)</b>    | Total active ..... <b>3c(3)</b> <u>31</u> <u>525741</u>                                                                                                                                                                         |
| <b>d</b>      | Total ..... <b>3d</b> <u>120</u> <u>1795328</u>                                                                                                                                                                                 |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (a) and (b) ..... <input checked="" type="checkbox"/>                                                                                                        |
| <b>a</b>      | Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b> <u>1676894</u>                                                                                                                                       |
| <b>b</b>      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... <b>4b</b> <u>1723209</u> |
| <b>5</b>      | Effective interest rate ..... <b>5</b> <u>6.90 %</u>                                                                                                                                                                            |
| <b>6</b>      | Target normal cost..... <b>6</b> <u>60000</u>                                                                                                                                                                                   |

**Statement by Enrolled Actuary**

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

|                                                                                    |                                        |
|------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                                   | <u>06/17/2013</u>                      |
| Signature of actuary                                                               | Date                                   |
| <u>DAVID N. STROM, FSA, MAAA</u>                                                   | <u>11-02851</u>                        |
| Type or print name of actuary                                                      | Most recent enrollment number          |
| <u>THE SEGAL COMPANY</u>                                                           | <u>312-984-8500</u>                    |
| Firm name                                                                          | Telephone number (including area code) |
| <u>101 NORTH WACKER DRIVE</u><br><u>SUITE 500</u><br><u>CHICAGO, IL 60606-1724</u> |                                        |
| Address of the firm                                                                |                                        |

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

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

**Schedule SB (Form 5500) 2012**  
**v. 120126**

| <b>Part II Beginning of Year Carryover Prefunding Balances</b> |                                                                                                                                  | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                  | 31977                 | 0                      |
| <b>8</b>                                                       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                               |                       |                        |
| <b>9</b>                                                       | Amount remaining (line 7 minus line 8) .....                                                                                     | 31977                 | 0                      |
| <b>10</b>                                                      | Interest on line 9 using prior year's actual return of <u>2.35%</u> .....                                                        | 751                   |                        |
| <b>11</b>                                                      | Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| <b>a</b>                                                       | Present value of excess contributions (line 38a from prior year) .....                                                           |                       | 635842                 |
| <b>b</b>                                                       | Interest on (a) using prior year's effective interest rate of <u>5.76%</u> except as otherwise provided (see instructions) ..... |                       | 36624                  |
| <b>c</b>                                                       | Total available at beginning of current plan year to add to prefunding balance .....                                             |                       | 672466                 |
| <b>d</b>                                                       | Portion of (c) to be added to prefunding balance .....                                                                           |                       | 0                      |
| <b>12</b>                                                      | Other reductions in balances due to elections or deemed elections .....                                                          | 0                     | 0                      |
| <b>13</b>                                                      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                               | 32728                 | 0                      |

| <b>Part III Funding Percentages</b> |                                                                                                                                                                  |           |          |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 118.66 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 120.61 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 62.64 %  |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | <b>18(c)</b>                    |
|                                                                                          |                                   |                                 |                          | 0                                 | 0                               |

|                                                                                                                                      |            |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |            |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                 | <b>19a</b> | 0                                                                   |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> | 0                                                                   |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> | 0                                                                   |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |            |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           |            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              |            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                      |            |                                                                     |
| Liquidity shortfall as of end of quarter of this plan year                                                                           |            |                                                                     |
| (1) 1st                                                                                                                              | (2) 2nd    | (3) 3rd                                                             |
| 0                                                                                                                                    |            | 0                                                                   |
|                                                                                                                                      |            | 0                                                                   |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.54% | 2nd segment:<br>6.85% | 3rd segment:<br>7.52 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 60000              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 60000              |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                |                     |                    | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2012</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                                                                                                    |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br>THE DISPATCH PRINTING COMPANY COLUMBUS MIDWEST NEWSPAPER PRINTING PRESSMEN AND ASSISTANTS UNION, LOCAL 123N, COLUMBUS CHAPEL PENSION TRUS | <b>B</b> Three-digit plan number (PN) ▶ <u>008</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>THE DISPATCH PRINTING COMPANY                                                                     | <b>D</b> Employer Identification Number (EIN)<br><u>31-4166990</u> |

**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

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

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

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

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

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

SEGAL COMPANY

13-1975125

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | ACTUARY                                                                                           | 33534                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NORMAN, JONES, ENLOW

31-1282719

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | ACCOUNTANT                                                                                        | 6470                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ROBERT W. BAIRD

39-6037917

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 20                     | INV ADVISOR                                                                                       | 14893                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

HUNTINGTON NATIONAL BANK

41 SOUTH HIGH STREET  
COLUMBUS, OH 43216

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 15 19 21                         | CUSTODIAN                                                                                                            | 9957                                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 4205                                                                                                                                                                                                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                             |

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2012</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                                                                                    |                                                                 |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------|
| For calendar plan year 2012 or fiscal plan year beginning <b>01/01/2012</b> and ending <b>12/31/2012</b>                                                           |                                                                 |            |
| <b>A</b> Name of plan<br>THE DISPATCH PRINTING COMPANY COLUMBUS MIDWEST NEWSPAPER PRINTING PRESSMEN AND ASSISTANTS UNION, LOCAL 123N, COLUMBUS CHAPEL PENSION TRUS | <b>B</b> Three-digit plan number (PN) ►                         | <b>008</b> |
|                                                                                                                                                                    |                                                                 |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>THE DISPATCH PRINTING COMPANY                                                                     | <b>D</b> Employer Identification Number (EIN)<br><br>31-4166990 |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 104165                |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 1153006               |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1257171               | 0               |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |   |
|-----------------------------------------------------------|-----------|---------|---|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1257171 | 0 |
|-----------------------------------------------------------|-----------|---------|---|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 757910     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 11053      |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 768963    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 17         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 17        |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 46360      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 46360     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 151956    |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 967296    |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....     | 2e(1) | 128870 |        |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) |        |        |
| (3) Other .....                                                                     | 2e(3) |        |        |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |        | 128870 |
| 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) | 40005  |        |
| (2) Contract administrator fees .....                                               | 2i(2) |        |        |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 14893  |        |
| (4) Other .....                                                                     | 2i(4) | 8244   |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 63142  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 192012 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 775284  |
| l Transfers of assets:                                  |       |  |         |
| (1) To this plan.....                                   | 2l(1) |  |         |
| (2) From this plan .....                                | 2l(2) |  | 2032455 |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: **NORMAN JONES ENLOW**

(2) EIN: **31-1282719**

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

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

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                              | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                         |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                               |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                      | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                      |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                   |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                         |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)..... |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                           | X   |    |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                           |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                  |     |    |         |
| <b>n</b> 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. ....                                     |     |    |         |

**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: 0

**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)

GENERAL RETIREMENT PLAN FOR DISPATCH PRINTING CO & ASSOC EMP

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
| 31-4166990   | 333         |
|              |             |
|              |             |
|              |             |

## Part V Trust Information (optional)

**6a** Name of trust

**6b** Trust's EIN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                                                                                                           |                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>THE DISPATCH PRINTING COMPANY COLUMBUS MIDWEST NEWSPAPER PRINTING PRESSMEN AND ASSISTANTS UNION, LOCAL 123N, COLUMBUS CHAPEL PENSION TRUS</u> | <b>B</b> Three-digit plan number (PN) ▶<br><u>008</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE DISPATCH PRINTING COMPANY</u>                                                                     | <b>D</b> Employer Identification Number (EIN)<br><u>31-4166990</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                                                                       |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                 | <b>1</b>          |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): _____<br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |                   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                       | <b>3</b> <u>0</u> |

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

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                                        |                                         |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                           | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

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

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

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

Schedule R (Form 5500) 2012  
v. 120126

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

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

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%
- b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**THE DISPATCH PRINTING COMPANY MIDWEST  
NEWSPAPER PRINTING PRESSMEN AND ASSISTANTS  
UNION, LOCAL 128N, COLUMBUS CHAPEL PENSION TRUST**

**FINANCIAL STATEMENTS  
December 31, 2012 and 2011**



Norman Jones Enlow & Co.

Certified Public Accountants  
& Management Consultants

## INDEPENDENT AUDITORS' REPORT

### **Pension Committee**

**The Dispatch Printing Company Midwest Newspaper Printing Pressmen  
and Assistants Union, Local 128N, Columbus Chapel Pension Trust  
34 South Third Street  
Columbus, OH 43215**

### **Report on the Financial Statements**

We have audited the accompanying financial statements of The Dispatch Printing Company Midwest Newspaper Printing Pressman and Assistants Union, Local 128N, Columbus Chapel Pension Trust (the "Plan"), which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2012 and 2011, the related statement of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2012 and 2011, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statement**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

#### Basis for Disclaimer of Opinion

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 5, which was certified by Huntington Bank, (the "Trustee"), except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 31, 2012 and 2011, and for the years ended December 31, 2012 and 2011, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

#### Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

#### Other Matters

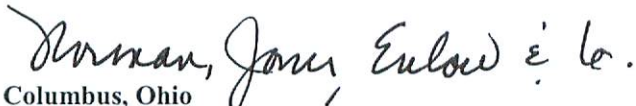
The supplemental schedule for the year ended December 31, 2012 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and are presented for the purpose of additional analysis, and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

#### Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

#### Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

  
Columbus, Ohio  
September 30, 2013

**THE DISPATCH PRINTING COMPANY MIDWEST**  
**NEWSPAPER PRINTING PRESSMEN AND ASSISTANTS UNION,**  
**LOCAL 128N, COLUMBUS CHAPEL PENSION TRUST**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS**  
**December 31, 2012 and 2011**

|                                          | <u>2012</u>                | <u>2011</u>                |
|------------------------------------------|----------------------------|----------------------------|
| <b>ASSETS</b>                            |                            |                            |
| <b>CASH</b>                              | \$ 6,565                   | \$ 4,962                   |
| <b>INVESTMENTS</b>                       |                            |                            |
| Mutual funds                             | 1,924,213                  | 1,153,006                  |
| Money market funds                       | <u>101,677</u>             | <u>99,203</u>              |
|                                          | <u>2,025,890</u>           | <u>1,252,209</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 2,032,455</u></u> | <u><u>\$ 1,257,171</u></u> |

See notes to financial statements and independent auditors' report.

**THE DISPATCH PRINTING COMPANY MIDWEST**  
**NEWSPAPER PRINTING PRESSMEN AND ASSISTANTS UNION,**  
**LOCAL 128N, COLUMBUS CHAPEL PENSION TRUST**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE**  
**FOR BENEFITS - MODIFIED CASH BASIS**  
**Years Ended December 31, 2012 and 2011**

|                                                                  | <u>2012</u>                | <u>2011</u>                |
|------------------------------------------------------------------|----------------------------|----------------------------|
| <b>INVESTMENT ACTIVITY</b>                                       |                            |                            |
| Net appreciation in fair<br>market value of investments          | \$ 151,956                 | \$ 7,029                   |
| Interest                                                         | 17                         | 10                         |
| Dividends                                                        | 46,360                     | 33,726                     |
| <b>NET INVESTMENT ACTIVITY</b>                                   | <u>198,333</u>             | <u>40,765</u>              |
| <b>CONTRIBUTIONS</b>                                             |                            |                            |
| Employee                                                         | 11,053                     | 21,644                     |
| Employer                                                         | 757,910                    | 183,796                    |
| <b>TOTAL INVESTMENT ACTIVITY<br/>AND CONTRIBUTIONS</b>           | 967,296                    | 246,205                    |
| <b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>                  |                            |                            |
| Benefits paid to participants and beneficiaries                  | 128,870                    | 134,125                    |
| Administrative expenses                                          | 63,142                     | 75,675                     |
|                                                                  | <u>192,012</u>             | <u>209,800</u>             |
| <b>NET INCREASE</b>                                              | 775,284                    | 36,405                     |
| <b>NET ASSETS AVAILABLE FOR BENEFITS -<br/>BEGINNING OF YEAR</b> | <u>1,257,171</u>           | <u>1,220,766</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS -<br/>END OF YEAR</b>       | <u><u>\$ 2,032,455</u></u> | <u><u>\$ 1,257,171</u></u> |

See notes to financial statements and independent auditors' report.

THE DISPATCH PRINTING COMPANY MIDWEST  
NEWSPAPER PRINTING PRESSMEN AND ASSISTANTS UNION,  
LOCAL 128N, COLUMBUS CHAPEL PENSION TRUST  
NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following brief description of The Dispatch Printing Company Midwest Newspaper Printing Pressmen and Assistants Union, Local 128N, Columbus Chapel Pension Trust (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General

The Plan is a defined benefit pension plan sponsored by The Dispatch Printing Company (the "Dispatch" or "Plan Administrator") and the Midwest Newspaper Printing Pressmen and Assistants Union, Local 128N, Columbus Chapel (the "Union"), (collectively, the "Plan Sponsors"), covering all Dispatch employees who are members of the Union. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits

Participants are eligible for monthly benefit payments for life upon reaching age 65 with at least five years of credited service (as defined). The monthly benefit shall be equal to the applicable benefit accrual rate (as defined) multiplied by the number of years of credited service.

In addition, deferred and immediate early retirement, disability, surviving spouse, deferred withdrawal benefits, death-in-service, and optional forms of benefit payments are available under certain circumstances.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of significant accounting policies followed in the preparation of these financial statements. These policies conform to the modified cash basis of accounting, and have been applied on a consistent basis.

Basis of Accounting

The accompanying financial statements are prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Consequently, additions to the Plan and the related assets are recognized when received, rather than when earned, and benefits and expenses are recognized when paid, rather than when the obligations are incurred, with the exception of the actuary fee paid after year end for the current year.

Investment Valuation and Income Recognition

Fair values of securities are based on quoted market values. Unrealized and realized gains and losses are netted and disclosed as net appreciation (depreciation) in fair value of investments in the statement of changes in net assets available for benefits - modified cash basis. Purchases and sales of securities are recorded on the trade date. Realized gains and losses are recognized by the specific identification method. Interest income and dividends are recorded when received.

THE DISPATCH PRINTING COMPANY MIDWEST  
NEWSPAPER PRINTING PRESSMEN AND ASSISTANTS UNION,  
LOCAL 128N, COLUMBUS CHAPEL PENSION TRUST  
NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Plan Merger and Termination

At December 2012, the Plan merged into the Dispatch Printing Company Plan. Under the merged Plan, the participant will have the same benefits they had prior to the merger. Due to the merger, an actuary report was not prepared as of January 1, 2013. The Plan assets will be moved to the Dispatch Printing Company Plan during 2013 and the Plan will be terminated prior to December 31, 2013.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits - modified cash basis, changes in net assets available for benefits - modified cash basis, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ significantly from those estimates.

Fair Value Measurements

The Financial Accounting Standards Board (FASB) establishes a framework for measuring fair value under generally accepted accounting principles, clarifies the definition of fair value within that framework, and expands financial statement disclosures about the use of fair value measurements. The financial statement preparation and disclosure provisions are effective for financial statements issued for annual periods beginning after November 15, 2007.

The Plan has adopted FASB Accounting Standards Update (ASU) 2010-06, *Improving Disclosures about Fair Value Measurements*, as of January 1, 2010. This standard requires new disclosures on the amount and reason for transfers in and out of Level 1 and 2 recurring fair value measurements. The standard also requires disclosure of activities, on a gross basis, including purchases, sales, issuances, and settlements in the reconciliation of Level 3 fair value recurring measurements. The standard clarifies existing disclosure requirements on the levels of disaggregation and disclosures about inputs and valuation techniques.

Accounting for Uncertainty in Income Taxes

FASB Accounting Standards Codification (ASC) 740-10-65 regards uncertainty in income taxes. The Plan evaluates all tax positions in conformity with FASB ASC 450 for contingencies, and as such would reserve for any tax positions deemed probable of not being sustained by the Internal Revenue Service (IRS). The Plan recognizes tax benefits only to the extent that the Plan believes it is "more likely than not" that its tax positions will be sustained upon IRS examination. The Plan does not have a provision for unpaid federal income taxes (liability for unrecognized tax benefits) related to uncertain tax positions in the balance sheet, as it believes all tax positions taken would "more likely than not" be sustained upon IRS examination.

3. OBLIGATION OF ACCUMULATED PLAN BENEFITS

According to the Collective Bargaining Agreement between Dispatch and the Union, the Dispatch contributes into the trust fund a set amount sufficient to provide for normal costs of the Plan and to fund any unfunded prior service cost within 25 years. Minimum funding requirements, as set forth by ERISA, have been met.

THE DISPATCH PRINTING COMPANY MIDWEST  
NEWSPAPER PRINTING PRESSMEN AND ASSISTANTS UNION,  
LOCAL 128N, COLUMBUS CHAPEL PENSION TRUST  
NOTES TO FINANCIAL STATEMENTS

3. OBLIGATION OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees and their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits are determined in a manner described in the Plan Agreement.

Effective April 1, 2006 (the "Freeze Date"), the Plan Sponsors froze the accrual of benefits in the Plan. Effective on the Freeze Date, the Plan prohibits additional employees from becoming participants in the Plan, and ceases benefit accruals to all participants.

Actuarial valuations of accumulated Plan benefits were made as of January 1, 2012 by The Segal Company, but were not prepared for January 1, 2013 due to the merger. Significant assumptions underlying the valuations of accumulated Plan benefits include:

|                |                                                                                                                                                                                                                                                                     |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discount rate  | 0% (previously 6.5%)                                                                                                                                                                                                                                                |
| Mortality      | RP2000 combined annuitant and non-annuitant tables with static projection and no collar-adjustment. Mortality is projected through the valuation date plus another 7 years for annuitants, and through the valuation date plus another 15 years for non-annuitants. |
| Retirement age | Retirement at age 65 and five years of service, normal retirement age, or present age, if greater                                                                                                                                                                   |
| Disability     | Revenue Ruling 96-7 mortality tables as applied to disabled participants                                                                                                                                                                                            |

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

THE DISPATCH PRINTING COMPANY MIDWEST  
NEWSPAPER PRINTING PRESSMEN AND ASSISTANTS UNION,  
LOCAL 128N, COLUMBUS CHAPEL PENSION TRUST  
NOTES TO FINANCIAL STATEMENTS

4. INVESTMENTS

The following investments represent 5% or more of net assets available for benefits as of December 31:

|                                           | 2012       | 2011       |
|-------------------------------------------|------------|------------|
| Standard and Poor's SPDR Trust Series 1   | \$ 470,665 | \$ 414,778 |
| Western Asset Core Fixed Income Fund Inst | 239,820    | 223,656    |
| Blackrock Core Bond Fund Inst             | 199,965    | 100,347    |
| Franklin Templeton Foreign Fund CI A      | 191,281    | 88,391     |
| Pimco 15+ Year US TIPS Index ETF          | 169,166    | 26,100     |
| Ishares 1,000 Growth Index Fund           | 160,712    | 100,092    |
| Vanguard Extended Market Index Fund       | 150,654    | -          |
| Virtus Real Estate Securities Fund CI A   | 143,619    | 110,251    |
| Huntington Money Market Fund II           | 101,677    | 99,203     |
| PIMCO Commercial Mortgage Securities      | 99,766     | 89,391     |
| Vanguard Balanced Index Fund              | 98,565     | -          |

During the years ended December 31, 2012 and 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

|              | 2012       | 2011     |
|--------------|------------|----------|
| Mutual funds | \$ 151,956 | \$ 7,029 |

5. SUMMARY OF INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The Plan Administrator has obtained certification from the Trustee that the information provided to the Plan Administrator by the Trustee is complete and accurate in accordance with 29 CFR Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. A summary of information included in the financial statements, which has been certified, is as follows:

|                                               | December 31            |              |
|-----------------------------------------------|------------------------|--------------|
|                                               | 2012                   | 2011         |
| Investments, at fair value                    | \$ 2,025,890           | \$ 1,252,209 |
|                                               | Year Ended December 31 |              |
|                                               | 2012                   | 2011         |
| Contributions                                 | \$ 768,963             | \$ 205,440   |
| Benefits paid to participants                 | 128,870                | 134,125      |
| Administrative expense                        | 63,142                 | 75,675       |
| Interest and dividends                        | 46,377                 | 33,736       |
| Net appreciation in fair value of investments | 151,956                | 7,029        |

**THE DISPATCH PRINTING COMPANY MIDWEST  
NEWSPAPER PRINTING PRESSMEN AND ASSISTANTS UNION,  
LOCAL 128N, COLUMBUS CHAPEL PENSION TRUST  
NOTES TO FINANCIAL STATEMENTS**

**6. FAIR VALUE**

The following are the classes of assets measured at fair value on a recurring basis during the years ended December 31, 2012 and 2011, using quoted prices in active markets for identical assets (Level 1); significant other observable inputs (Level 2); and significant unobservable inputs (Level 3):

| Description        | <u>2012</u>         | <u>Quoted Prices<br/>in Active<br/>Markets for<br/>Identical Assets<br/>(Level 1)</u> | <u>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</u> | <u>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</u> |
|--------------------|---------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|
| Trading Securities |                     |                                                                                       |                                                                      |                                                              |
| Income             | \$ 583,404          | \$ 583,404                                                                            | \$ -                                                                 | \$ -                                                         |
| Money Market       | 101,677             | -                                                                                     | 101,677                                                              | -                                                            |
| Equity             | 709,432             | 709,432                                                                               | -                                                                    | -                                                            |
| Growth             | 160,712             | 160,712                                                                               | -                                                                    | -                                                            |
| Aggressive Growth  | 470,665             | 470,665                                                                               | -                                                                    | -                                                            |
| Total              | <u>\$ 2,025,890</u> | <u>\$ 1,924,213</u>                                                                   | <u>\$ 101,677</u>                                                    | <u>\$ -</u>                                                  |

| Description        | <u>2011</u>         | <u>Quoted Prices<br/>in Active<br/>Markets for<br/>Identical Assets<br/>(Level 1)</u> | <u>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</u> | <u>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</u> |
|--------------------|---------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|
| Trading Securities |                     |                                                                                       |                                                                      |                                                              |
| Income             | \$ 434,254          | \$ 434,254                                                                            | \$ -                                                                 | \$ -                                                         |
| Money Market       | 99,203              | -                                                                                     | 99,203                                                               | -                                                            |
| Equity             | 203,882             | 203,882                                                                               | -                                                                    | -                                                            |
| Growth             | 100,092             | 100,092                                                                               | -                                                                    | -                                                            |
| Aggressive Growth  | 414,778             | 414,778                                                                               | -                                                                    | -                                                            |
| Total              | <u>\$ 1,252,209</u> | <u>\$ 1,153,006</u>                                                                   | <u>\$ 99,203</u>                                                     | <u>\$ -</u>                                                  |

Earnings on the investments held by the Plan were \$46,377 and \$33,736 for the years ended December 31, 2012 and 2011, respectively. Net appreciation in fair market value of investments was \$151,956 and \$7,029 at December 31, 2012 and 2011, respectively.

**7. PARTY IN INTEREST TRANSACTIONS**

Certain Plan investments are shares of mutual funds managed by Huntington Bank, the Trustee of the Plan. Therefore, these transactions qualify as party in interest transactions.

**8. TAX STATUS**

The IRS has determined and informed the Plan Administrator by letter dated February 16, 2011, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Sponsors believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

**THE DISPATCH PRINTING COMPANY MIDWEST  
NEWSPAPER PRINTING PRESSMEN AND ASSISTANTS UNION,  
LOCAL 128N, COLUMBUS CHAPEL PENSION TRUST  
NOTES TO FINANCIAL STATEMENTS**

**9. RISKS AND UNCERTAINTIES**

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

**10. SUBSEQUENT EVENTS**

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through September 30, 2013, the date the financial statements were available to be issued. Since the end of the year, the Plan has merged into the Dispatch Printing Company Plan.

THE DISPATCH PRINTING COMPANY MIDWEST  
 NEWSPAPER PRINTING PRESSMEN AND ASSISTANTS UNION,  
 LOCAL 128N, COLUMBUS CHAPEL PENSION TRUST  
 EIN: 31-4166990  
 FORM 5500 PLAN 008  
 Year Ended December 31, 2012

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Modified Cash Basis

| (a) | (b)<br>Identity of issue,<br>borrower, lessor,<br>or similar party | (c)<br>Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | RATE OF<br>INTEREST | (d)        | (e)              |
|-----|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------|------------|------------------|
|     |                                                                    |                                                                                                                      |                     | Cost       | Current<br>Value |
|     | Cash                                                               | Accrued income                                                                                                       |                     | \$ 6,565   | \$ 6,565         |
|     | Standard and Poor's SPDR Trust Series 1                            | Mutual funds                                                                                                         |                     | 420,561    | 470,665          |
|     | Western Asset Core Fixed Income Fund Inst                          | Mutual funds                                                                                                         |                     | 209,687    | 239,820          |
|     | Blackrock Core Bond Fund Inst                                      | Mutual funds                                                                                                         |                     | 99,828     | 199,965          |
|     | Franklin Templeton Foreign Fund Cl A                               | Mutual funds                                                                                                         |                     | 147,935    | 191,281          |
|     | Pimco 15+ Year US TIPS Index ETF                                   | Mutual funds                                                                                                         |                     | 20,156     | 169,166          |
|     | Ishares 1,000 Growth Index Fund                                    | Mutual funds                                                                                                         |                     | 103,210    | 160,712          |
|     | Vanguard Extended Market Index Fund                                | Mutual funds                                                                                                         |                     | 145,000    | 150,654          |
|     | Virtus Real Estate Securities Fund Cl A                            | Mutual funds                                                                                                         |                     | 97,590     | 143,619          |
|     | Pimco Commercial Mortgage Sec                                      | Mutual funds                                                                                                         |                     | 115,239    | 99,766           |
|     | Vanguard Balanced Index Fund                                       | Mutual funds                                                                                                         |                     | 96,646     | 98,565           |
|     |                                                                    |                                                                                                                      |                     | 577,841    | 822,482          |
| *   | Huntington Money Market Fund II                                    | Money market funds                                                                                                   |                     | 99,203     | 101,677          |
|     |                                                                    |                                                                                                                      |                     | \$ 683,609 | \$ 930,724       |

\* Represents a party-in-interest

See notes to financial statements and independent auditors' report.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                                                                     |                                                                                                                                                                                                               |                                                                 |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012                                                                          |                                                                                                                                                                                                               |                                                                 |     |
| ► <b>Round off amounts to nearest dollar.</b>                                                                                                                       |                                                                                                                                                                                                               |                                                                 |     |
| ► <b>Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.                                      |                                                                                                                                                                                                               |                                                                 |     |
| <b>A</b> Name of plan<br>THE DISPATCH PRINTING COMPANY MIDWEST NEWSPAPER PRINTING PRESSMAN AND ASSISTANTS UNION, LOCAL 128N, COLUMBUS CHAPEL RETIREMENT INCOME PLAN | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">008</td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ►                         | 008 |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                             | 008                                                                                                                                                                                                           |                                                                 |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>THE DISPATCH PRINTING COMPANY                                                       | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>D</b> Employer Identification Number (EIN)<br/><br/>31-4166990</td> </tr> </table>                                              | <b>D</b> Employer Identification Number (EIN)<br><br>31-4166990 |     |
| <b>D</b> Employer Identification Number (EIN)<br><br>31-4166990                                                                                                     |                                                                                                                                                                                                               |                                                                 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B                           |                                                                                                                                                                                                               |                                                                 |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500             |                                                                                                                                                                                                               |                                                                 |     |

| Part I Basic Information                                                                                                                                                                                |              |                    |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|---------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>                                                                                                                       |              |                    |         |
| <b>2</b> Assets:                                                                                                                                                                                        |              |                    |         |
| a Market value .....                                                                                                                                                                                    | <b>2a</b>    | 2012910            |         |
| b Actuarial value .....                                                                                                                                                                                 | <b>2b</b>    | 2022655            |         |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                    |              |                    |         |
| (1) Number of participants                                                                                                                                                                              |              | (2) Funding Target |         |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <b>3a</b>    | 59                 | 1137877 |
| b For terminated vested participants.....                                                                                                                                                               | <b>3b</b>    | 30                 | 131710  |
| c For active participants:                                                                                                                                                                              |              |                    |         |
| (1) Non-vested benefits .....                                                                                                                                                                           | <b>3c(1)</b> |                    | 9403    |
| (2) Vested benefits .....                                                                                                                                                                               | <b>3c(2)</b> |                    | 516338  |
| (3) Total active.....                                                                                                                                                                                   | <b>3c(3)</b> | 31                 | 525741  |
| d Total.....                                                                                                                                                                                            | <b>3d</b>    | 120                | 1795328 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input checked="" type="checkbox"/>                                                                        |              |                    |         |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>    | 1676894            |         |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>    | 1723209            |         |
| <b>5</b> Effective interest rate .....                                                                                                                                                                  | <b>5</b>     | 6.90%              |         |
| <b>6</b> Target normal cost .....                                                                                                                                                                       | <b>6</b>     | 60000              |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                          |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------|--------------------------------------------------------|
| <b>Statement by Enrolled Actuary</b><br><small>To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.</small>                    |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                          |                                                        |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center; padding: 5px;"><b>SIGN HERE</b></td> <td style="padding: 5px;">           David N. Strom <br/>           Signature of actuary<br/><br/>           DAVID N. STROM, FSA, MAAA<br/>           Type or print name of actuary<br/><br/>           THE SEGAL COMPANY<br/>           Firm name<br/><br/>           101 NORTH WACKER DRIVE<br/>           SUITE 500<br/>           CHICAGO IL 60606-1724<br/>           Address of the firm         </td> </tr> </table> | <b>SIGN HERE</b>                                                                                                                                                                                                                          | David N. Strom<br>Signature of actuary<br><br>DAVID N. STROM, FSA, MAAA<br>Type or print name of actuary<br><br>THE SEGAL COMPANY<br>Firm name<br><br>101 NORTH WACKER DRIVE<br>SUITE 500<br>CHICAGO IL 60606-1724<br>Address of the firm | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">06/17/2013<br/>Date</td> </tr> <tr> <td style="text-align: center; padding: 5px;">1102851<br/>Most recent enrollment number</td> </tr> <tr> <td style="text-align: center; padding: 5px;">312-984-8500<br/>Telephone number (including area code)</td> </tr> </table> | 06/17/2013<br>Date | 1102851<br>Most recent enrollment number | 312-984-8500<br>Telephone number (including area code) |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | David N. Strom<br>Signature of actuary<br><br>DAVID N. STROM, FSA, MAAA<br>Type or print name of actuary<br><br>THE SEGAL COMPANY<br>Firm name<br><br>101 NORTH WACKER DRIVE<br>SUITE 500<br>CHICAGO IL 60606-1724<br>Address of the firm |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                          |                                                        |
| 06/17/2013<br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                          |                                                        |
| 1102851<br>Most recent enrollment number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                          |                                                        |
| 312-984-8500<br>Telephone number (including area code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                          |                                                        |

| <b>Part II</b> |                                                                                                                                           | <b>Beginning of Year Carryover Prefunding Balances</b> |                        |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------|
|                |                                                                                                                                           | (a) Carryover balance                                  | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                           | 31977                                                  | 0                      |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                        | 0                                                      | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                                              | 31977                                                  | 0                      |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>2.35%</u> .....                                                                 | 751                                                    | 0                      |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                                      |                                                        |                        |
|                | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                           |                                                        | 635842                 |
|                | <b>b</b> Interest on (a) using prior year's effective interest rate of <u>5.76%</u> except as otherwise provided (see instructions) ..... |                                                        | 36624                  |
|                | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                             |                                                        | 672466                 |
|                | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                           |                                                        | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                                   | 0                                                      | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                        | 32728                                                  | 0                      |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding Percentages</b> |         |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 118.66% |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 120.61% |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 62.64%  |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b>                  | %       |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and liquidity shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
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|                                                                                          |                                   |                                               |                          |                                   |                                 |
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|                                                                                          |                                   |                                               |                          |                                   |                                 |
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|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                               | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    |
|                                                                                          |                                   |                                               |                          | 0                                 | 0                               |

|                                                                                                                                                                                                                     |            |         |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                                                |            |         |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                                                                                                | <b>19a</b> | 0       |         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                                                  | <b>19b</b> | 0       |         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                                             | <b>19c</b> | 0       |         |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                                         |            |         |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>                                         |            |         |         |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> |            |         |         |
| <b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:                                                                                                                          |            |         |         |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                                                          |            |         |         |
| (1) 1st                                                                                                                                                                                                             | (2) 2nd    | (3) 3rd | (4) 4th |
| 0                                                                                                                                                                                                                   | 0          | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.54% | 2nd segment:<br>6.85% | 3rd segment:<br>7.52%                               |
|                                                                                                                                                                                              |                       |                       | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ..... |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment .....                                      |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....                            |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b> |                                                                     |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           |                   | <b>31a</b>          | 60000         |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 60000         |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   | 0                   | 0             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                   | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            |                   | <b>34</b>           | 0             |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                   |                     | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |                   | <b>36</b>           | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  |                   | <b>37</b>           | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                   | <b>38a</b>          | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                   | <b>40</b>           | 0             |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |

**Schedule SB, Line 4 – Additional Information for Plans in At-Risk Status  
2012 Form 5500 Schedule SB Attachment**

The Dispatch Printing Company Midwest Newspaper Printing Pressman and Assistants Union, Local 128N, Columbus Chapel  
Retirement Income Plan EIN: 31-4166990 / PN: 008

**At-risk assumptions for  
Schedule SB, line 4:**

The assumed form of payment for active and inactive vested participants is:  
Married participants – 50% Joint & Survivor or Single Life Annuity, whichever results in the  
highest present value  
Single participants – Single Life Annuity

# Schedule SB, Line 22 – Description of Weighted Average Retirement Age 2012 Form 5500 Schedule SB Attachment

The Dispatch Printing Company Midwest Newspaper Printing Pressman and Assistants Union, Local 128N, Columbus Chapel  
Retirement Income Plan  
EIN: 31-4166990 / PN: 008

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                                               |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------|
| <b>Retirement (from active status) rates:</b>          | <b>Age</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>7½ Years of Credited Service or more</b> | <b>Less than 7½ Years of Credited Service</b> |
|                                                        | Under 60                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0%                                          | 0%                                            |
|                                                        | 60-61                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5%                                          | 0%                                            |
|                                                        | 62                                                                                                                                                                                                                                                                                                                                                                                                                                            | 30%                                         | 0%                                            |
|                                                        | 63-64                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6%                                          | 0%                                            |
|                                                        | 65                                                                                                                                                                                                                                                                                                                                                                                                                                            | 75%                                         | 75%                                           |
|                                                        | 66-69                                                                                                                                                                                                                                                                                                                                                                                                                                         | 50%                                         | 50%                                           |
| <b>Description of Weighted Average Retirement Age:</b> | 70+                                                                                                                                                                                                                                                                                                                                                                                                                                           | 100%                                        | 100%                                          |
|                                                        | Age 64, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential retirement age times the retirement rate at that age, assuming no other decrements. The overall weighted-average retirement age is the average of the individual weighted-average retirement ages based on all the active participants included in the January 1, 2012 actuarial valuation. |                                             |                                               |

# Schedule SB, Part V – Statement of Actuarial Assumptions/Methods 2012 Form 5500 Schedule SB Attachment

The Dispatch Printing Company Midwest Newspaper Printing Pressman and Assistants Union, Local 128N, Columbus Chapel  
Retirement Income Plan  
EIN: 31-4166990 / PN: 008

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Interest:</b>                                                      | <p>The interest rates used for the 2012 plan year are the 24-month average corporate bond segment rates for January 2012 (no lookback) subject to interest rate stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner (24-month average of corporate bond rates) but are then constrained to be within a corridor around a 25-year average of the same bond rates. These discount rates are 5.54% for payments in the first 5 years, 6.85% for payments in years 6 – 20, and 7.52% for payments thereafter, which translates to an effective interest rate of 6.90%. Before reflecting stabilization, the discount rates are 1.98% for payments in the first 5 years, 5.07% for payments in years 6 – 20, and 6.19% for payments thereafter, which translates to an effective interest rate of 5.16%. (Prior year 24-month average corporate bond rates were 2.94% for payments in the first 5 years, 5.82% for payments in years 6 – 20, and 6.46% for payments thereafter, which translates to an effective interest rate of 5.76%.)</p> <p>The yield curve used to determine the PBGC variable rate premium is the same as funding, without reflecting interest rate stabilization.</p> |
| <b>Mortality rates:</b>                                               | <p>RP2000 combined annuitant and non-annuitant healthy mortality tables (sex-specific) with static projection and no collar-adjustment. Mortality is projected through the valuation date plus another 7 years for annuitants, and through the valuation date plus another 15 years for non-annuitants. This assumption is one of the choices allowed by the regulations.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Interest crediting rate on Participant Contribution Account:</b>   | <p>1.40% (prior year was 2.34%)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Annuity conversion basis for Participant Contribution Account:</b> | <p>Interest: 2.07% for payments in the first 5 years, 4.45% for payments years 6 – 20, and 5.24% for payments thereafter (prior year was 2.47% for payments in the first 5 years, 5.07% for payments years 6 – 20, and 6.10% for payments thereafter).</p> <p>Mortality: 2012 mandated table for 417(e) actuarial equivalence as set forth in Revenue Ruling 2007-67 (prior year assumption was the 2011 mandated table).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

# Schedule SB, Part V – Statement of Actuarial Assumptions/Methods 2012 Form 5500 Schedule SB Attachment

The Dispatch Printing Company Midwest Newspaper Printing Pressman and Assistants Union, Local 128N, Columbus Chapel  
Retirement Income Plan  
EIN: 31-4166990 / PN: 008

| Termination rates: | <table> <tr> <th>Age</th><th>Rate</th></tr> <tr> <td>20</td><td>6.58%</td></tr> <tr> <td>25</td><td>5.27%</td></tr> <tr> <td>30</td><td>4.83%</td></tr> <tr> <td>35</td><td>4.47%</td></tr> <tr> <td>40</td><td>3.84%</td></tr> <tr> <td>45</td><td>3.21%</td></tr> <tr> <td>50</td><td>1.52%</td></tr> <tr> <td>55</td><td>0.33%</td></tr> <tr> <td>60</td><td>0.00%</td></tr> </table> | Age | Rate | 20 | 6.58% | 25 | 5.27% | 30 | 4.83% | 35 | 4.47% | 40 | 3.84% | 45 | 3.21% | 50 | 1.52% | 55 | 0.33% | 60 | 0.00% |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|
| Age                | Rate                                                                                                                                                                                                                                                                                                                                                                                     |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 20                 | 6.58%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 25                 | 5.27%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 30                 | 4.83%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 35                 | 4.47%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 40                 | 3.84%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 45                 | 3.21%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 50                 | 1.52%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 55                 | 0.33%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 60                 | 0.00%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| Disability rates:  | <table> <tr> <th>Age</th><th>Rate</th></tr> <tr> <td>20</td><td>0.07%</td></tr> <tr> <td>25</td><td>0.09%</td></tr> <tr> <td>30</td><td>0.11%</td></tr> <tr> <td>35</td><td>0.15%</td></tr> <tr> <td>40</td><td>0.22%</td></tr> <tr> <td>45</td><td>0.33%</td></tr> <tr> <td>50</td><td>0.54%</td></tr> <tr> <td>55</td><td>0.94%</td></tr> <tr> <td>60</td><td>1.36%</td></tr> </table> | Age | Rate | 20 | 0.07% | 25 | 0.09% | 30 | 0.11% | 35 | 0.15% | 40 | 0.22% | 45 | 0.33% | 50 | 0.54% | 55 | 0.94% | 60 | 1.36% |
| Age                | Rate                                                                                                                                                                                                                                                                                                                                                                                     |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 20                 | 0.07%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 25                 | 0.09%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 30                 | 0.11%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 35                 | 0.15%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 40                 | 0.22%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 45                 | 0.33%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 50                 | 0.54%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 55                 | 0.94%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |
| 60                 | 1.36%                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |

# Schedule SB, Part V – Statement of Actuarial Assumptions/Methods 2012 Form 5500 Schedule SB Attachment

The Dispatch Printing Company Midwest Newspaper Printing Pressman and Assistants Union, Local 128N, Columbus Chapel  
Retirement Income Plan  
EIN: 31-4166990 / PN: 008

|                                        |                                        |                                      |                                        |
|----------------------------------------|----------------------------------------|--------------------------------------|----------------------------------------|
| Retirement (from active status) rates: | Not At-Risk (and at-risk for 2012)     |                                      |                                        |
|                                        | Age                                    | 7½ Years of Credited Service or more | Less than 7½ Years of Credited Service |
|                                        | Under 60                               | 0%                                   | 0%                                     |
|                                        | 60-61                                  | 5%                                   | 0%                                     |
|                                        | 62                                     | 30%                                  | 0%                                     |
|                                        | 63-64                                  | 6%                                   | 0%                                     |
|                                        | 65                                     | 75%                                  | 75%                                    |
|                                        | 66-69                                  | 50%                                  | 50%                                    |
|                                        | 70+                                    | 100%                                 | 100%                                   |
|                                        | At-Risk after 2012                     |                                      |                                        |
| Retirement from inactive status:       | Age                                    | 7½ Years of Credited Service or more | Less than 7½ Years of Credited Service |
|                                        | 55-64                                  | 100%                                 | 0%                                     |
|                                        | 65                                     | 100%                                 | 100%                                   |
|                                        | Age 65                                 |                                      |                                        |
|                                        | 80% of males                           |                                      |                                        |
|                                        | 70% of females                         |                                      |                                        |
|                                        | Females are 3 years younger than males |                                      |                                        |
|                                        |                                        |                                      |                                        |
|                                        |                                        |                                      |                                        |
|                                        |                                        |                                      |                                        |
| Percent married:                       |                                        |                                      |                                        |
|                                        |                                        |                                      |                                        |
| Age difference:                        |                                        |                                      |                                        |
|                                        |                                        |                                      |                                        |

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The Dispatch Printing Company Midwest Newspaper Printing Pressman and Assistants Union, Local 128N, Columbus Chapel  
Retirement Income Plan  
EIN: 31-4166990 / PN: 008

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>QPSA election rate:</b>      | Actual, for terminated vested participants<br>All married active participants who terminate before retirement age                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Form of payment:</b>         | <u>Not at-risk:</u><br>Single Life Annuity, for unmarried participants<br>The more valuable of a 50% Joint and Survivor or a Single Life Annuity, for married participants<br><u>At-risk:</u> the same as not at-risk assumptions                                                                                                                                                                                                                                                                   |
| <b>Administrative expenses:</b> | An expense assumption is required under the funding rules. Plan-related expenses of \$60,000 are expected to be paid by the plan during the year. (Prior year was \$57,000.)                                                                                                                                                                                                                                                                                                                        |
| <b>Asset method:</b>            | As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on assumed rates of return equal to the applicable third segment rates of 6.76% for 2010 and 6.46% for 2011. |
| <b>Funding method:</b>          | Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.                                                                                                                                                                                                                                                             |

## Schedule SB, Part V – Summary of Plan Provisions 2012 Form 5500 Schedule SB Attachment

The Dispatch Printing Company Midwest Newspaper Printing Pressman and Assistants Union, Local 128N, Columbus Chapel  
Retirement Income Plan  
EIN: 31-4166990 / PN: 008

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PLAN STATUS: Frozen Effective April 1, 2006</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Normal retirement:</b>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Age requirement:                                   | 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Service requirement:                               | 5 years of service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Amount:                                            | The greater of: <ol style="list-style-type: none"> <li>\$8.00 per month per year of Credited Service earned through 12/31/1997, \$12.00 per month per year of Credited Service earned between 1/1/1998 and 12/31/2003, plus \$8.00 per month per year of Credited Service earned between 1/1/2004 and 4/1/2006, and</li> <li>The actuarial equivalent of the balance in the Participant Contribution Account expressed as an annual benefit commencing at Normal Retirement Age, payable monthly. For this purpose, actuarial equivalence is determined using the 417(e) mortality table and 417(e) interest rates.</li> </ol> |
| <b>Early retirement:</b>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Age requirement:                                   | 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Service requirement:                               | 7½ years of Credited Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Amount:                                            | Normal pension accrued reduced by 5/9% for each month of age less than age 65 but greater than age 60 and reduced by 5/18% for each month of age less than age 60                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Disability:</b>                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Age requirement:                                   | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Service requirement:                               | 15 years of Credited Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Amount:                                            | Normal pension accrued reduced by \$0.01 commencing after 6 months of disability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

## Schedule SB, Part V – Summary of Plan Provisions 2012 Form 5500 Schedule SB Attachment

The Dispatch Printing Company Midwest Newspaper Printing Pressman and Assistants Union, Local 128N, Columbus Chapel  
Retirement Income Plan  
EIN: 31-4166990 / PN: 008

|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vesting:</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Age requirement:                      | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Service requirement:                  | 5 years of Vesting Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Amount:                               | <p>Normal pension accrued commencing at age 65, subject to a 10% reduction for the qualified pre-retirement survivor annuity (QPSA) described below, if applicable. Participants with 7½ years of credited service may commence their vested benefit as early as age 55 with the same reduction as indicated above for early retirements.</p> <p>The qualified pre-retirement survivor annuity for vested terminated participants is equivalent to the pre-retirement death benefit for active employees described below. However, a married employee and his spouse may refuse this benefit in which case the 10% reduction described above does not apply and the only applicable death benefit is a single sum payment equal to the Participant Contribution Account.</p> <p>If single or less than 5 years of Vesting Service, a single sum payment equal to the Participant Contribution Account.</p> |
| <b>Pre-retirement death benefits:</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Amount:                               | If married with 5 years of Vesting Service, 50% of benefit employee would have received had he retired the day before he died and elected the joint and survivor option. Benefits commence immediately, or at the participant's early retirement age, if later.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Non vested termination:</b>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Age requirement:                      | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Service requirement:                  | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Amount:                               | The actuarial equivalent of the balance in the Participant Contribution Account expressed as an annual benefit commencing at Normal Retirement Age, payable monthly. For this purpose, actuarial equivalence is determined using the 417(e) mortality table and 417(e) interest rates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## Schedule SB, Part V – Summary of Plan Provisions 2012 Form 5500 Schedule SB Attachment

The Dispatch Printing Company Midwest Newspaper Printing Pressman and Assistants Union, Local 128N, Columbus Chapel  
Retirement Income Plan  
EIN: 31-4166990 / PN: 008

|                                         |                                                                                                                                                                                                                                                                         |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of Benefit:</b>                |                                                                                                                                                                                                                                                                         |
| Normal form:                            | If married, 50% Joint and Survivor; otherwise a Single Life Annuity                                                                                                                                                                                                     |
| Optional forms:                         | 75% Joint and Survivor, Single Life Annuity with 120 month Certain Period, Lump Sum (if only benefit is based on the Participant Contribution Account)                                                                                                                  |
| Basis for 50% Joint and Survivor:       | Non-disabled is 90%±1% per year of age difference, not greater than 100%<br>Disabled is 72%±1% per year of age difference, not greater than 100%<br>Reduction factor is not less than that based on UP 1984 Unisex Mortality Table and 6% interest, compounded annually |
| Optional benefit form conversion basis: | UP 1984 Unisex Mortality Table and 6% interest, compounded annually                                                                                                                                                                                                     |
| <b>Participation:</b>                   |                                                                                                                                                                                                                                                                         |
| Age requirement:                        | None                                                                                                                                                                                                                                                                    |
| Service requirement:                    | Completion of 1,000 hours of service during the 12-consecutive month period beginning on the employee's hire date or during a plan year                                                                                                                                 |
| <b>Participant contributions:</b>       |                                                                                                                                                                                                                                                                         |
| Amount:                                 | Ceased January 1, 2012. Previously, \$14 per week worked for active employees.                                                                                                                                                                                          |
| Account growth:                         | Participant Contribution Accounts are credited with interest at the rate of 120% of the Federal mid-term rate.                                                                                                                                                          |
| <b>Section 415 limit:</b>               |                                                                                                                                                                                                                                                                         |
|                                         | \$200,000 (previously \$195,000)                                                                                                                                                                                                                                        |

## Schedule SB, Part V – Summary of Plan Provisions 2012 Form 5500 Schedule SB Attachment

The Dispatch Printing Company Midwest Newspaper Printing Pressman and Assistants Union, Local 128N, Columbus Chapel  
Retirement Income Plan  
EIN: 31-4166990 / PN: 008

|                 |                                                                                                                                                                                                                                                               |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Service:</b> |                                                                                                                                                                                                                                                               |
| Vesting:        | 1,000 hours in a plan year                                                                                                                                                                                                                                    |
| Credited:       | An employee is credited with a year of service for each plan year during which he has at least 221 straight time work shifts. In any year in which he works less than 221 work shifts, fractional years of service will be credited based on the table below: |

| <u>Work Shifts</u> | <u>Years of Credited Service</u> |
|--------------------|----------------------------------|
| 0 – 9              | 0                                |
| 10 – 28            | 1/12                             |
| 29 – 47            | 2/12                             |
| 48 – 67            | 3/12                             |
| 68 – 86            | 4/12                             |
| 87 – 105           | 5/12                             |
| 106 – 124          | 6/12                             |
| 125 – 143          | 7/12                             |
| 144 – 162          | 8/12                             |
| 163 – 182          | 9/12                             |
| 183 – 201          | 10/12                            |
| 202 – 220          | 11/12                            |
| 221 or more        | 1 year                           |

## Schedule SB, Line 24 – Change in Actuarial Assumptions 2012 Form 5500 Schedule SB Attachment

The Dispatch Printing Company Midwest Newspaper Printing Pressman and Assistants Union, Local 128N, Columbus Chapel  
Retirement Income Plan EIN: 31-4166990 / PN: 008

### Assumption changes since prior valuation:

Administrative expenses: \$60,000 (prior year was \$57,000).  
Interest crediting rate on Participant Contribution Account: 1.40% (prior year was 2.34%).  
Annuity conversion basis for Participant Contribution Account:  
Interest: 2.07% for payments in the first 5 years, 4.45% for payments years 6 – 20, and  
5.24% for payments thereafter (prior year was 2.47% for payments in the first 5 years,  
5.07% for payments years 6 – 20, and 6.10% for payments thereafter).  
Mortality: 2012 mandated table for 417(e) actuarial equivalence as set forth in Revenue  
Ruling 2007-67 (prior year assumption was the 2011 mandated table).

## Schedule SB, Line 26 – Schedule of Active Participant Data 2012 Form 5500 Schedule SB Attachment

The Dispatch Printing Company Midwest Newspaper Printing Pressman and Assistants Union, Local 128N, Columbus Chapel  
Retirement Income Plan  
EIN: 31-4166990 / PN: 008

### Active Participants as of January 1, 2012 by Age and Years of Credited Service

| Age      | Years of Credited Service (frozen as of April 1, 2006) |     |     |       |       |       |       |       |       |         |    |
|----------|--------------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|---------|----|
|          | Under 1                                                | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Up |    |
| Under 25 | --                                                     | --  | --  | --    | --    | --    | --    | --    | --    | --      | -- |
| 25-29    | --                                                     | --  | --  | --    | --    | --    | --    | --    | --    | --      | -- |
| 30-34    | --                                                     | --  | --  | --    | --    | --    | --    | --    | --    | --      | -- |
| 35-39    | --                                                     | --  | 1   | --    | --    | --    | --    | --    | --    | --      | -- |
| 40-44    | --                                                     | --  | 1   | --    | 3     | --    | --    | --    | --    | --      | -- |
| 45-49    | --                                                     | --  | 1   | --    | --    | --    | --    | --    | --    | --      | -- |
| 50-54    | --                                                     | 1   | --  | --    | 4     | --    | 1     | --    | --    | --      | -- |
| 55-59    | --                                                     | --  | --  | 2     | 2     | 1     | 2     | 1     | --    | --      | -- |
| 60-64    | --                                                     | --  | 1   | --    | 1     | --    | --    | 1     | 5     | 1       | 1  |
| 65-69    | --                                                     | --  | --  | 1     | --    | --    | --    | 1     | --    | --      | -- |
| 70 & Up  | --                                                     | --  | --  | --    | --    | --    | --    | --    | --    | --      | -- |