

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>THE G. B. DEALEY RETIREMENT PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>12/31/1943</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>BELO CORP</u> <u>7950 JONES BRANCH DRIVE</u> <u>MCLEAN, VA 22107</u>	2b Employer Identification Number (EIN) <u>75-0135890</u> 2c Sponsor's telephone number <u>703-854-6000</u> 2d Business code (see instructions) <u>515210</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/15/2014 Date	KEVIN LORD Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 3665
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).	
a Active participants	6a 619
b Retired or separated participants receiving benefits	6b 947
c Other retired or separated participants entitled to future benefits	6c 1897
d Subtotal. Add lines 6a , 6b , and 6c	6d 3463
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 177
f Total. Add lines 6d and 6e	6f 3640
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan <u>THE G. B. DEALEY RETIREMENT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BELO CORP</u>	D Employer Identification Number (EIN) <u>75-0135890</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month _____ Day _____ Year _____	
2 Assets:	
a Market value	2a <u>208065160</u>
b Actuarial value	2b <u>202990656</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>1024</u> <u>92921407</u>
b For terminated vested participants.....	3b <u>1932</u> <u>71151762</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>65692108</u>
(3) Total active.....	3c(3) <u>709</u> <u>65692108</u>
d Total.....	3d <u>3665</u> <u>229765277</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.31</u> %
6 Target normal cost	6 <u>958549</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/08/2014</u>
	Signature of actuary	Date
<u>DEREK SCOTT</u>		<u>14-06723</u>
	Type or print name of actuary	Most recent enrollment number
<u>FIDELITY INVESTMENTS</u>		<u>817-474-9085</u>
	Firm name	Telephone number (including area code)
<u>ONE DESTINY WAY WA3M</u> <u>WESTLAKE, TX 76262</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) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1576364	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	1576364	0
10 Interest on line 9 using prior year's actual return of <u>15.11</u> %	238189	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		11997086
b Interest on (a) using prior year's effective interest rate of <u>7.02</u> % except as otherwise provided (see instructions)		842195
c Total available at beginning of current plan year to add to prefunding balance		12839281
d Portion of (c) to be added to prefunding balance		7812435
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1814553	7812435

Part III Funding Percentages		
14 Funding target attainment percentage	14	84.15 %
15 Adjusted funding target attainment percentage	15	84.15 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.53 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2013	3100000				
01/15/2014	3100000				
04/15/2014	3500000				
07/15/2014	3500000				
09/15/2014	10000000				
			Totals ►	18(b)	23200000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	21387109
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c 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	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	958549	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	36401609	12655807	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	13614356	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	1814553	4200000	6014553
36 Additional cash requirement (line 34 minus line 35).....	36	7599803	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	21387109	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	13787306	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	6014553	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan THE G. B. DEALEY RETIREMENT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BELO CORP	D Employer Identification Number (EIN) 75-0135890	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST COMPANY
36-3046063

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
PYRAMIS GLOBAL ADVIOSRY TRUST CO
04-3532603

(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)

FID INST OPS CO

04-3304255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 70	CONSULTING	278792	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 99	TRUSTEE	65488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PYRAMIS GLOBAL ADVISORS TRUST CO

04-3532603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 99	INVEST MGMT	947673	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name: PAUL NAWROT	b EIN: 04-3022712
c Position: ACTUARY - 11-07156	
d Address: FIDELITY INVESTMENTS 200 SEAPORT BLVD BOSTON, MA 02210	e Telephone: 312-529-2327

Explanation: CHANGE OF ACTUARY WITHIN THE ORGANIZATION FROM PAUL NAWROT - 11-07156 TO DEREK SCOTT - 14-06723. CHANGE WAS PROMPTED BY WORK RE-ASSIGNMENT.

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2013</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan THE G. B. DEALEY RETIREMENT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BELO CORP	D Employer Identification Number (EIN) 75-0135890	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS DIVER LG CAP COR			
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY			
c EIN-PN 20-4659714-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS DIVER LG CAP VALUE			
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY			
c EIN-PN 20-4659714-028	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS EMERGING MARKET DEBT			
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY			
c EIN-PN 20-4659714-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4458115	
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS FOCUSED LARGE CAP GROWTH			
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY			
c EIN-PN 20-4659714-102	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS INTERNATIONAL GROWTH			
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPAN			
c EIN-PN 20-4659714-017	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16233236	
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS LARGE CAP CORE			
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY			
c EIN-PN 20-4659714-051	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS LARGE CAP CORE 130/30			
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY			
c EIN-PN 20-4659714-097	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS QUANTITATIVE LARGE CAP CORE		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-057	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS REIT		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6828403
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS SELECT CANADA		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-101	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2775301
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS SELECT INTERNATIONAL EQUITY		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16231146
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS SELECT INTL SMALL CAP		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10225164
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS SMALL CAP CORE		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12943788
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS MID CAP CORE		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9324141
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS HIGH YEILD BOND		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6675911
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS LONG DURATION		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-053	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23286853
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS LONG CORP A		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-103	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33380372

a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS INSTITUTIONAL CASH**b** Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY

c EIN-PN 20-4659714-055	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2105402
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a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS SELECT EMERGING MKTS EQUITY**b** Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY

c EIN-PN 20-4659714-100	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3684779
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a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INVEST FUND**b** Name of sponsor of entity listed in (a): NORTHERN TRUST

c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1153720
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a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS EMERGING MARKETS COMM POOL**b** Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY

c EIN-PN 20-4659714-032	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6504577
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY US EQUITY INDEX POOL**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST CO

c EIN-PN 04-3022712-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73916268
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>THE G. B. DEALEY RETIREMENT PENSION PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BELO CORP</u>		D Employer Identification Number (EIN) <u>75-0135890</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	16900000	20100000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	46883	46883
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	191534083	229727182
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	208480966	249874065

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	208480966	249874065
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	23200000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		23200000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	37628	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		37628
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	747	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		747
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		30065393
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		53303768

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9895653	
(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)		9895653
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)	278792	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	947673	
(4) Other	2i(4)	788551	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2015016
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11910669

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		41393099
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>THE G. B. DEALEY RETIREMENT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BELO CORP</u>	D Employer Identification Number (EIN) <u>75-0135890</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3275867</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>5</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure 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?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete 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:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 66% Investment-Grade Debt: 25% High-Yield Debt: 5% Real Estate: 3% Other: 1%

- 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):

Report of Independent Auditors

The Plan Administrator
The G. B. Dealey Retirement Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The G. B. Dealey Retirement Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2013 and 2012, and for the years then ended, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

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.

Disclaimer of Opinion on Supplemental Schedules

The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2013, and reportable transactions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Compliance of Form and Content with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

October 13, 2014

2013 Form 5500 Schedule SB Attachments
Schedule SB, line 22 - Description of Weighted Average Retirement Age
Belo Corp.
The G. B. Dealey Retirement Pension Plan
For Plan Year Ended December 31, 2013

EIN: 75-0135890
Plan Number: 001

Weighted Average Retirement Age

Retirement Rates: Rates varying by age:

<u>Age</u>	<u>Retirement Rate</u>
55	5.00%
56	5.00%
57	6.00%
58	6.00%
59	7.00%
60	7.00%
61	8.00%
62	35.00%
63	30.00%
64	25.00%
65	20.00%
66	20.00%
67	10.00%
68	10.00%
69	60.00%
70	100.00%

Method used to calculate the Plan's Weighted Average Retirement Age:

For each active participant, an expected retirement age was calculated, weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age of 62 is the arithmetic average of the expected retirement ages.

2013 Form 5500 Schedule SB Attachments
Schedule SB, line 26 – Schedule of Active Participant Data
Belo Corp.
The G. B. Dealey Retirement Pension Plan
For Plan Year Ended December 31, 2013

EIN: 75-0135890
Plan Number: 001

Age and Service Distribution of Active Members

Attained Age	Completed Years of Service on January 1, 2013										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25											
Number											0
Average Benefit											0
25-29											
Number											0
Average Benefit											0
30-34											
Number				2	2						4
Average Benefit				NA*	NA*						NA*
35-39											
Number		1		16	10						27
Average Benefit		NA*		NA*	NA*						\$302
40-44											
Number		1		39	43	10	1				94
Average Benefit		NA*		\$217	\$308	NA*	NA*				\$290
45-49											
Number				21	45	39	11	2			118
Average Benefit				\$408	\$398	\$880	NA*	NA*			\$618
50-54											
Number		1		13	50	45	44	20	1		174
Average Benefit		NA*		NA*	\$728	\$1,107	\$1,291	\$1,325	NA*		\$1,022
55-59											
Number			1	7	28	21	54	41	14		166
Average Benefit			NA*	NA*	\$804	\$1,163	\$2,062	\$1,652	NA*		\$1,573
60-64											
Number		1		5	13	10	19	21	20	4	93
Average Benefit		NA*		NA*	NA*	NA*	NA*	\$1,602	\$2,341	NA*	\$1,636
65-69											
Number				4	4	4	3	4	8	4	31
Average Benefit				NA*	NA*	NA*	NA*	NA*	NA*	NA*	\$1,810
Over 69											
Number						1			1		2
Average Benefit						NA*			NA*		NA*
Total											
Number	0	4	1	107	195	130	132	88	44	8	709
Average Benefit	NA*	NA*	NA*	\$420	\$551	\$1,067	\$1,632	\$1,578	\$2,070	NA*	\$1,070

*Average monthly accrued benefit is not shown for groups with fewer than 20 members.

Plan Provisions

Name of Plan: The G. B. Dealey Retirement Pension Plan.

Employer Identification Number / Plan Number: 75-0135890/001.

Effective Date: December 31, 1943.

Participants: Employees or former employees who have an accrued benefit and have not received a distribution of the entire amount of their vested accrued benefit. As of January 1, 2011, Belo Corp. spun-off assets and liabilities of the Plan to two newly sponsored pension plans of A. H. Belo Corporation, A. H. Belo Pension Plan I and A. H. Belo Pension Plan II, in accordance with Sections 208 of ERISA and 414(l) of the IRC governing pension plan spin-offs.

Covered Employees: Existing participants only, no newly covered employees.

Participation Date: Employees become plan participants on the January 1 or July 1 coinciding with or next following his 21st birthday and one year of pension service.

Employees age 25 or older with one year of pension service prior to August 31, 1983, who were employed by General Electric Broadcasting Company of Colorado at its KOA –AM/KOAQ-FM facilities became participants in this plan on August 31, 1983.

Employees of the acquired Corinthian stations prior to January 30, 1984, who were participants in the Master Retirement Plan of The Dun & Bradstreet Corporation prior to March 30, 1984, became participants in this plan on January 30, 1984.

The KIRO and Owensboro employees receive participation service from their original dates of hire.

WWL employees receive vesting service from June 1994

Excluding Guild employees, there are no new entrants with a hire date after July 1, 2000. For Guild employees, there are no new entrants with a hire date after August 1, 2004.

Plan Provisions (continued)

Definitions:

Credited service: Includes all service through December 31, 1975, credited under the provisions of the prior plan. For plan years 1976 and 1977, a year of service is granted for each plan year in which an employee has completed 1,000 or more hours of service with an employer.

Pension service after 1977 shall be the aggregate of an employee's periods of employment, including the first 12 months of authorized absence.

For the purpose of determining eligibility for benefits, and employee's pension service shall include all periods of absence of less than one year.

Employees of the Corinthian subsidiaries of The Dun & Bradstreet Corporation will receive pension service earned under the Dun & Bradstreet plan; he receives no credit prior to January 30, 1984, for benefit purposes. For the purposes of calculating the benefit under the plan, service shall be segregated into two periods, the first being the years of service that had been credited under the Dun & Bradstreet plan as of January 30, 1984 (D & B service), and the second being the years of service earned after January 31, 1984 (Belo Corp. service).

The WWL employees receive pension service starting on June 1, 1994, the KIRO employees receive pension service starting on February 1, 1995, and the Owensboro employees receive pension service starting on January 1, 1996. The KMOV-TV employees receive pension service starting on June 2, 1997. Employees of BHI Sub, Inc. (KENS – TV) receive pension service starting on October 15, 1997.

Excluding Guild Union participants choosing the Star Plan, credited service ends June 30, 2000.

For Guild Union participants choosing the Star Plan, credited service ends July 31, 2004.

For all remaining participants service accrual ceases as of March 31, 2007.

Plan Provisions (continued)

Each of the participants from the following groups (the “eligible groups”) is given credit for an additional five years of credited service in determining his or her accrued benefit: (A) each participant who was accruing a retirement benefit and/or a disability benefit under the plan on March 31, 2007; (B) each participant who terminated employment on or before March 31, 2007, as a result of the company’s information technology outsourcing; (C) each participant who terminated employment on or after September 29, 2006, and before March 31, 2007, by reason of death, retirement at or after age 55 or because of an involuntary reduction in force; (D) each participant who terminated employment on or before September 14, 2006, in connection with the Dallas Morning News voluntary severance program for newsroom employees; (E) each participant who was in qualified military service on March 31, 2007.

Vesting service: Same as pension service with the following exceptions: the KIRO, Owensboro, KMOV-TV, KENS-TV, and Providence Journal Guild employees receive vesting service from their original dates of hire.

All non-Guild participants are 100% vested at July 1, 2000.

All Guild participants are 100% vested at August 1, 2004.

Pensionable pay: Base pay, overtime pay, shift differential pay, premium pay, bonuses (included termination bonuses paid in a lump sum at termination of employment), and commissions paid to an employee by the participating employers for services performed for the participating employer, excluding any other form of remuneration. Compensation includes any contributions made by the employer on behalf of an employee pursuant to a deferral election under an employee benefit plan containing a cash or deferred arrangement under Code Section 401(k) or any amounts that would have been received as cash but for an election to receive benefits under a cafeteria plan meeting the requirements of Code Section 125.

Average annual earnings: The average of the highest five consecutive calendar years of pensionable pay during the last 10 years of employment, or during his full calendar years of employment if the participant has less than five calendar years of employment.

Calendar year earnings during and after the freeze date will not be considered eligible.

2013 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Belo Corp.
The G. B. Dealey Retirement Pension Plan
For Plan Year Ended December 31, 2013

EIN: 75-0135890
Plan Number: 001

Plan Provisions (continued)

Social Security Retirement Age: Determined in accordance with the chart below:

Year of Birth	Age
Prior to 1938	65
1938 to 1954	66
1955 or after	67

Normal retirement date (NRD): The first day of the month coinciding with or next following the attainment of age 65.

Monthly pension benefit: As of any date, 1.1% of average monthly earnings multiplied by years of pension service at NRD, plus .35% of average monthly earnings in excess of covered compensation multiplied by years of pension service at NRD up to 35 such years, multiplied by the fraction of actual pension service over pension service at NRD not to exceed 1. For prior Guild Non-Union Providence Journal participants, the benefit is the greater of benefit under The G. B. Dealey Retirement Pension Plan or the accrued benefit as of December 31, 1997, under the Providence Journal Plan plus a benefit under The G. B. Dealey Retirement Pension Plan post December 31, 1997. For prior Guild Union Employees, the benefit is the greater of the benefit under The G. B. Dealey Retirement Pension Plan or the accrued benefit under Appendix D of the Plan as of July 31, 2004.

Excluding Guild Union, participants transferring to the Star Plan have a vested accrued benefit at July 1, 2000.

Guild Union participants transferring to the STAR Plan have a vested accrued benefit at August 1, 2004.

For all remaining participants, accrued benefits were frozen on March 31, 2007.

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

Early retirement: Retirement before NRD and on or after attaining age 55.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminations for reasons other than death, disability, or retirement.

Plan Provisions (continued)

Pre-retirement spouse benefit: Death while eligible for Normal, Early, Postponed, or Deferred Vested Retirement benefits, with a surviving spouse.

REA ACT Death Benefit: 50% of the monthly accrued benefit as of the date of death reduced for the joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Monthly pre-retirement spouse death benefit: Spouses of active or deferred vested participants who were eligible for early retirement as of December 31, 1994, are entitled to the greater of:

1. The monthly preretirement spouse benefit frozen as of December 31, 1994, or
2. The REA ACT death benefit.

Spouses of participants not eligible for early retirement as of December 31, 1994, are entitled to the REA ACT death benefit.

Disability: Permanently and totally disabled prior to age 65.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Monthly Pension Benefit determined as of NRD.

Early retirement: The Monthly Pension Benefit payable at age 65 reduced 1/180th for each month prior to age 65 until five years prior to the participant's Social Security normal retirement age. It is further reduced by 1/360th for each additional month benefits commence prior to Normal Retirement Date up to a total of 120 months.

Postponed retirement: Monthly pension benefit determined as of actual retirement date.

Termination with deferred vested benefit: The Monthly Pension Benefit determined as of termination date, reduced similarly to early retirement benefits for benefit commencement prior to NRD.

Death with pre-retirement spouse benefit: The Monthly pre-retirement spouse benefit is payable. If the participant was eligible for early retirement, the benefit is payable immediately. Otherwise, the benefit is payable when the participant would have been eligible for early retirement.

Plan Provisions (continued)

Disability: The Monthly Pension Benefit payable at normal retirement assuming: (1) that the employee's rate of compensation at disability would have continued and (2) years of service would have continued uninterrupted to the benefit freeze date.

Forms of Payment:

Normal form (single participants): Ten year certain and continuous annuity.

Normal form (married participants): Joint and 50% survivor annuity with spouse as beneficiary.

Optional forms: Participants who retire under the plan may elect actuarially equivalent optional forms including a ten year certain and continuous annuity, life annuity, joint and survivor annuity, or, if the present value of their benefit is \$5,000 or less, a lump sum distribution.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Cost of Living Adjustment: Participants receiving monthly retirement benefits prior to January 1, 1995, excluding those participants who were included in The Providence Journal Company Retirement Plan on December 31, 1997, were eligible for the cost of living adjustment. This includes any beneficiary whose spouse was receiving monthly retirement benefits prior to January 1, 1995. The adjustment made to eligible monthly benefits was a one-time cost of living increase of 5%. If an eligible, retired participant dies on or after January 1, 1998, the survivor benefit, if applicable, shall be calculated with respect to the participant's benefit as increased by the cost of living adjustment.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Plan Changes Since Prior Valuation: None

Actuarial Assumptions and Methods

Interest Rate

For PPA funding liability and normal cost for the minimum required contribution: Segment rates provided by MAP-21. 4.94% for the first 5 years, 6.15% for the next 15 years, and 6.76% thereafter. (previously 5.54% for the first 5 years, 6.85% for the next 15 years, and 7.52% thereafter).

For PPA funding liability and normal cost for maximum tax-deductible contribution: 1.75% for the first 5 years, 4.62% for the next 15 years, and 5.72% thereafter consistent with the August 2012 segment rates published in September 2012. (previously, 2.06% for the first 5 years, 5.25% for the next 15 years and 6.32% after that, consistent with the August 2011 segment rates published in September 2011).

Increase in Consumer Price Index: Not applicable.

Increase in Social Security Taxable Wage Base: Not applicable.

Expenses: (for development of Target Normal Cost for Funding):

Estimated based on a flat two hundred and fifty thousand dollars of administrative expenses paid from the Trust, plus PBGC premiums paid through the trust.

Actuarial Increases for Late Retirement:

Interest Rate: 4.5%.

Mortality: 1971 Group Annuity Mortality Table, projected by Scale D to 1975, weighted 50% male and 50% female.

Mortality:

ERISA: IRS 2013 Static Mortality Table using separate tables for annuitants and nonannuitants (previously IRS 2012 Static Mortality Table).

Actuarial Assumptions and Methods (continued)

Retirement Rates: Rates varying by age:

Age	Retirement Rate
55	5.00%
56	5.00%
57	6.00%
58	6.00%
59	7.00%
60	7.00%
61	8.00%
62	35.00%
63	30.00%
64	25.00%
65	20.00%
66	20.00%
67	10.00%
68	10.00%
69	60.00%
70	100.00%

Benefit commencement age for

- Future vested deferred 62
- Current vested deferred 62

Termination: Rates varying by age, service, and gender. Sample rates are shown below:

Table of Sample Separation Rates

Years of Service										
Age	0-2		2-3		3-4		4-5		5+	
	M	F	M	F	M	F	M	F	M	F
20	28.4%	33.4%	24.6%	31.8%	24.6%	31.8%	24.6%	31.8%	10.0%	17.1%
25	26.8	31.8	22.2	28.6	22.2	24.2	22.2	20.2	9.8	15.7
30	24.8	29.8	19.2	25.2	19.2	21.2	19.2	17.8	9.4	13.9
35	22.8	26.6	16.8	22.2	16.8	18.8	16.8	15.8	8.8	12.1
40	19.6	22.6	14.2	19.8	14.2	16.8	14.2	13.8	7.8	10.4
45	15.6	18.6	11.2	17.2	11.2	14.8	11.2	11.8	6.3	8.4
50	11.0	15.8	8.8	14.8	8.8	12.8	8.8	10.4	4.0	6.3

Actuarial Assumptions and Methods (continued)

Disability: Rates varying by age and gender:

Age	Male	Female
25	0.038%	0.047%
30	0.048%	0.080%
35	0.069%	0.136%
40	0.117%	0.211%
45	0.202%	0.323%
50	0.358%	0.533%
55	0.722%	0.952%
60	1.256%	1.159%
65	1.753%	1.358%

Marital Status: 85% of males and 55% of females are assumed married, with females 3 years younger than males.

Maximum Benefit: \$205,000 for 2013. No future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: Not applicable.

Form of Payment: It has been assumed benefits will be paid in the following forms:

Percentage	Payment Form
25%	10-Year Certain and Continuous Annuity
25%	50% Joint and Survivor Annuity
25%	100% Joint and Survivor Annuity
25%	Single Life Annuity

Future disabilities are assumed to retire with the 10-Year Certain and Continuous Annuity.

Actuarial Assumptions and Methods (continued)

Assumptions and methods for at-risk liabilities:

Form of Payment: Any participant who is eligible to retire during the valuation year or next 10 plan years was assumed to elect the most valuable form of payment available.

Retirement Age: Any participant who is eligible to retire during the valuation year or next 10 plan years was assumed to retire at the later of 1) the end of the current calculation year, or 2) earliest eligible retirement age.

Actuarial assumption changes since prior valuation:

The PPA funding discount rate for funding target and target normal cost changed from the previous years. See the Interest Rate details of this section for more information.

The mortality assumption for funding purposes changed from the IRS 2012 Static Mortality Table to the IRS 2013 Static Mortality Table, as prescribed by the PPA.

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
 - i) 2/3 of the prior year, and
 - ii) 1/3 of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (at an assumed rate of 8.00%, not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Actuarial Assumptions and Methods (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT) and FASB ASC 715 accumulated benefit obligation (ABO) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount and FASB ASC 715 projected benefit obligation (PBO) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

2013 Form 5500 Schedule SB Attachments
Schedule SB, line 32 – Schedule of Amortization Bases
Belo Corp.
The G. B. Dealey Retirement Pension Plan
For Plan Year Ended December 31, 2013

EIN: 75-0135890
Plan Number: 001

Schedule of Shortfall Amortization Bases

As of January 1, 2011, Belo Corp. spun-off assets and liabilities of the Plan to two newly sponsored pension plans of A. H. Belo Corporation, A. H. Belo Pension Plan I and A. H. Belo Pension Plan II. In accordance with Revenue Ruling 81-212, the outstanding portions of each amortization base were allocated in proportion to the unfunded liability allocated to each plan on January 1, 2011.

Establishment date and Amortization Bases:	Present Value of Remaining Installments as of Valuation Date	Remaining Amortization Period (years)	Amortization Installment as of Valuation Date
1/1/2008 Shortfall Amortization	\$8,307,936	2.00	\$4,254,098
1/1/2009 Shortfall Amortization	\$7,908,198	3.00	\$2,764,145
1/1/2010 Shortfall Amortization	\$13,824,046	4.00	\$3,709,846
1/1/2011 Shortfall Amortization	\$24,366,442	5.00	\$5,354,205
1/1/2012 Shortfall Amortization	(\$19,128,029)	6.00	(\$3,613,909)
1/1/2013 Shortfall Amortization	\$1,123,016	7.00	\$187,422
Total	\$36,401,609		\$12,655,807

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2013**This Form is Open to Public
Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan

The G. B. Dealey Retirement Pension Plan

B Three-digit
plan number (PN) ►

001

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

Belo Corp

D Employer Identification Number (EIN)

75-0135890

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2013**2** Assets:**a** Market value **2a** 208,065,160**b** Actuarial value **2b** 202,990,656**3** Funding target/participant count breakdown:**a** For retired participants and beneficiaries receiving payment..... **3a** (1) Number of participants 1,024 (2) Funding Target 92,921,407**b** For terminated vested participants..... **3b** 1,932 71,151,762**c** For active participants:(1) Non-vested benefits **3c(1)** 0(2) Vested benefits **3c(2)** 65,692,108(3) Total active..... **3c(3)** 709 65,692,108**d** Total..... **3d** 3,665 229,765,277**4** If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐**a** Funding target disregarding prescribed at-risk assumptions **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... **4b****5** Effective interest rate **5** 6.31 %**6** Target normal cost **6** 958,549**Statement by Enrolled Actuary**

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

**SIGN
HERE**

DEREK SCOTT

Signature of actuary

Derek Scott

Type or print name of actuary

Fidelity Investments

Firm name

One Destiny Way WA3M

Westlake

TX 76262

Address of the firm

10-8-2014

Date

14-06723

Most recent enrollment number

(817) 474-9085

Telephone number (including area code)

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) 2013

v. 130118

Part II	Beginning of Year Carryover and Prefunding Balances
----------------	--

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1,576,364	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	1,576,364	0
10 Interest on line 9 using prior year's actual return of <u>15.11</u> %	238,189	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		11,997,086
b Interest on (a) using prior year's effective interest rate of <u>7.02</u> % except as otherwise provided (see instructions)		842,195
c Total available at beginning of current plan year to add to prefunding balance		12,839,281
d Portion of (c) to be added to prefunding balance		7,812,435
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1,814,553	7,812,435

Part III Funding Percentages

14	Funding target attainment percentage.....	14	84.15 %
15	Adjusted funding target attainment percentage	15	84.15 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	81.53 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2013	3,100,000				
01/15/2014	3,100,000				
04/15/2014	3,500,000				
07/15/2014	3,500,000				
09/15/2014	10,000,000				
			Totals ►	18(b)	23,200,000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	21,387,109

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c 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	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	958,549	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		36,401,609	12,655,807
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	13,614,356
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	1,814,553	4,200,000	6,014,553
36 Additional cash requirement (line 34 minus line 35).....	36	7,599,803	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	21,387,109	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	13,787,306	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	6,014,553	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

October 9, 2014

Fidelity Investments

Benefits Consulting

200 Seaport Blvd.
Boston, MA 02210

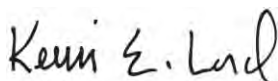
I, as plan administrator, verify that the explanation that is reproduced below is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2013 Form 5500, Annual Return/Report of Employee Benefit Plan, for the The G.B. Dealey Retirement Pension Plan.

This Form 5500 is identified in line 2b by the nine-digit EIN – 75-0135890 and in line 1b by the three-digit PN: 001.

Explanation: Change of actuary within the organization from Paul Nawrot – 11-07156 to Derek Scott – 14-06723. Change was prompted by work re-assignment.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to:

Office of Enforcement,
Employee Benefits Security Administration
U.S. Department of Labor,
200 Constitution Avenue, N.W.
Washington, DC 20210



Signature of Plan Administrator

October 9, 2014

Date

FINANCIAL STATEMENTS AND SUPPLEMENTAL
SCHEDULES

The G. B. Dealey Retirement Pension Plan
Years Ended December 31, 2013 and 2012
With Report of Independent Auditors

Ernst & Young LLP



Building a better
working world

The G. B. Dealey Retirement Pension Plan
Financial Statements and Supplemental Schedules
Years Ended December 31, 2013 and 2012

Contents

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Report of Independent Auditors

The Plan Administrator
The G. B. Dealey Retirement Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The G. B. Dealey Retirement Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2013 and 2012, and for the years then ended, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

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.

Disclaimer of Opinion on Supplemental Schedules

The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2013, and reportable transactions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Compliance of Form and Content with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

October 13, 2014

The G. B. Dealey Retirement Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2013	2012
Assets		
Investments, at fair value:		
Commingled funds	\$ 229,727,182	\$ 191,534,083
Total investments, at fair value	229,727,182	191,534,083
Employer contributions receivable	20,100,000	16,900,000
Other receivable	46,883	46,883
Net assets available for benefits	\$ 249,874,065	\$ 208,480,966

See accompanying notes.

The G. B. Dealey Retirement Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2013	2012
Additions to net assets available for benefits		
Net appreciation in fair value of commingled funds	\$ 30,103,768	\$ 25,843,787
Employer contributions	23,200,000	29,800,000
Total additions	53,303,768	55,643,787
Deductions from net assets available for benefits		
Benefits paid	9,895,653	9,993,999
Administrative expenses	2,015,016	2,317,861
Total deductions	11,910,669	12,311,860
Net increase	41,393,099	43,331,927
Net assets available for benefits at beginning of year	208,480,966	165,149,039
Net assets available for benefits at end of year	<u>\$ 249,874,065</u>	<u>\$ 208,480,966</u>

See accompanying notes.

The G. B. Dealey Retirement Pension Plan

Notes to Financial Statements

December 31, 2013

1. Description of the Plan

The following description of The G. B. Dealey Retirement Pension Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory, defined benefit pension plan covering certain employees and former employees of Belo Corp. and its subsidiaries (collectively, Employer or Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan was frozen to new participants in 2000, except for certain members of the Providence Newspaper Guild, for whom the Plan was frozen in 2004. Effective March 31, 2007, the Plan was amended to cease the accrual of additional benefits for all participants.

On June 12, 2013, the Company entered into an Agreement and Plan of Merger (Merger Agreement) with Gannett Co., Inc. (Gannett) and Delta Acquisition Corp., a wholly owned subsidiary of Gannett (Merger Sub). On December 23, 2013, Merger Sub merged with and into the Company (Merger), with the Company continuing as the surviving corporation and a wholly owned subsidiary of Gannett. The Merger had no significant impact on the Plan.

Custody of Assets

Custody of assets was held by Northern Trust (Trustee), the Trustee of the Plan beginning January 1, 2012.

Employer Contributions

The Employer contributes such amounts as deemed necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to beneficiaries. The funding policy is to contribute annually to the Plan an amount at least equal to the minimum required contribution for a qualified retirement plan but not in excess of the maximum tax-deductible contribution. For 2013 and 2012, the Plan met the minimum funding requirements.

Benefit Payments

Monthly retirement benefits are computed based on several factors, including, but not limited to, retirement date, age at date of retirement, years of credited service, and final monthly compensation eligible for benefits (all defined in the Plan document).

The G. B. Dealey Retirement Pension Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

At the normal retirement date (age 65), each single participant entitled to a distribution will receive a monthly pension benefit payable during the participant's lifetime. If the participant dies before receiving 120 monthly payments, monthly payments in the same amount will be paid to the participant's designated beneficiary. Married participants automatically receive an adjusted monthly pension benefit that includes a provision for the payment of a reduced monthly pension benefit to a surviving spouse. Both single and married participants may elect other options. The Plan also provides for early retirement, late retirement, death, disability, and vested benefits of terminated employees. Early retirement is available as early as age 55.

Vesting

Each participant who was an employee at March 31, 2007, has a 100% vested and non-forfeitable interest in their accrued benefits at all times.

Termination of the Plan

Although the Employer has not expressed any intent to terminate the Plan, it may do so at any time, subject to the requirements of ERISA. If the Plan is terminated, net assets of the Plan would be distributed to participants and beneficiaries as prescribed by the Plan, subject to the requirements of ERISA. Should the Plan terminate at some future time, whether all participants receive their benefits will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated plan benefits and may also depend on the financial condition of the Company and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing net assets of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

Administration

The Plan uses Pyramis Global Advisors, a Fidelity Investments (Fidelity) company, to manage Plan investments. The Pension Investment Committee of Belo Corp. (the Committee) monitors the investment manager's performance. The Committee is appointed by Belo Corp.'s Board of Directors.

Expenses

All expenses incident to the administration of the Plan are paid by either the Plan or the Employer.

The G. B. Dealey Retirement Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting. Benefit payments are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Investments

The Plan's investments are shares in commingled funds, which are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 5 for further discussion and disclosures related to fair value measurements.

Investment purchases and sales are recorded on the trade-date basis, with liabilities recorded for purchases pending settlement and receivables recorded for sales pending settlement. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Dividends and interest income are included as part of the net appreciation or depreciation of the investments due to the nature of commingled funds.

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

Party-in-Interest Transactions

Certain Plan investments in commingled funds were managed by Northern Trust, the Trustee of the Plan. The transactions qualify as party-in-interest transactions. All of these transactions are exempt from the prohibited transaction rules under ERISA.

The G. B. Dealey Retirement Pension Plan

Notes to Financial Statements (continued)

3. Actuarial Assumptions

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for services rendered by the employees. At December 31, 2012, the actuarial present value of accumulated benefits was determined by an actuary from Fidelity, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee services rendered to the valuation date.

The assumed rate of interest used in calculating the accumulated plan benefit obligation as of December 31, 2012 and 2011, was 8.00%. Mortality rates for active participants and disabled pensioners are based on the 2000 Combined Healthy Mortality Table projected to 2018 as of December 31, 2012, and the Combined Healthy Mortality Table projected to 2014 as of December 31, 2011. Disability, termination, and retirement rates are based on published statistical data, including disability rates ranging from 0.04% at age 25 to 1.75% at age 65, termination rates ranging from 28.40% at age 20 to 4.00% at age 50, and retirement rates ranging from 5.00% at age 55 to 100.00% at age 70. As of December 31, 2012 and 2011, the benefit commencement age for current and future terminated, vested employees is age 62. Benefits for participants over the age of 65 who have not yet commenced payment and active participants who are assumed to work past the age of 65, have been actuarially increased to reflect their current benefits under the pension plan. The following is a summary of the present value of accumulated plan benefits at December 31, 2012:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits	\$ 81,140,358
Participants entitled to deferred benefits	57,718,475
Other vested participants	52,834,651
Total actuarial present value of accumulated plan benefits	<u>\$191,693,484</u>

The G. B. Dealey Retirement Pension Plan

Notes to Financial Statements (continued)

3. Actuarial Assumptions (continued)

Following are the changes in accumulated plan benefits from December 31, 2011 to December 31, 2012:

Actuarial present value of accumulated plan benefits at December 31, 2011:	\$ 186,857,795
Increase (decrease) during year attributed to:	
Interest due to the decrease in the discount period	14,564,532
Benefits paid	(9,993,999)
Assumption changes	1,207,303
Additional benefits earned, including experience gains	<u>(942,147)</u>
Actuarial present value of accumulated plan benefits at December 31, 2012	<u>\$ 191,693,484</u>

Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

The G. B. Dealey Retirement Pension Plan

Notes to Financial Statements (continued)

4. Investments

The following table represents the Plan's investments that individually exceed 5% of the net assets available for benefits.

	December 31	
	2013	2012
Pyramis Fidelity US Equity Index CL 3 Fund	\$ 73,916,268	\$ (a)
Pyramis Long Corporate A Pool Fund	33,380,372	42,808,843
Pyramis Long Duration Fund	23,286,853	11,310,553
Pyramis International Growth Fund	16,233,236	13,710,375
Pyramis Select International Equity Fund	16,231,145	13,309,811
Pyramis Broad Market Duration Small Cap Core Fund	12,943,790	(a)
Pyramis Small Mid Cap Core Commingled Fund	(a)	11,383,456
Pyramis Large Cap Core Fund	(a)	23,950,249

(a) Balance represents less than 5% of the Plan's net assets available for benefits in the respective year.

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2013 and 2012, and the net appreciation in the fair value of commingled funds for the years then ended, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by Northern Trust, the Trustee of the Plan.

5. Fair Value Measurements

ASC 820 establishes a framework for measuring fair value, clarifies the definition of fair value, and expands disclosures about fair value measurements. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants (i.e., the exit price). That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The G. B. Dealey Retirement Pension Plan

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

The three levels of the fair value hierarchy are described below:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include:
 - Quoted prices for similar assets and liabilities in active markets
 - Quoted prices for identical or similar assets and liabilities in inactive markets
 - Inputs other than quoted prices that are observable for the assets or liabilities
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specific contractual term, Level 2 inputs must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Investments in commingled funds are reported at the net asset value based on the fair value of the underlying assets, as determined by the sponsor of the respective funds.

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

The G. B. Dealey Retirement Pension Plan

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

The primary investment objective of the Plan is to ensure, over the long-term life of the Plan, an adequate pool of assets to support the benefit obligations to participants, retirees, and beneficiaries. A secondary objective of the Plan is to achieve a level of investment return consistent with a prudent level of portfolio risk that will minimize the financial effect of the Plan on the Company. The investments in the Plan largely consist of low-cost, broad-market index funds to mitigate the risks of concentration within market sectors. Each of the funds is diversified across a wide number of securities within its stated asset class. The funds require a 15-day notice for withdrawal.

At December 31, 2013 and 2012, the Plan's investments are in commingled funds, which are recorded at fair value as determined by the sponsor of the respective funds based upon the closing market quotes of the underlying assets.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

	December 31, 2013			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 3,259,126	\$ —	\$ 3,259,126	\$ —
U.S. equities – large cap	73,916,268	—	73,916,268	—
U.S. fixed income	63,343,136	—	63,343,136	—
International equities	55,654,203	—	55,654,203	—
U.S. equities – small to mid cap	22,267,931	—	22,267,931	—
Real estate investment trusts (REITs)	6,828,403	—	6,828,403	—
International fixed income	4,458,115	—	4,458,115	—
Total	<u>\$ 229,727,182</u>	<u>\$ —</u>	<u>\$ 229,727,182</u>	<u>\$ —</u>

The G. B. Dealey Retirement Pension Plan

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012:

	December 31, 2012			
	Total	Level 1	Level 2	Level 3
Cash equivalents ^(a)	\$ 1,205,117	\$ —	\$ 1,205,117	\$ —
U.S. equities – large cap	56,388,015	—	56,388,015	—
U.S. fixed income	59,832,232	—	59,832,232	—
International equities	42,938,399	—	42,938,399	—
U.S. equities – small to mid cap	17,003,586	—	17,003,586	—
REITs	7,531,991	—	7,531,991	—
International fixed income	5,806,239	—	5,806,239	—
Other investments	828,504	—	828,504	—
Total	<u>\$ 191,534,083</u>	<u>\$ —</u>	<u>\$ 191,534,083</u>	<u>\$ —</u>

^(a) Primarily consists of pooled funds and mutual funds.

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated February 21, 2012, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

Accounting principles generally accepted in the United States require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions. As of the filing date, the tax years ended December 31, 2010 and 2011, are under audit. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

The G. B. Dealey Retirement Pension Plan

Notes to Financial Statements (continued)

6. Income Tax Status (continued)

The Company is in the process of determining whether it properly communicated a 2012 payment option available as a protected benefit to Plan participants who had accrued benefits under a predecessor plan. The Company is in the process of providing information necessary to reach a final agreement utilizing the IRS closing agreement program. The financial statement impact of the payment is unknown at this time, but is not expected to have a material impact on the financial statements as presented herein.

7. Subsequent Events

In 2014, the Plan changed the actuary from Fidelity to Towers Watson.

Plan management has evaluated subsequent events from the date of the financial statements through October 13, 2014, the date the accompanying financial statements were available to be issued.

Supplemental Schedules

The G. B. Dealey Retirement Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN #75-0135890 Plan #001

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Northern Trust	COLTV Short-Term Investment Fund	\$ 1,153,720	\$ 1,153,724
	Pyramis	Institution Cash Commercial Pool	2,105,402	2,105,402
	Total short-term investments		3,259,122	3,259,126
	Pyramis	Fidelity US Equity Index CL 3 Fund	62,594,624	73,916,268
	Total U.S. equities – large cap		62,594,624	73,916,268
	Pyramis	Long Duration Fund	23,097,626	23,286,853
	Pyramis	High Yield Bond Fund	5,879,973	6,675,911
	Pyramis	Long Corporate A Pool Fund	28,771,914	33,380,372
	Total U.S. fixed income		57,749,513	63,343,136
	Pyramis	Select Emerging Markets Equity Plus Fund	3,804,275	3,684,779
	Pyramis	Select International Equity Fund	12,550,195	16,231,145
	Pyramis	Select International Small Cap Commingled Fund	7,787,447	10,225,165
	Pyramis	International Growth Fund	12,209,260	16,233,236
	Pyramis	Select Canada Plus Fund	2,507,137	2,775,301
	Pyramis	Emerging Market Equity Fund	6,315,476	6,504,577
	Total international equities		45,173,790	55,654,203
	Pyramis	Small Mid Cap Core Commingled Fund	6,241,088	9,324,141
	Pyramis	Broad Market Duration Small Cap Fund	9,274,271	12,943,790
	Total U.S. equities – small to mid cap		15,515,359	22,267,931
	Pyramis	REIT Fund	5,857,635	6,828,403
	Total REITs		5,857,635	6,828,403
	Pyramis	Emerging Market Debt Fund	3,753,203	4,458,115
	Total international fixed income		3,753,203	4,458,115
	Total investments		\$ 193,903,246	\$ 229,727,182

* Party in interest

The G. B. Dealey Retirement Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN #75-0135890 Plan #001

Year Ended December 31, 2013

(a) Identity of Party Involved	(b) Description of Investment	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – Series of transactions in excess of 5% of beginning Plan assets						
Pyramis Fidelity US Equity Index CL 3 Fund	Commingled fund	\$ 47,000,000	\$ –	\$ 47,000,000	\$ 47,000,000	\$ –
Pyramis Fidelity US Equity Index CL 3 Fund	Commingled fund	16,650,349	–	16,650,349	16,650,349	–
Pyramis Large Cap Core Fund	Commingled fund	–	21,480,301	21,480,301	25,000,000	(3,519,699)
COLTV Short Term Investment Fund	Commingled fund	10,000,000	–	10,000,000	10,000,000	–
Category (iii) – Series of transactions in excess of 5% of beginning Plan assets						
Pyramis Fidelity US Equity Index CL 3 Fund	Commingled fund	69,056,849	–	69,056,849	69,056,849	–
Pyramis Fidelity US Equity Index CL 3 Fund	Commingled fund	–	6,870,000	6,462,225	6,870,000	407,775
Pyramis Institution Cash Commercial Pool	Commingled fund	16,862,899	–	16,862,899	16,862,899	–
Pyramis Institution Cash Commercial Pool	Commingled fund	–	15,586,001	15,586,001	15,586,001	–
Pyramis Large Cap Core Fund	Commingled fund	8,851,289	–	8,851,289	8,851,289	–
Pyramis Large Cap Core Fund	Commingled fund	–	35,491,352	30,671,443	35,491,352	4,819,909
Pyramis Long Corporate A Pool Fund	Commingled fund	2,849,000	–	2,849,000	2,849,000	–
Pyramis Long Corporate A Pool Fund	Commingled fund	–	9,443,000	7,977,421	9,443,000	1,465,579
Pyramis Long Duration Fund	Commingled fund	15,344,001	–	15,344,001	15,344,001	–
Pyramis Long Duration Fund	Commingled fund	–	2,251,000	2,146,503	2,251,000	104,497
Restructuring Equity Fund	Commingled fund	6,321,008	–	6,321,008	6,321,008	–
Restructuring Equity Fund	Commingled fund	–	6,261,289	6,321,008	6,261,289	(59,719)
COLTV Short-Term Investment Fund	Commingled fund	30,848,939	–	30,848,939	30,848,939	–
COLTV Short-Term Investment Fund	Commingled fund	–	30,900,336	30,900,336	30,900,336	–

There were no Category (ii) or (iv) reportable transactions during the year ended December 31, 2013.

Columns (e) and (f) are not applicable.

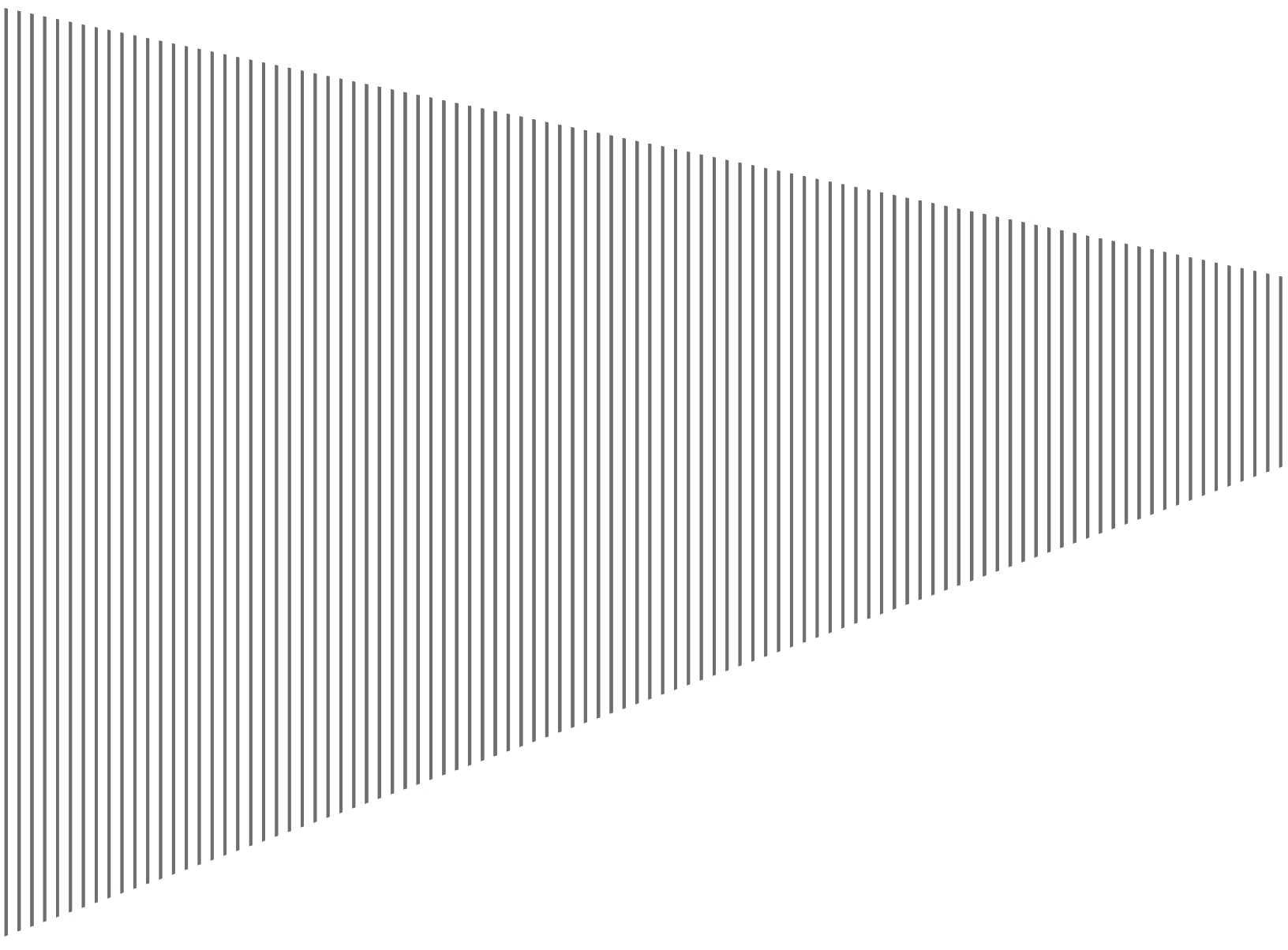
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The G. B. Dealey Retirement Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN #75-0135890 Plan #001

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Northern Trust	COLTV Short-Term Investment Fund	\$ 1,153,720	\$ 1,153,724
	Pyramis	Institution Cash Commercial Pool	2,105,402	2,105,402
	Total short-term investments		3,259,122	3,259,126
	Pyramis	Fidelity US Equity Index CL 3 Fund	62,594,624	73,916,268
	Total U.S. equities – large cap		62,594,624	73,916,268
	Pyramis	Long Duration Fund	23,097,626	23,286,853
	Pyramis	High Yield Bond Fund	5,879,973	6,675,911
	Pyramis	Long Corporate A Pool Fund	28,771,914	33,380,372
	Total U.S. fixed income		57,749,513	63,343,136
	Pyramis	Select Emerging Markets Equity Plus Fund	3,804,275	3,684,779
	Pyramis	Select International Equity Fund	12,550,195	16,231,145
	Pyramis	Select International Small Cap Commingled Fund	7,787,447	10,225,165
	Pyramis	International Growth Fund	12,209,260	16,233,236
	Pyramis	Select Canada Plus Fund	2,507,137	2,775,301
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	Total international equities		45,173,790	55,654,203
	Pyramis	Small Mid Cap Core Commingled Fund	6,241,088	9,324,141
	Pyramis	Broad Market Duration Small Cap Fund	9,274,271	12,943,790
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	Pyramis	REIT Fund	5,857,635	6,828,403
	Total REITs		5,857,635	6,828,403
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	Total international fixed income		3,753,203	4,458,115
	Total investments		\$ 193,903,246	\$ 229,727,182

* Party in interest

The G. B. Dealey Retirement Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN #75-0135890 Plan #001

Year Ended December 31, 2013

(a) Identity of Party Involved	(b) Description of Investment	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – Series of transactions in excess of 5% of beginning Plan assets						
Pyramis Fidelity US Equity Index CL 3 Fund	Commingled fund	\$ 47,000,000	\$ –	\$ 47,000,000	\$ 47,000,000	\$ –
Pyramis Fidelity US Equity Index CL 3 Fund	Commingled fund	16,650,349	–	16,650,349	16,650,349	–
Pyramis Large Cap Core Fund	Commingled fund	–	21,480,301	21,480,301	25,000,000	(3,519,699)
COLTV Short Term Investment Fund	Commingled fund	10,000,000	–	10,000,000	10,000,000	–
Category (iii) – Series of transactions in excess of 5% of beginning Plan assets						
Pyramis Fidelity US Equity Index CL 3 Fund	Commingled fund	69,056,849	–	69,056,849	69,056,849	–
Pyramis Fidelity US Equity Index CL 3 Fund	Commingled fund	–	6,870,000	6,462,225	6,870,000	407,775
Pyramis Institution Cash Commercial Pool	Commingled fund	16,862,899	–	16,862,899	16,862,899	–
Pyramis Institution Cash Commercial Pool	Commingled fund	–	15,586,001	15,586,001	15,586,001	–
Pyramis Large Cap Core Fund	Commingled fund	8,851,289	–	8,851,289	8,851,289	–
Pyramis Large Cap Core Fund	Commingled fund	–	35,491,352	30,671,443	35,491,352	4,819,909
Pyramis Long Corporate A Pool Fund	Commingled fund	2,849,000	–	2,849,000	2,849,000	–
Pyramis Long Corporate A Pool Fund	Commingled fund	–	9,443,000	7,977,421	9,443,000	1,465,579
Pyramis Long Duration Fund	Commingled fund	15,344,001	–	15,344,001	15,344,001	–
Pyramis Long Duration Fund	Commingled fund	–	2,251,000	2,146,503	2,251,000	104,497
Restructuring Equity Fund	Commingled fund	6,321,008	–	6,321,008	6,321,008	–
Restructuring Equity Fund	Commingled fund	–	6,261,289	6,321,008	6,261,289	(59,719)
COLTV Short-Term Investment Fund	Commingled fund	30,848,939	–	30,848,939	30,848,939	–
COLTV Short-Term Investment Fund	Commingled fund	–	30,900,336	30,900,336	30,900,336	–

There were no Category (ii) or (iv) reportable transactions during the year ended December 31, 2013.

Columns (e) and (f) are not applicable.