

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2013 or fiscal plan year beginning <u>10/01/2013</u> and ending <u>09/30/2014</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input checked="" type="checkbox"/>                                                                                                                                                                                                       |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                      | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                          |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>DENVER TEAMSTERS LOCAL UNION 455- THE DENVER POST LLC EMPLOYEES' PENSION PLAN</u>                                                                                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>008</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>10/01/1964</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>008</u>                                                  | <b>1c</b> Effective date of plan<br><u>10/01/1964</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                            | <u>008</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>10/01/1964</u>                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>THE DENVER POST LLC</u><br><br><u>101 WEST COLFAX AVENUE</u><br><u>DENVER, CO 80202</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>84-1551911</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>303-954-6446</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>525100</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>84-1551911</u> | <b>2c</b> Sponsor's telephone number<br><u>303-954-6446</u> | <b>2d</b> Business code (see instructions)<br><u>525100</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>84-1551911</u>                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>303-954-6446</u>                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>525100</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.

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 07/09/2015 | MISSY MILLER                                                 |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                   |            | Preparer's telephone number (optional)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                                                        |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                          |  | <b>3c</b> Administrator's telephone number<br><br><b>4b</b> EIN<br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>135</b> |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>20</b>  |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>35</b>  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                                          |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>74</b>  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>129</b> |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>136</b> |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                                                |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>0</b>   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>1B 1I</b>                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                       |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |            |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |            |

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2013</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

|                                                                                                               |                                                                            |            |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>DENVER TEAMSTERS LOCAL UNION 455- THE DENVER POST LLC EMPLOYEES' PENSION PLAN</u> | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>008</u> |
|                                                                                                               |                                                                            |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE DENVER POST LLC</u>                   | <b>D</b> Employer Identification Number (EIN)<br><u>84-1551911</u>         |            |

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

**1** Coverage Information:

**(a)** Name of insurance carrier

PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

| (b) EIN           | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |                   |
|-------------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|-------------------|
|                   |               |                                       |                                                                             | (f) From                | (g) To            |
| <u>06-1050034</u> | <u>93629</u>  | <u>017434</u>                         | <u>136</u>                                                                  | <u>10/01/2013</u>       | <u>09/30/2014</u> |

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

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| <u>0</u>                                    | <u>0</u>                             |

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

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

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

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 3292237 |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

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

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

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

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>DENVER TEAMSTERS LOCAL UNION 455- THE DENVER POST LLC EMPLOYEES' PENSION PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶ <u>008</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>THE DENVER POST LLC</u>                                    | <b>D</b> Employer Identification Number (EIN)<br><u>84-1551911</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>             |
| <b>1</b> Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2013</u>                                                                                                                              |                                      |
| <b>2</b> Assets:                                                                                                                                                                                               |                                      |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>3326838</u>             |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>3033813</u>             |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                           |                                      |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <b>3a</b> <u>38</u> <u>1859097</u>   |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <b>3b</b> <u>75</u> <u>1271920</u>   |
| <b>c</b> For active participants:                                                                                                                                                                              |                                      |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                           | <b>3c(1)</b> <u>6187</u>             |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                               | <b>3c(2)</b> <u>319700</u>           |
| <b>(3)</b> Total active.....                                                                                                                                                                                   | <b>3c(3)</b> <u>22</u> <u>325887</u> |
| <b>d</b> Total.....                                                                                                                                                                                            | <b>3d</b> <u>135</u> <u>3456904</u>  |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                      |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                            |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                            |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>6.70</u> %               |
| <b>6</b> Target normal cost .....                                                                                                                                                                              | <b>6</b> <u>50000</u>                |

**Statement by Enrolled Actuary**

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

|                                                                                            |  |                                        |
|--------------------------------------------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                                                           |  | <u>07/02/2015</u>                      |
| Signature of actuary                                                                       |  | Date                                   |
| <u>SCOTT H. DAVIS</u>                                                                      |  | <u>14-06506</u>                        |
| Type or print name of actuary                                                              |  | Most recent enrollment number          |
| <u>HEWITT ASSOCIATES LLC</u>                                                               |  | <u>952-886-8000</u>                    |
| Firm name                                                                                  |  | Telephone number (including area code) |
| <u>5600 W 83RD STREET</u><br><u>8200 TOWER, SUITE 1100</u><br><u>MINNEAPOLIS, MN 55437</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) .....                                   | 78680                 | 0                      |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 50000                 | 0                      |
| 9 Amount remaining (line 7 minus line 8) .....                                                                                      | 28680                 | 0                      |
| 10 Interest on line 9 using prior year's actual return of <u>17.84</u> % .....                                                      | 5117                  |                        |
| 11 Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| a Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 0                      |
| b Interest on (a) using prior year's effective interest rate of <u>7.06</u> % except as otherwise provided (see instructions) ..... |                       | 0                      |
| c Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 0                      |
| d Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| 12 Other reductions in balances due to elections or deemed elections .....                                                          | 0                     | 0                      |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                               | 33797                 | 0                      |

| Part III Funding Percentages                                                                                                                                        |    |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Funding target attainment percentage .....                                                                                                                       | 14 | 86.78 % |
| 15 Adjusted funding target attainment percentage .....                                                                                                              | 15 | 86.78 % |
| 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 | 93.87 % |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 07/11/2014                                                                        | 20000                             |                                 |                          |                                   |                                 |
| 10/14/2014                                                                        | 20000                             |                                 |                          |                                   |                                 |
| 06/02/2015                                                                        | 20000                             |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b)                             | 60000                           |
|                                                                                   |                                   |                                 |                          | 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                                                                 | 55669 |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |       |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |       |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |       |
| 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**

|                                                                                                                                                                                              |                       |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.23% | 2nd segment:<br>6.51% | 3rd segment:<br>7.16% | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                       | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                       |                                                     |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 50000              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 456888              | 34591              |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 84591              |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 33797               | 0                  | 33797         |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 50794              |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 55669              |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 4875               |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 4875               |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                |                                                                                                                                    |   |  |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                                    |   |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input checked="" type="checkbox"/> 15 years                                               |   |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 |   |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                                          | 0 |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                                          | 0 |  |

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

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

|                                                                                                               |                                                                    |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>DENVER TEAMSTERS LOCAL UNION 455- THE DENVER POST LLC EMPLOYEES' PENSION PLAN</u> | <b>B</b> Three-digit plan number (PN) <b>►</b> <u>008</u>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE DENVER POST LLC</u>                   | <b>D</b> Employer Identification Number (EIN)<br><u>84-1551911</u> |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

06-1050034

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

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

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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)

AON HEWITT

36-2235791

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 17                  | NONE                                                                                              | 25978                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SSA, P.C.

84-0676265

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 10463                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PRUDENTIAL RETIREMENT INS & ANNUITY

06-1050034

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     | NONE                                                                                              | 7625                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

BOGDAHN GROUP

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               | NONE                                                                                                     | 8500                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

BRYAN CAVE HRO

43-0602162

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29                            | NONE                                                                                                     | 13176                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

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

  

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

  

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                                                                     |                                  |
|---------------------------------------------------------------------|----------------------------------|
| <b>a</b> Name: SSP,PC                                               | <b>b</b> EIN: 84-0676265         |
| <b>c</b> Position: AUDITOR                                          |                                  |
| <b>d</b> Address: 3355 AMERICAN DRIVE<br>COLORADO SPRINGS, CO 80917 | <b>e</b> Telephone: 719-574-0100 |
|                                                                     |                                  |

Explanation: THE PLAN SPONSOR HAS MULTIPLE ERISA RETIREMENT PLANS. PREVIOUSLY, THE PLANS WERE AUDITED BY TWO DIFFERENT AUDIT FIRMS. WE DECIDED TO CONSOLIDATE THE AUDIT WORK FOR ALL PLANS WITH A SINGLE AUDIT FIRM.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

|                                                                                                               |                                                                            |            |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>DENVER TEAMSTERS LOCAL UNION 455- THE DENVER POST LLC EMPLOYEES' PENSION PLAN</u> | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>008</u> |
|                                                                                                               |                                                                            |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>THE DENVER POST LLC</u>            | <b>D</b> Employer Identification Number (EIN)<br><br><u>84-1551911</u>     |            |

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

|                                                                                                  |                               |                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DRYDEN S&amp;P 500 INDEX</u>                   |                               |                                                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS &amp; ANNUITY</u> |                               |                                                                                                                                                      |
| <b>c</b> EIN-PN <u>06-1050034-123</u>                                                            | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>829618</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP GROWTH/ARTISAN PARTNER</u>             |                               |                                                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS &amp; ANNUITY</u> |                               |                                                                                                                                                      |
| <b>c</b> EIN-PN <u>06-1050034-185</u>                                                            | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>876719</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL BLEND/LAZARD</u>                 |                               |                                                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS &amp; ANNUITY</u> |                               |                                                                                                                                                      |
| <b>c</b> EIN-PN <u>06-1050034-719</u>                                                            | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>563714</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE PLUS BOND/PIMCO FUND</u>                  |                               |                                                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS &amp; ANNUITY</u> |                               |                                                                                                                                                      |
| <b>c</b> EIN-PN <u>06-1050034-299</u>                                                            | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>987187</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL SHORT-TERM</u>                      |                               |                                                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS &amp; ANNUITY</u> |                               |                                                                                                                                                      |
| <b>c</b> EIN-PN <u>06-1050034-041</u>                                                            | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>34999</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                   |                               |                                                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a):                                                |                               |                                                                                                                                                      |
| <b>c</b> EIN-PN                                                                                  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                   |                               |                                                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a):                                                |                               |                                                                                                                                                      |
| <b>c</b> EIN-PN                                                                                  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                  |

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

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2013 or fiscal plan year beginning <u>10/01/2013</u> and ending <u>09/30/2014</u>                                                                                                                  |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>DENVER TEAMSTERS LOCAL UNION 455- THE DENVER POST LLC EMPLOYEES' PENSION PLAN</u>                                                                                                             |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>008</u>     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE DENVER POST LLC</u>                                                                                                                               |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><br><u>84-1551911</u>                    |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                 | <div style="display: flex; justify-content: space-between;"> <span><b>(a)</b> Beginning of Year</span> <span><b>(b)</b> End of Year</span> </div> |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                                                                                                                                                   |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                   |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 40000                                                                                                                                             |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                                                                                                                                                   |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                                                                                                                                                   |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                                                                   |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 100846                                                                                                                                            |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                                                                                                                                                   |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                   |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                                                                                                                                                   |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                                                                                                                                                   |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                                                                   |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                                                                                                                                                   |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                                                                                                                                                   |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                                                                                                                                                   |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                                                                                                                                                   |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                                                                                                                                                   |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                                                                                                                                                   |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                                                                                                                                                   |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 3233224                                                                                                                                           |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                                                                                                                                                   |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                                                                                                                                                   |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 |                                                                                                                                                   |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 |                                                                                                                                                   |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 | 3292237                                                                                                                                           |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 661                   |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 3334731               | 3332237         |

**Liabilities**

|                                                                           |           |      |      |
|---------------------------------------------------------------------------|-----------|------|------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |      |      |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 7893 | 7190 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |      |      |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |      |      |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 7893 | 7190 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 3326838 | 3325047 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 60000      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 60000     |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |  |   |
|------------------------------------------------------------------------------------------------------|-----------------|--|---|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |  |   |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |  |   |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |  |   |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |  |   |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |  |   |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |  |   |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |  | 0 |

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |  |   |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |  |   |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |  |   |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |  | 0 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                       |                 |  |   |
|-------------------------------------------------------------------------------------------------------|-----------------|--|---|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                    | <b>2b(5)(A)</b> |  |   |
| <b>(B)</b> Other .....                                                                                | <b>2b(5)(B)</b> |  |   |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | <b>2b(5)(C)</b> |  | 0 |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 208926    |
| (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 <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 268926    |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 183355 |        |
| (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) |        | 183355 |
| f Corrective distributions (see instructions).....                                  | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |        |        |
| h Interest expense.....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees.....                               | 2i(1) |        |        |
| (2) Contract administrator fees.....                                                | 2i(2) |        |        |
| (3) Investment advisory and management fees.....                                    | 2i(3) |        |        |
| (4) Other.....                                                                      | 2i(4) | 87362  |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 87362  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 270717 |

**Net Income and Reconciliation**

|                                                         |       |  |       |
|---------------------------------------------------------|-------|--|-------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | -1791 |
| 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: EKS&H LLLP

(2) EIN: 46-1497033

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

|                                                                                                                                                                                                                               | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |         |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               |     | X  |         |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 2000000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 2000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | X   |    |         |
| <b>4j</b>                                                                                                                                                                                                                     | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     | X  |         |
| <b>4n</b>                                                                                                                                                                                                                     |     | X  |         |

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

|                                                                                                               |                                                                    |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>DENVER TEAMSTERS LOCAL UNION 455- THE DENVER POST LLC EMPLOYEES' PENSION PLAN</u> | <b>B</b> Three-digit plan number (PN) ▶<br><u>008</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE DENVER POST LLC</u>                   | <b>D</b> Employer Identification Number (EIN)<br><u>84-1551911</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>22-1211670</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>0</u> |

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

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

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

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

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

## **INDEPENDENT AUDITORS' REPORT**

Plan Administrator, Committee, and Participants  
Denver Teamsters Local Union 455-The Denver Post Employees' Pension Plan  
Denver, Colorado

### **REPORT ON FINANCIAL STATEMENTS**

We were engaged to audit the accompanying financial statements of Denver Teamsters Local Union 455-The Denver Post Employees' Pension Plan (the "Plan"), which are comprised of the statements of net assets available for benefits as of September 30, 2014, and the related statement of changes in net assets available for benefits for the year ended September 30, 2014, 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 accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **AUDITORS' RESPONSIBILITY**

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. 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 information summarized in Note 2, which was certified by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of September 30, 2014, and for the year ended September 30, 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

## **DISCLAIMER OF OPINION**

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

## **OTHER MATTERS**

### Supplemental Schedules

The supplemental schedules as of and for the year ended September 30, 2014, which are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are 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 these supplemental schedules.

### Prior Year Auditors

The financial statements of the Plan as of and for the year ended September 30, 2013 were audited by other auditors. 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 the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated May 16, 2014, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were 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.

## **REPORT ON FORM AND CONTENT IN COMPLIANCE WITH THE 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 information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*EKS&H LLP*  
EKS&H LLP

July 1, 2015  
Denver, Colorado

**DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION PLAN**

**Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions  
as of September 30, 2014**

Employer Identification Number - 84-1551911

Plan Number - 008

| (a) Identity of Party<br>Involved | (b) Description of Asset   | (c) Purchase<br>Price | (d) Selling<br>Price | (g) Cost of<br>Asset | (h) Current<br>Value of Asset<br>on Transaction<br>Date | (i) Net Gain or<br>Loss |
|-----------------------------------|----------------------------|-----------------------|----------------------|----------------------|---------------------------------------------------------|-------------------------|
| Prudential                        | Prudential Short-Term Fund | \$ 205,013            | \$ -                 | \$ 205,013           | \$ 205,013                                              | \$ -                    |
| Prudential                        | Prudential Short-Term Fund | \$ -                  | \$ 270,901           | \$ 270,901           | \$ 270,901                                              | \$ -                    |

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and  
Amounts Used to Calculate AFTAP

The amount reported on line 15 matches the final 2013 specific AFTAP certified for the plan on October 17, 2014. This differs from the initial 2013 specific AFTAP of 83.30% certified on June 5, 2014. The initial certification was revised to reflect the Highway and Transportation Funding Act of 2014. The inputs used in each certification are outlined below:

|                                    | <b>Certification Date</b> |                         |
|------------------------------------|---------------------------|-------------------------|
|                                    | <b>June 5, 2014</b>       | <b>October 17, 2014</b> |
| Funding Target                     | \$ 3,601,297              | \$ 3,456,904            |
| Value of Plan Assets               | \$ 3,033,813              | \$ 3,033,813            |
| Funding Standard Carryover Balance | \$ 33,797                 | \$ 33,797               |
| Prefunding Balance                 | \$ 0                      | \$ 0                    |
| Annuities Purchased for NHCEs      | \$ 0                      | \$ 0                    |
| Security Posted                    | \$ 0                      | \$ 0                    |
| Certified AFTAP                    | 83.30%                    | 86.78%                  |

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2013

| <b>Date</b>        | <b>Amount</b> | <b>Days to<br/>Discount to<br/>10/1/2013 at<br/>6.70%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|---------------|-----------------------------------------------------------|-----------------------------------------------|
| July 11, 2014      | \$ 20,000     | 283                                                       | \$ 19,019                                     |
| October 14, 2014   | 20,000        | 378                                                       | 18,701                                        |
| June 2, 2015       | <u>20,000</u> | 609                                                       | <u>17,949</u>                                 |
| Total Contribution | \$ 60,000     |                                                           | \$ 55,669                                     |

**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 10/01/2013 and ending 09/30/2014▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>Denver Teamsters Union Local No. 455 The Denver Post EE's Pension Plan                                       | <b>B</b> Three-digit plan number (PN) ▶<br><br>008                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>The Denver Post LLC                                       | <b>D</b> Employer Identification Number (EIN)<br><br>84-1551911                                                                                         |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                |                            |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>10</u> Day <u>1</u> Year <u>2013</u>                                                                                                                               |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                               |                            |                    |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b>                  | 3,326,838          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b>                  | 3,033,813          |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                           | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <b>3a</b>                  | 38                 |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <b>3b</b>                  | 75                 |
| <b>c</b> For active participants:                                                                                                                                                                              |                            |                    |
| (1) Non-vested benefits .....                                                                                                                                                                                  | <b>3c(1)</b>               | 6,187              |
| (2) Vested benefits .....                                                                                                                                                                                      | <b>3c(2)</b>               | 319,700            |
| (3) Total active.....                                                                                                                                                                                          | <b>3c(3)</b>               | 22                 |
| <b>d</b> Total.....                                                                                                                                                                                            | <b>3d</b>                  | 135                |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                  |                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b>                   | 6.70 %             |
| <b>6</b> Target normal cost .....                                                                                                                                                                              | <b>6</b>                   | 50,000             |

**Statement by Enrolled Actuary**

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

|                               |                |                                        |            |
|-------------------------------|----------------|----------------------------------------|------------|
| <b>SIGN HERE</b>              | Scott H. Davis | <b>SHD</b>                             | 07/02/2015 |
| Signature of actuary          |                | Date                                   |            |
| Scott H. Davis                |                | 14-06506                               |            |
| Type or print name of actuary |                | Most recent enrollment number          |            |
| Hewitt Associates LLC         |                | (952) 886-8000                         |            |
| Firm name                     |                | Telephone number (including area code) |            |
| 5600 W 83rd Street            |                |                                        |            |
| 8200 Tower, Suite 1100        |                |                                        |            |
| Minneapolis                   |                | MN 55437                               |            |
| 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 78,680                | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 50,000                | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                      | 28,680                | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>17.84</u> % .....                                                      | 5,117                 |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 0                      |
| <b>b</b> Interest on (a) using prior year's effective interest rate of <u>7.06</u> % except as otherwise provided (see instructions) ..... |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                          | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....                                               | 33,797                | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 86.78 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 86.78 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 93.87 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/11/2014               | 20,000                            |                                 |                          |                                   |                                 |
| 10/14/2014               | 20,000                            |                                 |                          |                                   |                                 |
| 06/02/2015               | 20,000                            |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 60,000                            | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |        |
|-------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 55,669 |

**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**

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.23 % | 2nd segment:<br>6.51 % | 3rd segment:<br>7.16 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            |                   | <b>31a</b>          | 50,000        |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 |                   | 456,888             | 34,591        |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                   | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            |                   | <b>34</b>           | 84,591        |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 33,797            | 0                   | 33,797        |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   |                   | <b>36</b>           | 50,794        |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                   | <b>37</b>           | 55,669        |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                   | <b>38a</b>          | 4,875         |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 4,875         |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                   | <b>40</b>           | 0             |

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

|                                                                                                |  |                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |  |                                                                                                                                    |  |
| <b>a</b> Schedule elected .....                                                                |  | <input type="checkbox"/> 2 plus 7 years <input checked="" type="checkbox"/> 15 years                                               |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               |  | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 |  |
| <b>42</b> Amount of acceleration adjustment .....                                              |  | <b>42</b> 0                                                                                                                        |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... |  | <b>43</b> 0                                                                                                                        |  |

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and  
Amounts Used to Calculate AFTAP

The amount reported on line 15 matches the final 2013 specific AFTAP certified for the plan on October 17, 2014. This differs from the initial 2013 specific AFTAP of 83.30% certified on June 5, 2014. The initial certification was revised to reflect the Highway and Transportation Funding Act of 2014. The inputs used in each certification are outlined below:

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| Funding Standard Carryover Balance | \$ 33,797          | \$ 33,797        |
| Prefunding Balance                 | \$ 0               | \$ 0             |
| Annuities Purchased for NHCEs      | \$ 0               | \$ 0             |
| Security Posted                    | \$ 0               | \$ 0             |
| Certified AFTAP                    | 83.30%             | 86.78%           |

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2013

| <b>Date</b>        | <b>Amount</b> | <b>Days to<br/>Discount to<br/>10/1/2013 at<br/>6.70%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|---------------|-----------------------------------------------------------|-----------------------------------------------|
| July 11, 2014      | \$ 20,000     | 283                                                       | \$ 19,019                                     |
| October 14, 2014   | 20,000        | 378                                                       | 18,701                                        |
| June 2, 2015       | <u>20,000</u> | 609                                                       | <u>17,949</u>                                 |
| Total Contribution | \$ 60,000     |                                                           | \$ 55,669                                     |

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55.5             | 5.00%       | 1.0000        | 2.78                              |
| 56.5             | 5.00%       | 0.9500        | 2.68                              |
| 57.5             | 5.00%       | 0.9025        | 2.59                              |
| 58.5             | 5.00%       | 0.8574        | 2.51                              |
| 59.5             | 5.00%       | 0.8145        | 2.42                              |
| 60.5             | 10.00%      | 0.7738        | 4.68                              |
| 61.5             | 10.00%      | 0.6964        | 4.28                              |
| 62.5             | 50.00%      | 0.6268        | 19.59                             |
| 63.5             | 25.00%      | 0.3134        | 4.97                              |
| 64.5             | 25.00%      | 0.2350        | 3.79                              |
| 65               | 100.00%     | 0.1763        | 11.46                             |
| Weighted Average |             |               | 61.75                             |

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

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

For ERISA Requirements

|                                             |                                                                                                                                                                    |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month lookback (as of June 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA |
| 1st Segment Rate                            | 5.23%                                                                                                                                                              |
| 2nd Segment Rate                            | 6.51%                                                                                                                                                              |
| 3rd Segment Rate                            | 7.16%                                                                                                                                                              |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with a four-month lookback (as of June 2013), without regard to interest rate stabilization                                                 |
| 1st Segment Rate                            | 1.43%                                                                                                                                                              |
| 2nd Segment Rate                            | 4.10%                                                                                                                                                              |
| 3rd Segment Rate                            | 5.15%                                                                                                                                                              |
| Optional Payment Form Election Percentage   | 55% elect Single Life Annuity<br>30% elect 100% Joint and Survivor Annuity<br>10% elect 50% Joint and Survivor Annuity<br>5% elect 10-Year Certain and Life        |
| Retirement Age                              |                                                                                                                                                                    |
| Active Participants                         | See Table 1                                                                                                                                                        |
| Terminated Vested Participants              | See Table 2                                                                                                                                                        |
| Mortality Rates                             |                                                                                                                                                                    |
| Healthy and Disabled                        | 2013 static mortality table for annuitants and non-annuitants per Section 1.430(h)(3)-1(e)                                                                         |
| Withdrawal Rates                            | See Table 3                                                                                                                                                        |
| Disability Rates                            | See Table 4                                                                                                                                                        |
| Decrement Timing                            | Middle-of-year decrements with 100% retirement occurring at the beginning of the year                                                                              |
| Surviving Spouse Benefit                    | It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses                                |

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit Limits                                | Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Valuation of Plan Assets                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii)</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2011 Plan Year                                | Lesser of 7.50% and 3 <sup>rd</sup> Segment rate. Actual rate of 6.34%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2012 Plan Year                                | Lesser of 7.50% and 3 <sup>rd</sup> Segment rate. Actual rate of 7.50%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Trust Expenses Included in Target Normal Cost | The Target Normal Cost includes estimated administrative expenses (based on prior year's actual amounts) plus the estimated PBGC premiums for the current year. For 2013, this amount is \$50,000                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Actuarial Method                              | Standard unit credit cost method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Valuation Date                                | October 1, 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

Changes in ERISA Methods/Assumptions Since the Prior Year

**Method Changes**

There have been no method changes in the funding valuation since the prior year.

**Assumption Changes**

The funding valuation reflects the following prescribed assumption changes:

- A change in the interest rate assumption from segment rates as of June 2012 to segment rates as of June 2013, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor.
- A change in the mortality assumption from the 2012 static mortality table for annuitants and non-annuitants per Section 1.430(h)(3)-1(e) to the 2013 static mortality table for annuitants and non-annuitants per Section 1.430(h)(3)-1(e).

The funding valuation also reflects the following non-prescribed assumption changes to better reflect anticipated plan experience:

- A change in the optional form election rates from:  
60% Life Annuity, 5% Joint and 100% Survivor Annuity and 35% Joint and 50% Survivor Annuity to  
55% Life Annuity, 30% Joint and 100% Survivor Annuity, 10% Joint and 50% Survivor Annuity and  
5% 10-Year Certain and Life Annuity.
- A change in the benefit commencement rates for terminated vested participants age from 100% at  
age 65 to an age-related rate table ranging from age 60 to age 65.
- A change in the active retirement rates.

These changes did not reduce the funding shortfall and, as such, do not require Commissioner approval.

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

Table 1

**Retirement Rates—Active Participants**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 5.00%              |
| 56                | 5.00%              |
| 57                | 5.00%              |
| 58                | 5.00%              |
| 59                | 5.00%              |
| 60                | 10.00%             |
| 61                | 10.00%             |
| 62                | 50.00%             |
| 63                | 25.00%             |
| 64                | 25.00%             |
| 65+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
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Table 2

**Retirement Rates—Terminated Vested Participants**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 60                | 15.00%             |
| 61                | 15.00%             |
| 62                | 15.00%             |
| 63                | 15.00%             |
| 64                | 15.00%             |
| 65+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
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Table 2

**Withdrawal Rates<sup>1</sup>**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 33.44%      | 45         | 6.98%       |
| 16         | 33.44%      | 46         | 6.50%       |
| 17         | 33.44%      | 47         | 6.36%       |
| 18         | 33.44%      | 48         | 5.98%       |
| 19         | 33.44%      | 49         | 5.72%       |
| 20         | 33.44%      | 50         | 5.52%       |
| 21         | 31.90%      | 51         | 5.30%       |
| 22         | 30.14%      | 52         | 5.14%       |
| 23         | 28.18%      | 53         | 4.84%       |
| 24         | 26.04%      | 54         | 4.62%       |
| 25         | 24.14%      | 55         | 4.38%       |
| 26         | 22.42%      | 56         | 4.16%       |
| 27         | 20.70%      | 57         | 4.00%       |
| 28         | 19.28%      | 58         | 3.62%       |
| 29         | 18.22%      | 59         | 3.24%       |
| 30         | 17.20%      | 60         | 2.86%       |
| 31         | 16.26%      | 61         | 2.48%       |
| 32         | 15.32%      | 62         | 2.28%       |
| 33         | 14.40%      | 63         | 1.62%       |
| 34         | 13.50%      | 64         | 1.16%       |
| 35         | 12.70%      | 65         | 1.16%       |
| 36         | 11.94%      | 66         | 0.00%       |
| 37         | 11.22%      | 67         | 0.00%       |
| 38         | 10.62%      | 68         | 0.00%       |
| 39         | 10.04%      | 69         | 0.00%       |
| 40         | 9.46%       | 70+        | 0.00%       |
| 41         | 8.94%       |            |             |
| 42         | 8.44%       |            |             |
| 43         | 7.96%       |            |             |
| 44         | 7.48%       |            |             |

<sup>1</sup> All active employees are full time.

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
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Table 3

**Disability Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 0.070%      | 45         | 0.162%      |
| 16         | 0.070%      | 46         | 0.176%      |
| 17         | 0.070%      | 47         | 0.191%      |
| 18         | 0.070%      | 48         | 0.207%      |
| 19         | 0.070%      | 49         | 0.223%      |
| 20         | 0.070%      | 50         | 0.240%      |
| 21         | 0.071%      | 51         | 0.260%      |
| 22         | 0.072%      | 52         | 0.286%      |
| 23         | 0.073%      | 53         | 0.318%      |
| 24         | 0.074%      | 54         | 0.356%      |
| 25         | 0.075%      | 55         | 0.400%      |
| 26         | 0.076%      | 56         | 0.459%      |
| 27         | 0.078%      | 57         | 0.534%      |
| 28         | 0.080%      | 58         | 0.610%      |
| 29         | 0.082%      | 59         | 0.720%      |
| 30         | 0.084%      | 60         | 0.843%      |
| 31         | 0.086%      | 61         | 0.975%      |
| 32         | 0.088%      | 62         | 1.130%      |
| 33         | 0.090%      | 63         | 1.305%      |
| 34         | 0.093%      | 64         | 1.490%      |
| 35         | 0.096%      | 65         | 1.710%      |
| 36         | 0.099%      | 66         | 1.950%      |
| 37         | 0.103%      | 67         | 2.210%      |
| 38         | 0.107%      | 68         | 2.490%      |
| 39         | 0.111%      | 69         | 2.790%      |
| 40         | 0.115%      | 70+        | 3.110%      |
| 41         | 0.120%      |            |             |
| 42         | 0.127%      |            |             |
| 43         | 0.136%      |            |             |
| 44         | 0.148%      |            |             |

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
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Schedule SB, Part V—Summary of Plan Provisions

| Effective Date         | October 1, 1964, most recently amended effective October 1, 2013                                                                                                                                                                                                                                                                                                                                                                                                   |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|---------|---------|--------|-------|--------|-------|--------|-------|--------|-------|---------------------|-------|
| Eligibility            | <p>Any person in active employment of the employer prior to October 1, 2005 who is included in the collective-bargaining unit of Denver Teamsters' Union Local No. 455</p> <p>No new participants may enter the plan after September 30, 2005</p>                                                                                                                                                                                                                  |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| Employer Contributions | <p>Employer contributions are made for each hour worked. The table below summarizes the most recent history of employer contributions</p> <table><tr><th>Effective Date</th><th>Rate Per Hour</th></tr><tr><td>10/1986</td><td>\$0.625</td></tr><tr><td>6/2001</td><td>1.000</td></tr><tr><td>1/2002</td><td>1.100</td></tr><tr><td>1/2003</td><td>1.200</td></tr><tr><td>7/2004</td><td>1.400</td></tr><tr><td>7/2005<sup>1</sup></td><td>1.550</td></tr></table> | Effective Date | Rate Per Hour | 10/1986 | \$0.625 | 6/2001 | 1.000 | 1/2002 | 1.100 | 1/2003 | 1.200 | 7/2004 | 1.400 | 7/2005 <sup>1</sup> | 1.550 |
| Effective Date         | Rate Per Hour                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| 10/1986                | \$0.625                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| 6/2001                 | 1.000                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| 1/2002                 | 1.100                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| 1/2003                 | 1.200                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| 7/2004                 | 1.400                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| 7/2005 <sup>1</sup>    | 1.550                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| Normal Retirement      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| Eligibility            | Age 65                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| Benefit                | <p>A monthly income payable for life equal to \$50 per year of benefit service, plus the actuarial equivalent of the severance benefit</p> <p>Benefits are frozen as of September 30, 2005</p>                                                                                                                                                                                                                                                                     |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| Early Retirement       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| Eligibility            | Age 55 and five years of vesting service                                                                                                                                                                                                                                                                                                                                                                                                                           |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| Benefit                | The monthly benefit is determined same as normal retirement considering benefit service prior to actual retirement. If payment commences prior to age 65, benefits are reduced by 0.25% for each month by which payment begins before age 65                                                                                                                                                                                                                       |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

Disability Retirement  
Eligibility

Five years of vesting service

Benefit

Benefit commencing six months after disability equal to the larger of 50% of the accrued benefit, or the actuarial equivalent of the accrued benefit

Preretirement Death Benefit

Non-vested participants and participants with no spouse who have earned one year of benefit service or more shall have a lump-sum benefit payable to their beneficiary equal to \$200 times years of benefit service

The spouse of a married participant who meets the eligibility requirements for vesting in the plan will receive a monthly benefit equal to 50% of the accrued benefit at the participant's date of death, payable at the participant's earliest retirement date, and unreduced for early retirement

Form of Retirement Benefit  
Normal

The normal form of benefit is a Life Annuity. Participants who are married at their normal retirement date will receive a reduced benefit payable in the form of a qualified Joint and 50% Survivor Annuity unless an alternate form annuity is elected

Optional

Ten-year Certain and Life Annuity, 50%, 75%, or 100% Joint and Survivor Annuities

Definitions  
Actuarial Equivalence

Equivalence in value between two or more methods of payment

For payments other than lump sums, actuarial equivalence shall be based on interest rate of 6.5% per annum, compounded annually, and the 1994 GAR Mortality Table in Revenue Ruling 2001-62

Lump-sum payments are based on IRC section 417(e) mortality and interest rates

Plan Year

October 1 to September 30

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

Vesting

Participants are 100% vested in their accrued benefit after completion of five years of service

If a participant terminates after earning one year of benefit service, participant shall receive a severance benefit equal to \$400 times years of benefit service earned October 1, 1964 through March 23, 2001

Years of Benefit Service

A plan year prior to October 1, 2005 in which an employee completes 1,000 hours, with partial credit at the rate of 1/10th year for each 100 hours worked. Benefit service is frozen effective October 1, 2005

Years of Vesting

A plan year in which an employee completes 500 hours, with partial credit at the rate of 1/10th year for each 100 hours worked

Plan Changes Since the Prior Year

The funding and plan reporting valuations reflect the following plan change.

- A change in the mortality and interest basis for lump-sum payments under IRC Section 417(e)(3) to the applicable rates for the current plan year.

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

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

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes to better reflect anticipated plan experience:

- A change in the optional form election rates from:  
60% Life Annuity, 5% Joint and 100% Survivor Annuity and 35% Joint and 50% Survivor Annuity to  
55% Life Annuity, 30% Joint and 100% Survivor Annuity, 10% Joint and 50% Survivor Annuity and  
5% 10-Year Certain and Life Annuity.
- A change in the benefit commencement rates for terminated vested participants age from 100% at  
age 65 to an age-related rate table ranging from age 60 to age 65.
- A change in the active retirement rates.

These changes did not reduce the funding shortfall and, as such, do not require Commissioner approval.

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

Schedule SB, line 26—Schedule of Active Participant Data as of October 1, 2013

| Attained<br>Age | Number of Participants    |     |     |       |       |       |       |       |       |     |
|-----------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|                 | Years of Credited Service |     |     |       |       |       |       |       |       |     |
|                 | <1                        | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25             |                           |     |     |       |       |       |       |       |       |     |
| 25-29           |                           |     |     |       |       |       |       |       |       |     |
| 30-34           |                           | 1   |     |       |       |       |       |       |       |     |
| 35-39           |                           |     | 2   |       |       |       |       |       |       |     |
| 40-44           |                           | 1   | 1   |       |       |       |       |       |       |     |
| 45-49           | 1                         | 5   | 1   |       |       |       |       |       |       |     |
| 50-54           |                           |     | 2   |       |       |       |       |       |       |     |
| 55-59           |                           | 2   | 3   |       |       |       |       |       |       |     |
| 60-64           |                           |     | 1   |       |       |       |       |       |       |     |
| 65-69           |                           |     |     |       |       |       |       |       |       |     |
| 70+             |                           |     | 2   |       |       |       |       |       |       |     |

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Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

Schedule SB, line 32—Schedule of Amortization Bases

| Type of<br>Base | Present Value<br>of Installment | Date<br>Established | Years<br>Remaining | Amortization<br>Installment |
|-----------------|---------------------------------|---------------------|--------------------|-----------------------------|
| Shortfall       | \$ 571,878                      | October 1, 2011     | 13                 | \$ 61,782                   |
| Shortfall       | \$ (357,382)                    | October 1, 2012     | 6                  | \$ (67,987)                 |
| Shortfall       | \$ 242,392                      | October 1, 2013     | 7                  | \$ 40,796                   |

**DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION  
PLAN**

**Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of September 30, 2014**

Employer Identification Number - 84-1551911

Plan Number - 008

| <u>(a)</u> | <u>(b) Identity of Issue,<br/>Borrower, Lessor, or<br/>Similar Party</u> | <u>(c) Description of Investment,<br/>Including Maturity Date, Rate of<br/>Interest, Collateral, Par, or Maturity<br/>Value</u> | <u>(d) Cost</u>     | <u>(e) Current<br/>Value</u> |
|------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------|
|            | Pooled separate accounts                                                 |                                                                                                                                 |                     |                              |
| *          | Prudential                                                               | Core Plus Bond PIMCO Fund                                                                                                       | \$ 967,497          | \$ 987,187                   |
| *          | Prudential                                                               | Mid Cap Growth Artisan Partners<br>Fund                                                                                         | 782,835             | 876,719                      |
| *          | Prudential                                                               | Dryden S&P 500 Index                                                                                                            | 712,937             | 829,618                      |
| *          | Prudential                                                               | International Blend Lazard Fund                                                                                                 | 589,854             | 563,714                      |
| *          | Prudential                                                               | Prudential Short-Term Fund                                                                                                      | <u>34,999</u>       | <u>34,999</u>                |
|            |                                                                          |                                                                                                                                 | <u>\$ 3,088,122</u> | <u>\$ 3,292,237</u>          |

\* Party-in-interest

**DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION  
PLAN**

**Financial Statements  
and  
Independent Auditors' Report  
September 30, 2014 and 2013**

**EKS&H**  
AUDIT | TAX | CONSULTING

**DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION  
PLAN**

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## **INDEPENDENT AUDITORS' REPORT**

Plan Administrator, Committee, and Participants  
Denver Teamsters Local Union 455-The Denver Post Employees' Pension Plan  
Denver, Colorado

### **REPORT ON FINANCIAL STATEMENTS**

We were engaged to audit the accompanying financial statements of Denver Teamsters Local Union 455-The Denver Post Employees' Pension Plan (the "Plan"), which are comprised of the statements of net assets available for benefits as of September 30, 2014, and the related statement of changes in net assets available for benefits for the year ended September 30, 2014, 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 accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **AUDITORS' RESPONSIBILITY**

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. 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 information summarized in Note 2, which was certified by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of September 30, 2014, and for the year ended September 30, 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

## **DISCLAIMER OF OPINION**

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

## **OTHER MATTERS**

### Supplemental Schedules

The supplemental schedules as of and for the year ended September 30, 2014, which are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are 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 these supplemental schedules.

### Prior Year Auditors

The financial statements of the Plan as of and for the year ended September 30, 2013 were audited by other auditors. 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 the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated May 16, 2014, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were 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.

## **REPORT ON FORM AND CONTENT IN COMPLIANCE WITH THE 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 information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*EKS&H LLLP*  
EKS&H LLLP

July 1, 2015  
Denver, Colorado

**DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION  
PLAN**

**Statements of Net Assets Available for Benefits**

|                                   | <u>September 30,</u> |                     |
|-----------------------------------|----------------------|---------------------|
|                                   | <u>2014</u>          | <u>2013</u>         |
| <b>Assets</b>                     |                      |                     |
| Investments at fair value         |                      |                     |
| Pooled separate accounts          | \$ 3,292,237         | \$ 3,334,070        |
| Employer contributions receivable | 40,000               | -                   |
| Prepaid expenses                  | <u>-</u>             | <u>661</u>          |
| Total assets                      | 3,332,237            | 3,334,731           |
| <b>Liabilities and Net Assets</b> |                      |                     |
| Accounts payable                  | <u>7,190</u>         | <u>7,893</u>        |
| Net assets available for benefits | <u>\$ 3,325,047</u>  | <u>\$ 3,326,838</u> |

See notes to financial statements.

**DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION  
PLAN**

**Statements of Changes in Net Assets Available for Benefits  
For the Years Ended September 30, 2014 and 2013**

|                                          | For the Years Ended<br>September 30, |                     |
|------------------------------------------|--------------------------------------|---------------------|
|                                          | <u>2014</u>                          | <u>2013</u>         |
| Additions                                |                                      |                     |
| Investment income                        |                                      |                     |
| Net appreciation in fair value of assets | \$ 171,886                           | \$ 469,776          |
| Interest and dividend income             | <u>37,040</u>                        | <u>52,270</u>       |
| Total investment income                  | 208,926                              | 522,046             |
| Contributions                            |                                      |                     |
| Employer contributions                   | <u>60,000</u>                        | <u>-</u>            |
| Total additions                          | <u>268,926</u>                       | <u>522,046</u>      |
| Deductions from net assets               |                                      |                     |
| Benefits paid to participants            | 183,355                              | 189,361             |
| Administrative fees                      | <u>87,362</u>                        | <u>60,650</u>       |
| Total deductions from net assets         | <u>270,717</u>                       | <u>250,011</u>      |
| Net (decrease) increase                  | (1,791)                              | 272,035             |
| Net assets available for benefits        |                                      |                     |
| Beginning of year                        | <u>3,326,838</u>                     | <u>3,054,803</u>    |
| End of year                              | <u>\$ 3,325,047</u>                  | <u>\$ 3,326,838</u> |

See notes to financial statements.

# DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION PLAN

## Notes to Financial Statements

### **Note 1 - Description of the Plan and Significant Accounting Policies**

The following description of Denver Teamsters Local Union 455-The Denver Post Employees' Pension Plan (the "Plan") provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan's provisions.

#### **General**

The Plan is a collectively-bargained, single-employer defined benefit plan established October 1, 1964 under an agreement, as amended, by and between the Denver Post, LLC (the "Company") and the Denver Teamsters Local Union 455 to provide pension, disability, and death benefits to eligible employees with qualifying years of credited service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

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

Effective October 1, 2005, the Plan was frozen. Current participants will not accrue benefit credits but will continue to accrue vesting credits.

#### **Funding Policy**

The Plan is funded by employer contributions based on the formulas set forth in the collective bargaining agreement for each shift worked. The Plan has met minimum funding requirements of ERISA for the Plan years ended September 30, 2014 and 2013.

The funding target attainment percentage is obtained by dividing the Plan's net plan assets by the plan liabilities on the valuation date. The funding target attainment percentage was 93.87 percent at October 1, 2013 and 85.16 percent at October 1, 2012.

Contributions to the Plan are based on actuarial determinations provided by the Plan's actuary. All contributions are made by the Company in cash in amounts adequate to meet the minimum funding requirement of ERISA. Contributions of \$60,000 were made to the Plan for the year ended September 30, 2014.

#### **Vesting and Payment of Benefits**

A participant who has completed five years of vesting service or who has attained age 65 while employed is fully vested and is entitled to receive benefits upon retirement based upon length of employment, as provided by the Plan. Participants earn one year of vesting service for each calendar year in which a participant is credited with at least 1,000 hours of service. A participant who terminates employment after achieving vested status is entitled to a deferred vested benefit. Payments of the deferred benefit begin at the participant's normal retirement date and consist of all benefits accrued prior to termination. If a vested participant chooses, the participant may receive his or her deferred vested benefit in a reduced amount commencing on or after age 55.

# DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION PLAN

## Notes to Financial Statements

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

#### **Vesting and Payment of Benefits (continued)**

The normal retirement date is the first day of the month coinciding with or following the participant's 65th birthday. A vested participant may terminate employment and commence receiving a reduced benefit on the first day of any month on or after age 55. The pension formula for the benefit payable at normal retirement date (in the form of a life annuity) is equal to a dollar amount dependent upon the participant's termination date, as described more fully in the following paragraphs, multiplied by the number of years of benefit service.

During 2000, the Plan was amended to provide for varying pension benefit formula dollar amounts based on employment termination dates. For participants whose employment terminated prior to October 1, 1997, the monthly dollar amount is \$30 times the participant's years of benefit service. For participants whose employment terminated between October 1, 1997 and September 30, 2000, the amount is \$35. For participants whose employment terminated on or after October 1, 2000, the monthly dollar amount is \$50 times the participant's years of benefit service.

A married vested participant is eligible for the Pre-Retirement Surviving Spouse's Annuity Option, under which there is a monthly death benefit payable to the participant's spouse for life equal to half of the participant's benefit as if the participant had retired under the 50% Joint and Survivor Annuity and terminated on the day preceding the participant's death. This benefit is payable to the surviving spouse beginning on the participant's earliest possible early retirement date following the death of the employee.

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

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

Benefit payments to participants are recorded when paid.

# DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION PLAN

## Notes to Financial Statements

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

#### Plan Termination

Although the Company has not expressed any intention to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA. In the event the Plan terminates, assets would be set aside first for the payment of benefits to retirees and then for all other participants. The Pension Benefit Guaranty Corporation guarantees the payment of all non-forfeitable (vested) benefits subject to certain limitations prescribed by ERISA.

#### Valuation of Investments and Income Recognition

The Plan's investments are reported at fair value as reported to the Plan by the trustee. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for fair value measurements.

The investments of the Plan are comprised of pooled separate accounts, which are stated at fair value.

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

#### Use of Estimates

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

#### Risks and Uncertainties

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

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

**DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION  
PLAN**

**Notes to Financial Statements**

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

**Subsequent Events**

The Plan has evaluated all subsequent events through the auditors' report date, which is the date the financial statements were available for issuance.

Effective October 1, 2014, the Plan was amended and restated in its entirety to comply with applicable federal laws and make other changes.

**Note 2 - Assets Certified by the Trustee**

Prudential has certified in writing to the Plan administrator that the stated amounts for investments at fair value as of September 30, 2014 and 2013 and the income earned or losses incurred on the investments for the years ended September 30, 2014 and 2013, as reflected in the accompanying financial statements, the supplemental schedule of assets (held at end of year), and the schedule of reportable transactions, are complete and accurate.

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

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

|                                      | <u>September 30,</u> |             |
|--------------------------------------|----------------------|-------------|
|                                      | <u>2014</u>          | <u>2013</u> |
| Core Plus Bond PIMCO Fund            | \$ 987,187           | \$ 980,584  |
| Mid Cap Growth Artisan Partners Fund | \$ 876,719           | \$ 870,775  |
| Dryden S&P 500 Index                 | \$ 829,618           | \$ 787,980  |
| International Blend Lazard Fund      | \$ 563,714           | \$ 593,885  |

# DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION PLAN

## Notes to Financial Statements

### **Note 3 - Fair Value Accounting**

Generally accepted accounting principles ("GAAP") requires disclosure about how fair value is determined and establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets measured at fair value on a recurring basis as of September 30, 2014 and 2013.

Assets at fair value as of September 30, 2014 are as follows:

| <u>Description</u>             | <u>Level 1</u> | <u>Level 2</u>      | <u>Level 3</u> | <u>Total</u>        |
|--------------------------------|----------------|---------------------|----------------|---------------------|
| Pooled separate accounts       |                |                     |                | -                   |
| Fixed-income funds (a)         | \$ -           | \$ 34,999           | \$ -           | \$ 34,999           |
| Large-capital funds (b)        | -              | 829,618             | -              | 829,618             |
| Mid-capital funds (c)          | -              | 876,719             | -              | 876,719             |
| International funds (d)        | -              | 563,714             | -              | 563,714             |
| Investment income funds (e)    | -              | 987,187             | -              | 987,187             |
| Total pooled separate accounts | <u>\$ -</u>    | <u>\$ 3,292,237</u> | <u>\$ -</u>    | <u>\$ 3,292,237</u> |

# DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION PLAN

## Notes to Financial Statements

### **Note 3 - Fair Value Accounting (continued)**

Assets at fair value as of September 30, 2013 are as follows:

| <u>Description</u>             | <u>Level 1</u> | <u>Level 2</u>      | <u>Level 3</u> | <u>Total</u>        |
|--------------------------------|----------------|---------------------|----------------|---------------------|
| Pooled separate accounts       |                |                     |                | -                   |
| Fixed-income funds (a)         | \$ -           | \$ 100,846          | \$ -           | \$ 100,846          |
| Large-capital funds (b)        | -              | 787,980             | -              | 787,980             |
| Mid-capital funds (c)          | -              | 870,775             | -              | 870,775             |
| International funds (d)        | -              | 593,885             | -              | 593,885             |
| Income funds (e)               | -              | 980,584             | -              | 980,584             |
| Total pooled separate accounts | <u>\$ -</u>    | <u>\$ 3,334,070</u> | <u>\$ -</u>    | <u>\$ 3,334,070</u> |

- (a) Fixed-income funds seek to preserve capital by investing in a short-term diversified portfolio of fixed-income securities along with preservation of capital and prudent investment management.
- (b) Large-capital funds seek long-term growth of capital by investing primarily in equity and equity-related securities of large companies believed to be strategically positioned for consistent long-term growth and to provide long-term growth of capital and, secondarily, to increase dividend income by investing primarily in common stocks of well-established growth companies.
- (c) Mid-capital funds seek to provide long-term total returns while managing portfolio risk.
- (d) International funds seek to invest primarily in non-U.S. mid- to large-capitalization stocks.
- (e) Income funds seek to maximize dividend and interest income rather than increase in value.

The Plan's investments in pooled separate accounts ("separate accounts") are recorded at net asset value ("NAV") reported by the funds' managers as a practical expedient to estimating the fair value, as these investments do not have readily determinable fair values. Due to the nature of the investments held by the separate accounts, changes in market conditions and the economic environment may significantly impact the NAV of the separate accounts, and, consequently, fair values of the funds' interest in the funds. The fair value of these investments is measured using the NAV per share of the Plan's ownership interest in separate accounts on an equivalent measure where it is not probable that the fund will sell a separate account at a price other than NAV. The separate accounts are redeemable daily and have a one-day notice period.

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

There were no changes to the valuation techniques used during the years ended September 30, 2014 and 2013.

# **DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION PLAN**

## **Notes to Financial Statements**

### **Note 3 - Fair Value Accounting (continued)**

The Plan's management reaffirms its understanding of the valuation techniques used by its pricing services at least annually.

### **Note 4 - Income Taxes**

The Plan obtained its latest determination letter on August 20, 2014 under 501(c)(9) of the Internal Revenue Code ("IRC") in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan continues to be operated and administered in compliance with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of September 30, 2014 and 2013 there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **Note 5 - Administration of the Plan**

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

### **Note 6 - Party-in-Interest Transactions**

Plan investments include pooled separate accounts managed by Prudential. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

### **Note 7 - Accumulated Plan Benefits**

The Plan's actuary, Aon Hewitt ("Hewitt"), estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

# DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION PLAN

## Notes to Financial Statements

### **Note 7 - Accumulated Plan Benefits (continued)**

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries and present employees or their beneficiaries are based on varying pension benefit formulas, as outlined in the Plan. Benefits payable under all circumstances (retirement, death, disability, or termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial valuation was performed as of October 1, 2013 and 2012. Had the valuation been performed as of September 30, 2013 and 2012, there would be no material difference.

The following table sets forth the accumulated plan benefits:

|                                                            | <u>September 30,</u> |                     |
|------------------------------------------------------------|----------------------|---------------------|
|                                                            | <u>2013</u>          | <u>2012</u>         |
| Actuarial present value of accumulated plan benefits       |                      |                     |
| Vested benefits                                            |                      |                     |
| Participants currently receiving benefits                  | \$ 1,713,733         | \$ 1,509,280        |
| Vested benefits for other participants                     | <u>1,417,835</u>     | <u>1,411,735</u>    |
| Total vested benefits                                      | 3,131,568            | 2,921,015           |
| Non-vested benefits                                        | <u>5,593</u>         | <u>4,832</u>        |
| Total actuarial present value of accumulated plan benefits | <u>\$ 3,137,161</u>  | <u>\$ 2,925,847</u> |

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

|                                                                            |                     |
|----------------------------------------------------------------------------|---------------------|
| Actuarial present value of accumulated plan benefits as of October 1, 2012 | \$ 2,925,847        |
| Increase (decrease) during the year attributable to                        |                     |
| Interest accumulation                                                      | 212,466             |
| Assumption changes (1)                                                     | 74,962              |
| Other changes (2)                                                          | 113,247             |
| Benefit payments                                                           | <u>(189,361)</u>    |
| Actuarial present value of accumulated plan benefits as of October 1, 2013 | <u>\$ 3,137,161</u> |

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

**DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION PLAN**

**Notes to Financial Statements**

**Note 7 - Accumulated Plan Benefits (continued)**

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

The significant actuarial assumptions used by Hewitt in its October 1, 2013 and 2012 calculations are as follows:

|                                       |                                                                                                                                               |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Assumed rate of return on investments | 7.50% (2013 and 2012)                                                                                                                         |
| Probability of retirement             | 5% at age 55, 2% at ages 56-61, 25% at age 62, 10% at ages 63-64, and 100% at ages 65+ (2013 and 2012)                                        |
| Mortality basis                       | 2013 Static Mortality Table for Annuitants and Non-Annuitants (2013) and 2012 Static Mortality Table for Annuitants and Non-Annuitants (2012) |
| Actuarial cost method                 | Standard Unit Credit Cost Method (2013 and 2012)                                                                                              |
| Compensation increase                 | Salary scale and valuation compensation assumptions no longer apply, as benefits were frozen effective September 30, 2012. 2.00% (2012).      |
| Benefit commencement rates            | Terminated vested participants age from 100% at age 62 to an age-related rate table ranging from age 55 to age 62                             |

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

## **SUPPLEMENTAL SCHEDULES**

**DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION  
PLAN**

**Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of September 30, 2014**

Employer Identification Number - 84-1551911

Plan Number - 008

| <u>(a)</u> | <u>(b) Identity of Issue,<br/>Borrower, Lessor, or<br/>Similar Party</u> | <u>(c) Description of Investment,<br/>Including Maturity Date, Rate of<br/>Interest, Collateral, Par, or Maturity<br/>Value</u> | <u>(d) Cost</u>     | <u>(e) Current<br/>Value</u> |
|------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------|
|            | Pooled separate accounts                                                 |                                                                                                                                 |                     |                              |
| *          | Prudential                                                               | Core Plus Bond PIMCO Fund                                                                                                       | \$ 967,497          | \$ 987,187                   |
| *          | Prudential                                                               | Mid Cap Growth Artisan Partners<br>Fund                                                                                         | 782,835             | 876,719                      |
| *          | Prudential                                                               | Dryden S&P 500 Index                                                                                                            | 712,937             | 829,618                      |
| *          | Prudential                                                               | International Blend Lazard Fund                                                                                                 | 589,854             | 563,714                      |
| *          | Prudential                                                               | Prudential Short-Term Fund                                                                                                      | <u>34,999</u>       | <u>34,999</u>                |
|            |                                                                          |                                                                                                                                 | <u>\$ 3,088,122</u> | <u>\$ 3,292,237</u>          |

\* Party-in-interest

**DENVER TEAMSTERS LOCAL UNION 455-THE DENVER POST EMPLOYEES' PENSION PLAN**

**Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions  
as of September 30, 2014**

Employer Identification Number - 84-1551911

Plan Number - 008

| <u>(a) Identity of Party<br/>Involved</u> | <u>(b) Description of Asset</u> | <u>(c) Purchase<br/>Price</u> | <u>(d) Selling<br/>Price</u> | <u>(g) Cost of<br/>Asset</u> | <u>(h) Current<br/>Value of Asset<br/>on Transaction<br/>Date</u> | <u>(i) Net Gain or<br/>Loss</u> |
|-------------------------------------------|---------------------------------|-------------------------------|------------------------------|------------------------------|-------------------------------------------------------------------|---------------------------------|
| Prudential                                | Prudential Short-Term Fund      | \$ 205,013                    | \$ -                         | \$ 205,013                   | \$ 205,013                                                        | \$ -                            |
| Prudential                                | Prudential Short-Term Fund      | \$ -                          | \$ 270,901                   | \$ 270,901                   | \$ 270,901                                                        | \$ -                            |

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

Schedule SB, line 26—Schedule of Active Participant Data as of October 1, 2013

| Attained<br>Age | Number of Participants    |     |     |       |       |       |       |       |       |     |
|-----------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|                 | Years of Credited Service |     |     |       |       |       |       |       |       |     |
|                 | <1                        | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25             |                           |     |     |       |       |       |       |       |       |     |
| 25-29           |                           |     |     |       |       |       |       |       |       |     |
| 30-34           |                           | 1   |     |       |       |       |       |       |       |     |
| 35-39           |                           |     | 2   |       |       |       |       |       |       |     |
| 40-44           |                           | 1   | 1   |       |       |       |       |       |       |     |
| 45-49           | 1                         | 5   | 1   |       |       |       |       |       |       |     |
| 50-54           |                           |     | 2   |       |       |       |       |       |       |     |
| 55-59           |                           | 2   | 3   |       |       |       |       |       |       |     |
| 60-64           |                           |     | 1   |       |       |       |       |       |       |     |
| 65-69           |                           |     |     |       |       |       |       |       |       |     |
| 70+             |                           |     | 2   |       |       |       |       |       |       |     |

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Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes to better reflect anticipated plan experience:

- A change in the optional form election rates from:  
60% Life Annuity, 5% Joint and 100% Survivor Annuity and 35% Joint and 50% Survivor Annuity to  
55% Life Annuity, 30% Joint and 100% Survivor Annuity, 10% Joint and 50% Survivor Annuity and  
5% 10-Year Certain and Life Annuity.
- A change in the benefit commencement rates for terminated vested participants age from 100% at  
age 65 to an age-related rate table ranging from age 60 to age 65.
- A change in the active retirement rates.

These changes did not reduce the funding shortfall and, as such, do not require Commissioner approval.

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

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

For ERISA Requirements

|                                             |                                                                                                                                                                    |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month lookback (as of June 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA |
| 1st Segment Rate                            | 5.23%                                                                                                                                                              |
| 2nd Segment Rate                            | 6.51%                                                                                                                                                              |
| 3rd Segment Rate                            | 7.16%                                                                                                                                                              |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with a four-month lookback (as of June 2013), without regard to interest rate stabilization                                                 |
| 1st Segment Rate                            | 1.43%                                                                                                                                                              |
| 2nd Segment Rate                            | 4.10%                                                                                                                                                              |
| 3rd Segment Rate                            | 5.15%                                                                                                                                                              |
| Optional Payment Form Election Percentage   | 55% elect Single Life Annuity<br>30% elect 100% Joint and Survivor Annuity<br>10% elect 50% Joint and Survivor Annuity<br>5% elect 10-Year Certain and Life        |
| Retirement Age                              |                                                                                                                                                                    |
| Active Participants                         | See Table 1                                                                                                                                                        |
| Terminated Vested Participants              | See Table 2                                                                                                                                                        |
| Mortality Rates                             |                                                                                                                                                                    |
| Healthy and Disabled                        | 2013 static mortality table for annuitants and non-annuitants per Section 1.430(h)(3)-1(e)                                                                         |
| Withdrawal Rates                            | See Table 3                                                                                                                                                        |
| Disability Rates                            | See Table 4                                                                                                                                                        |
| Decrement Timing                            | Middle-of-year decrements with 100% retirement occurring at the beginning of the year                                                                              |
| Surviving Spouse Benefit                    | It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses                                |

Schedule SB Attachment (Form 5500)—2013 Plan Year Denver  
Teamsters' Union Local 455 The Denver Post Employees' Pension Plan  
EIN: 84-1551911 PN: 008

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit Limits                                | Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Valuation of Plan Assets                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii)</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2011 Plan Year                                | Lesser of 7.50% and 3 <sup>rd</sup> Segment rate. Actual rate of 6.34%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2012 Plan Year                                | Lesser of 7.50% and 3 <sup>rd</sup> Segment rate. Actual rate of 7.50%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Trust Expenses Included in Target Normal Cost | The Target Normal Cost includes estimated administrative expenses (based on prior year's actual amounts) plus the estimated PBGC premiums for the current year. For 2013, this amount is \$50,000                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Actuarial Method                              | Standard unit credit cost method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Valuation Date                                | October 1, 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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Changes in ERISA Methods/Assumptions Since the Prior Year

**Method Changes**

There have been no method changes in the funding valuation since the prior year.

**Assumption Changes**

The funding valuation reflects the following prescribed assumption changes:

- A change in the interest rate assumption from segment rates as of June 2012 to segment rates as of June 2013, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor.
- A change in the mortality assumption from the 2012 static mortality table for annuitants and non-annuitants per Section 1.430(h)(3)-1(e) to the 2013 static mortality table for annuitants and non-annuitants per Section 1.430(h)(3)-1(e).

The funding valuation also reflects the following non-prescribed assumption changes to better reflect anticipated plan experience:

- A change in the optional form election rates from:  
60% Life Annuity, 5% Joint and 100% Survivor Annuity and 35% Joint and 50% Survivor Annuity to  
55% Life Annuity, 30% Joint and 100% Survivor Annuity, 10% Joint and 50% Survivor Annuity and  
5% 10-Year Certain and Life Annuity.
- A change in the benefit commencement rates for terminated vested participants age from 100% at  
age 65 to an age-related rate table ranging from age 60 to age 65.
- A change in the active retirement rates.

These changes did not reduce the funding shortfall and, as such, do not require Commissioner approval.

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Table 1

**Retirement Rates—Active Participants**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 5.00%              |
| 56                | 5.00%              |
| 57                | 5.00%              |
| 58                | 5.00%              |
| 59                | 5.00%              |
| 60                | 10.00%             |
| 61                | 10.00%             |
| 62                | 50.00%             |
| 63                | 25.00%             |
| 64                | 25.00%             |
| 65+               | 100.00%            |

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Table 2

**Retirement Rates—Terminated Vested Participants**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 60                | 15.00%             |
| 61                | 15.00%             |
| 62                | 15.00%             |
| 63                | 15.00%             |
| 64                | 15.00%             |
| 65+               | 100.00%            |

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Table 2

**Withdrawal Rates<sup>1</sup>**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 33.44%      | 45         | 6.98%       |
| 16         | 33.44%      | 46         | 6.50%       |
| 17         | 33.44%      | 47         | 6.36%       |
| 18         | 33.44%      | 48         | 5.98%       |
| 19         | 33.44%      | 49         | 5.72%       |
| 20         | 33.44%      | 50         | 5.52%       |
| 21         | 31.90%      | 51         | 5.30%       |
| 22         | 30.14%      | 52         | 5.14%       |
| 23         | 28.18%      | 53         | 4.84%       |
| 24         | 26.04%      | 54         | 4.62%       |
| 25         | 24.14%      | 55         | 4.38%       |
| 26         | 22.42%      | 56         | 4.16%       |
| 27         | 20.70%      | 57         | 4.00%       |
| 28         | 19.28%      | 58         | 3.62%       |
| 29         | 18.22%      | 59         | 3.24%       |
| 30         | 17.20%      | 60         | 2.86%       |
| 31         | 16.26%      | 61         | 2.48%       |
| 32         | 15.32%      | 62         | 2.28%       |
| 33         | 14.40%      | 63         | 1.62%       |
| 34         | 13.50%      | 64         | 1.16%       |
| 35         | 12.70%      | 65         | 1.16%       |
| 36         | 11.94%      | 66         | 0.00%       |
| 37         | 11.22%      | 67         | 0.00%       |
| 38         | 10.62%      | 68         | 0.00%       |
| 39         | 10.04%      | 69         | 0.00%       |
| 40         | 9.46%       | 70+        | 0.00%       |
| 41         | 8.94%       |            |             |
| 42         | 8.44%       |            |             |
| 43         | 7.96%       |            |             |
| 44         | 7.48%       |            |             |

<sup>1</sup> All active employees are full time.

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Table 3

**Disability Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 0.070%      | 45         | 0.162%      |
| 16         | 0.070%      | 46         | 0.176%      |
| 17         | 0.070%      | 47         | 0.191%      |
| 18         | 0.070%      | 48         | 0.207%      |
| 19         | 0.070%      | 49         | 0.223%      |
| 20         | 0.070%      | 50         | 0.240%      |
| 21         | 0.071%      | 51         | 0.260%      |
| 22         | 0.072%      | 52         | 0.286%      |
| 23         | 0.073%      | 53         | 0.318%      |
| 24         | 0.074%      | 54         | 0.356%      |
| 25         | 0.075%      | 55         | 0.400%      |
| 26         | 0.076%      | 56         | 0.459%      |
| 27         | 0.078%      | 57         | 0.534%      |
| 28         | 0.080%      | 58         | 0.610%      |
| 29         | 0.082%      | 59         | 0.720%      |
| 30         | 0.084%      | 60         | 0.843%      |
| 31         | 0.086%      | 61         | 0.975%      |
| 32         | 0.088%      | 62         | 1.130%      |
| 33         | 0.090%      | 63         | 1.305%      |
| 34         | 0.093%      | 64         | 1.490%      |
| 35         | 0.096%      | 65         | 1.710%      |
| 36         | 0.099%      | 66         | 1.950%      |
| 37         | 0.103%      | 67         | 2.210%      |
| 38         | 0.107%      | 68         | 2.490%      |
| 39         | 0.111%      | 69         | 2.790%      |
| 40         | 0.115%      | 70+        | 3.110%      |
| 41         | 0.120%      |            |             |
| 42         | 0.127%      |            |             |
| 43         | 0.136%      |            |             |
| 44         | 0.148%      |            |             |

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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55.5             | 5.00%       | 1.0000        | 2.78                              |
| 56.5             | 5.00%       | 0.9500        | 2.68                              |
| 57.5             | 5.00%       | 0.9025        | 2.59                              |
| 58.5             | 5.00%       | 0.8574        | 2.51                              |
| 59.5             | 5.00%       | 0.8145        | 2.42                              |
| 60.5             | 10.00%      | 0.7738        | 4.68                              |
| 61.5             | 10.00%      | 0.6964        | 4.28                              |
| 62.5             | 50.00%      | 0.6268        | 19.59                             |
| 63.5             | 25.00%      | 0.3134        | 4.97                              |
| 64.5             | 25.00%      | 0.2350        | 3.79                              |
| 65               | 100.00%     | 0.1763        | 11.46                             |
| Weighted Average |             |               | 61.75                             |

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Schedule SB, line 32—Schedule of Amortization Bases

| Type of<br>Base | Present Value<br>of Installment | Date<br>Established | Years<br>Remaining | Amortization<br>Installment |
|-----------------|---------------------------------|---------------------|--------------------|-----------------------------|
| Shortfall       | \$ 571,878                      | October 1, 2011     | 13                 | \$ 61,782                   |
| Shortfall       | \$ (357,382)                    | October 1, 2012     | 6                  | \$ (67,987)                 |
| Shortfall       | \$ 242,392                      | October 1, 2013     | 7                  | \$ 40,796                   |

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Schedule SB, Part V—Summary of Plan Provisions

| Effective Date         | October 1, 1964, most recently amended effective October 1, 2013                                                                                                                                                                                                                                                                                                                                                                                                   |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|---------|---------|--------|-------|--------|-------|--------|-------|--------|-------|---------------------|-------|
| Eligibility            | <p>Any person in active employment of the employer prior to October 1, 2005 who is included in the collective-bargaining unit of Denver Teamsters' Union Local No. 455</p> <p>No new participants may enter the plan after September 30, 2005</p>                                                                                                                                                                                                                  |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| Employer Contributions | <p>Employer contributions are made for each hour worked. The table below summarizes the most recent history of employer contributions</p> <table><tr><th>Effective Date</th><th>Rate Per Hour</th></tr><tr><td>10/1986</td><td>\$0.625</td></tr><tr><td>6/2001</td><td>1.000</td></tr><tr><td>1/2002</td><td>1.100</td></tr><tr><td>1/2003</td><td>1.200</td></tr><tr><td>7/2004</td><td>1.400</td></tr><tr><td>7/2005<sup>1</sup></td><td>1.550</td></tr></table> | Effective Date | Rate Per Hour | 10/1986 | \$0.625 | 6/2001 | 1.000 | 1/2002 | 1.100 | 1/2003 | 1.200 | 7/2004 | 1.400 | 7/2005 <sup>1</sup> | 1.550 |
| Effective Date         | Rate Per Hour                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| 10/1986                | \$0.625                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| 6/2001                 | 1.000                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| 1/2002                 | 1.100                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| 1/2003                 | 1.200                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| 7/2004                 | 1.400                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| 7/2005 <sup>1</sup>    | 1.550                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| Normal Retirement      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| Eligibility            | Age 65                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| Benefit                | <p>A monthly income payable for life equal to \$50 per year of benefit service, plus the actuarial equivalent of the severance benefit</p> <p>Benefits are frozen as of September 30, 2005</p>                                                                                                                                                                                                                                                                     |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| Early Retirement       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| Eligibility            | Age 55 and five years of vesting service                                                                                                                                                                                                                                                                                                                                                                                                                           |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |
| Benefit                | The monthly benefit is determined same as normal retirement considering benefit service prior to actual retirement. If payment commences prior to age 65, benefits are reduced by 0.25% for each month by which payment begins before age 65                                                                                                                                                                                                                       |                |               |         |         |        |       |        |       |        |       |        |       |                     |       |

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Disability Retirement  
Eligibility

Five years of vesting service

Benefit

Benefit commencing six months after disability equal to the larger of 50% of the accrued benefit, or the actuarial equivalent of the accrued benefit

Preretirement Death Benefit

Non-vested participants and participants with no spouse who have earned one year of benefit service or more shall have a lump-sum benefit payable to their beneficiary equal to \$200 times years of benefit service

The spouse of a married participant who meets the eligibility requirements for vesting in the plan will receive a monthly benefit equal to 50% of the accrued benefit at the participant's date of death, payable at the participant's earliest retirement date, and unreduced for early retirement

Form of Retirement Benefit  
Normal

The normal form of benefit is a Life Annuity. Participants who are married at their normal retirement date will receive a reduced benefit payable in the form of a qualified Joint and 50% Survivor Annuity unless an alternate form annuity is elected

Optional

Ten-year Certain and Life Annuity, 50%, 75%, or 100% Joint and Survivor Annuities

Definitions  
Actuarial Equivalence

Equivalence in value between two or more methods of payment

For payments other than lump sums, actuarial equivalence shall be based on interest rate of 6.5% per annum, compounded annually, and the 1994 GAR Mortality Table in Revenue Ruling 2001-62

Lump-sum payments are based on IRC section 417(e) mortality and interest rates

Plan Year

October 1 to September 30

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Vesting

Participants are 100% vested in their accrued benefit after completion of five years of service

If a participant terminates after earning one year of benefit service, participant shall receive a severance benefit equal to \$400 times years of benefit service earned October 1, 1964 through March 23, 2001

Years of Benefit Service

A plan year prior to October 1, 2005 in which an employee completes 1,000 hours, with partial credit at the rate of 1/10th year for each 100 hours worked. Benefit service is frozen effective October 1, 2005

Years of Vesting

A plan year in which an employee completes 500 hours, with partial credit at the rate of 1/10th year for each 100 hours worked

Plan Changes Since the Prior Year

The funding and plan reporting valuations reflect the following plan change.

- A change in the mortality and interest basis for lump-sum payments under IRC Section 417(e)(3) to the applicable rates for the current plan year.

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

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