Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 01/01/1959

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

THE DENVER POST LLC

101 WEST COLFAX AVENUE
DENVER, CO 80202

2b Employer Identification Number (EIN)
84-1551911

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

2d Business code (see instructions)
525100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2015	MISSY MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	323
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	18
b	Retired or separated participants receiving benefits	**6b**	181
c	Other retired or separated participants entitled to future benefits	**6c**	69
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	268
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	47
f	Total. Add lines **6d** and **6e**.	**6f**	315
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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

A Name of plan
DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
THE DENVER POST LLC

D Employer Identification Number (EIN)
84-1551911

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

1 Coverage Information:

(a) Name of insurance carrier

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
06-1050034	93629	IN-17439	315	10/01/2013	09/30/2014

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.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	6078252

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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.

A Name of plan
DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 006

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

D Employer Identification Number (EIN)
84-1551911

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2013

2 Assets:

a Market value	**2a**	18393302
b Actuarial value	**2b**	16891964

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	224	15804599
b For terminated vested participants	**3b**	83	2642079
c For active participants:			
(1) Non-vested benefits	**3c(1)**		80336
(2) Vested benefits	**3c(2)**		1125115
(3) Total active	**3c(3)**	16	1205451
d Total	**3d**	323	19652129

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.57 %
6 Target normal cost	**6**	150000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

07/02/2015
Date

SCOTT H. DAVIS
Type or print name of actuary

14-06506
Most recent enrollment number

HEWITT ASSOCIATES LLC
Firm name

952-866-8000
Telephone number (including area code)

5600 WEST 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 [ ]

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)	166713	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	166713	0
10	Interest on line 9 using prior year's actual return of 16.01 %	26691	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		8492
	b Interest on (a) using prior year's effective interest rate of 6.90 % except as otherwise provided (see instructions)		586
	c Total available at beginning of current plan year to add to prefunding balance		9078
	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)	193404	0

Part III Funding Percentages

14	Funding target attainment percentage	14	84.97 %
15	Adjusted funding target attainment percentage	15	84.97 %
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	85.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/14/2014	100000				
07/11/2014	90000				
01/13/2015	100000				
			Totals ► 18(b)	290000	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	276002

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.23%	6.51%	7.16 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	150000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2953569	131810
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	281810

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	193404	0	193404

36 Additional cash requirement (line 34 minus line 35)	**36**	88406
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	276002

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	187596
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	187596
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☒ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011

42 Amount of acceleration adjustment	**42**	0
43 Excess installment acceleration amount to be carried over to future plan years	**43**	0

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

A Name of plan
DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
THE DENVER POST LLC

D Employer Identification Number (EIN)
84-1551911

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).. . . . . [X] 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

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)

PRUDENTIAL RETIREMENT INS & ANNUITY

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	41803	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

AON HEWITT

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	35331	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAMBRIDGE ASSOCIATES LLC

125 HIGH STREET
BOSTON, MA 02110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	NONE	34319	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SSA, P.C.

84-0676265

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	13553	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRYAN CAVE LLP

43-0602162

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	8821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name: SSA, PC	**b** EIN: 84-0676265	
c	Position: AUDITOR		
d	Address: 3355 AMERICAN DRIVE COLORADO SPRINGS, CO 80917	**e** 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.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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

A Name of plan
DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE DENVER POST LLC

D Employer Identification Number (EIN)
84-1551911

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: DENVER POST DB PLAN MT

b Name of sponsor of entity listed in (a): THE DENVER POST, LLC

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)
84-1551911-010	M	5879966

a Name of MTIA, CCT, PSA, or 103-12 IE: DRYDEN S&P 500 INDEX

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS & ANNUITY

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)
06-1050034-123	P	5819198

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

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS & ANNUITY

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)
06-1050034-041	P	259054

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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

A Name of plan
DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
THE DENVER POST LLC

D Employer Identification Number (EIN)
84-1551911

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10000	100000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	780541	
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	13462121	6078252
(11) Value of interest in master trust investment accounts	1c(11)	4163360	5879966
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		6623554
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	647	
f Total assets (add all amounts in lines 1a through 1e)	1f	18416669	18681772
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	23341	4743
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	23341	4743
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	18393328	18677029

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	290000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		290000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1568543	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1568543

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		487866
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2346409
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1866350	
(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)		1866350
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)	196358	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		196358
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2062708
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		283701
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: 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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

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

A Name of plan
DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
THE DENVER POST LLC

D Employer Identification Number (EIN)
84-1551911

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 22-1211670

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☒ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% 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):

EKS&H
AUDIT | TAX | CONSULTING

7979 E. Tufts Avenue, Suite 400
Denver, Colorado 80237-2521
P: 303-740-9400
F: 303-740-9009
www.EKSH.com

INDEPENDENT AUDITORS' REPORT

Plan Administrator, Committee, and Participants
Denver Typographical Union Newspaper Employees' Pension Plan
Denver, Colorado

REPORT ON FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of Denver Typographical Union Newspaper Employees' Pension Plan (the "Plan"), which are comprised of the statement of net assets available for benefits as of September 30, 2014, and the related statements of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of these financial statements in 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, are required by the Department of Labors's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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 June 5, 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 13, 2015
Denver, Colorado

Schedule SB Attachment (Form 5500)—2013 Plan Year
Denver Typographical Union Newspaper Employees' Pension Plan
EIN: 84-1551911 PN: 006

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 82.46% 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:

	Certification Date	
	June 5, 2014	**October 17, 2014**
Funding Target	$ 20,249,488	$ 19,652,129
Value of Plan Assets	$ 16,891,964	$ 16,891,964
Funding Standard Carryover Balance	$ 193,404	$ 193,404
Prefunding Balance	$ 0	$ 0
Annuities Purchased for NHCEs	$ 0	$ 0
Security Posted	$ 0	$ 0
Certified AFTAP	82.46%	84.97%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Denver Typographical Union Newspaper Employees' Pension Plan
EIN: 84-1551911 PN: 006

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2013

Date	Amount	Days to Discount to 10/1/2013 at 6.57%	Interest Adjusted Contribution
January 14, 2014	$ 100,000	105	$ 98,186
July 11, 2014	90,000	283	85,667
January 13, 2015	100,000	469	92,149
Total Contribution	$ 290,000		$ 276,002

Schedule SB Attachment (Form 5500)—2013 Plan Year
Denver Typographical Union Newspaper Employees' Pension Plan
EIN: 84-1551911 PN: 006

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 Five-Year Certain and Life Annuity 20% elect 100% Joint and Survivor Annuity 25% elect 50% Joint and Survivor Annuity
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 Section1.430(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 beginning of 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
Benefit Limits	Projected benefits are limited by the current IRC

	section 415 maximum benefit of $210,000
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii)
Expected Return on Assets	
2011 Plan Year	Lesser of 7.50% and the 3rd Segment rate. Actual rate of 6.34%
2012 Plan Year	Lesser of 7.50% and the 3rd Segment rate. Actual rate of 7.50%
Trust Expenses Included in Target Normal Cost	The Target Normal Cost includes the estimated administrative expenses (based on the prior years' actual amounts) plus the estimated PBGC premiums for the current year. For 2013, this amount is $150,000
Actuarial Method	Standard unit credit cost method
Valuation Date	October 1, 2013

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 benefit commencement rates for terminated vested participants age from 100% at age 62 to an age-related rate table ranging from age 55 to age 62.
- A change in the active retirement rates.

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

Table 1

Retirement Rates—Active Participants

Age	2013 Rate	2014+ Rate
55	25.00%	5.00%
56	25.00%	5.00%
57	25.00%	5.00%
58	25.00%	5.00%
59	25.00%	5.00%
60	25.00%	10.00%
61	25.00%	10.00%
62	25.00%	25.00%
63	25.00%	10.00%
64	25.00%	10.00%
65+	100.00%	100.00%

Table 1

Retirement Rates—Terminated Vested Participants

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62+	100.00%

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	16.72%	45	3.49%
16	16.72%	46	3.25%
17	16.72%	47	3.18%
18	16.72%	48	2.99%
19	16.72%	49	2.86%
20	16.72%	50	2.76%
21	15.95%	51	2.65%
22	15.07%	52	2.57%
23	14.09%	53	2.42%
24	13.02%	54	2.31%
25	12.07%	55	2.19%
26	11.21%	56	2.08%
27	10.35%	57	2.00%
28	9.64%	58	1.81%
29	9.11%	59	1.62%
30	8.60%	60	1.43%
31	8.13%	61	1.24%
32	7.66%	62	1.14%
33	7.20%	63	0.81%
34	6.75%	64	0.58%
35	6.35%	65+	0.58%
36	5.97%		
37	5.61%		
38	5.31%		
39	5.02%		
40	4.73%		
41	4.47%		
42	4.22%		
43	3.98%		
44	3.74%		

Table 3

Disability Rates

Age	Rate	Age	Rate
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 Typographical Union Newspaper Employees' Pension Plan
EIN: 84-1551911 PN: 006

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

Number of Participants

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

N-16

DENVER TYPOGRAPHICAL UNION NEWSPAPER 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 - 006

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Single transactions that exceed 5% of net assets as of the beginning for the Plan year:						
Prudential	Dryden S&P 500 Index	$ 6,036,616	$ -	$ 6,036,616	$ 6,036,616	$ -
Prudential	Dryden S&P 500 Index	$ -	$ 565,000	$ 538,364	$ 565,000	$ 26,636
Prudential	Large Cap Growth/Columbia	$ 10,833	$ -	$ 10,833	$ 10,833	$ -
Prudential	Large Cap Growth/Columbia	$ -	$ 1,850,828	$ 1,654,946	$ 1,850,828	$ 195,882
Prudential	Large Cap Value LSV Asset Management Fund	$ 12,049	$ -	$ 12,049	$ 12,049	$ -
Prudential	Large Cap Value LSV Asset Management Fund	$ -	$ 1,880,322	$ 1,672,958	$ 1,880,322	$ 207,364
Prudential	Large Cap Value Fund Wellington Management	$ 11,386	$ -	$ 11,386	$ 11,386	$ -
Prudential	Large Cap Value Fund Wellington Management	$ -	$ 1,819,212	$ 1,680,824	$ 1,819,212	$ 138,388
Prudential	Small Cap Growth TimesSquare Fund	$ 6,301	$ -	$ 6,301	$ 6,301	$ -
Prudential	Small Cap Growth TimesSquare Fund	$ -	$ 803,012	$ 778,851	$ 803,012	$ 24,161
Prudential	Small Cap Val/Ceredex	$ 5,969	$ -	$ 5,969	$ 5,969	$ -
Prudential	Small Cap Val/Ceredex	$ -	$ 847,009	$ 783,618	$ 847,009	$ 63,391
Prudential	T. Rowe Price Growth Stock Strategy	$ 11,164	$ -	$ 11,164	$ 11,164	$ -
Prudential	T. Rowe Price Growth Stock Strategy	$ -	$ 1,868,598	$ 1,650,438	$ 1,868,598	$ 218,160
Vanguard	Vanguard Institutional Index	$ 6,261,836	$ -	$ 6,261,836	$ 6,261,836	$ -
Prudential	International Blend/Lazard	$ 23,766	$ -	$ 23,766	$ 23,766	$ -
Prudential	International Blend/Lazard	$ -	$ 4,300,372	$ 4,209,563	$ 4,300,372	$ 90,809
Prudential	Prudential Short-Term Fund	$ 3,322,637	$ -	$ 3,322,637	$ 3,322,637	$ -
Prudential	Prudential Short-Term Fund	$ -	$ 3,844,768	$ 3,844,758	$ 3,844,768	$ 10

Schedule SB Attachment (Form 5500)—2013 Plan Year
Denver Typographical Union Newspaper Employees' Pension Plan
EIN: 84-1551911 PN: 006

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. The rates used apply to plan years after 2013. See Table 1 in the attachment "Schedule SB, Part V—Statement of Actuarial Assumptions/Methods" for additional information.

Retirement Rates — Active Rates Through 2013

(a) Age	(b) 2013 Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	25.00%	1.0000	13.88
56.5	25.00%	0.7500	10.59
57.5	25.00%	0.5625	8.09
58.5	25.00%	0.4219	6.17
59.5	25.00%	0.3164	4.71
60.5	25.00%	0.2373	3.59
61.5	25.00%	0.1780	2.74
62.5	25.00%	0.1335	2.09
63.5	25.00%	0.1001	1.56
64.5	25.00%	0.0751	1.21
65	100.00%	0.0563	3.66
		Weighted Average	58.32

Retirement Rates — Active Rates 2014 and Later

(a) Age	(b) Rate	(c) Weight	(d) Product (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	10.00%	0.6268	3.92
63.5	10.00%	0.5641	3.58
64.5	10.00%	0.5077	3.27
65	100.00%	0.4569	29.70
		Weighted Average	62.41

Schedule SB Attachment (Form 5500)—2013 Plan Year
Denver Typographical Union Newspaper Employees' Pension Plan
EIN: 84-1551911 PN: 006

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 3,007,974	October 1, 2010	12	$ 342,312
Shortfall	$ 2,450,980	October 1, 2011	13	$ 264,788
Shortfall	$ (2,444,972)	October 1, 2012	6	$ (465,122)
Shortfall	$ (60,413)	October 1, 2013	7	$ (10,168)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

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.

A Name of plan: Denver Typographical Union Newspaper Employees' Pension Plan

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: The Denver Post LLC

D Employer Identification Number (EIN): 84-1551911

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 1 Year 2013

2 Assets:

a Market value	2a	18,393,302
b Actuarial value	2b	16,891,964

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	224	15,804,599
b For terminated vested participants	3b	83	2,642,079
c For active participants:			
(1) Non-vested benefits	3c(1)		80,336
(2) Vested benefits	3c(2)		1,125,115
(3) Total active	3c(3)	16	1,205,451
d Total	3d	323	19,652,129

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.57 %
6 Target normal cost	6	150,000

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.

SIGN HERE

Scott H. Davis SHD — Signature of actuary

07/02/2015 — Date

Scott H. Davis — Type or print name of actuary

14-06506 — Most recent enrollment number

Hewitt Associates LLC — Firm name

(952) 866-8000 — Telephone number (including area code)

5600 West 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 [ ]

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)	166,713	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	166,713	0
10	Interest on line 9 using prior year's actual return of 16.01 %	26,691	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		8,492
	b Interest on (a) using prior year's effective interest rate of 6.90 % except as otherwise provided (see instructions)		586
	c Total available at beginning of current plan year to add to prefunding balance		9,078
	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)	193,404	0

Part III Funding Percentages

14	Funding target attainment percentage	14	84.97 %
15	Adjusted funding target attainment percentage	15	84.97 %
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	85.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/14/2014	100,000				
07/11/2014	90,000				
01/13/2015	100,000				
			Totals ▶ 18(b)	290,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	276,002

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.23 %	6.51 %	7.16 %	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	150,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,953,569	131,810
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	281,810

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	193,404	0	193,404

36 Additional cash requirement (line 34 minus line 35)	**36**	88,406
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	276,002
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	187,596
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	187,596
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected	☐ 2 plus 7 years	☒ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011	

42 Amount of acceleration adjustment	**42**	0
43 Excess installment acceleration amount to be carried over to future plan years	**43**	0

Schedule SB Attachment (Form 5500)—2013 Plan Year
Denver Typographical Union Newspaper Employees' Pension Plan
EIN: 84-1551911 PN: 006

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 82.46% 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:

	Certification Date	
	June 5, 2014	**October 17, 2014**
Funding Target	$ 20,249,488	$ 19,652,129
Value of Plan Assets	$ 16,891,964	$ 16,891,964
Funding Standard Carryover Balance	$ 193,404	$ 193,404
Prefunding Balance	$ 0	$ 0
Annuities Purchased for NHCEs	$ 0	$ 0
Security Posted	$ 0	$ 0
Certified AFTAP	82.46%	84.97%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Denver Typographical Union Newspaper Employees' Pension Plan
EIN: 84-1551911 PN: 006

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2013

Date	Amount	Days to Discount to 10/1/2013 at 6.57%	Interest Adjusted Contribution
January 14, 2014	$ 100,000	105	$ 98,186
July 11, 2014	90,000	283	85,667
January 13, 2015	100,000	469	92,149
Total Contribution	$ 290,000		$ 276,002

Schedule SB Attachment (Form 5500)—2013 Plan Year
Denver Typographical Union Newspaper Employees' Pension Plan
EIN: 84-1551911 PN: 006

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. The rates used apply to plan years after 2013. See Table 1 in the attachment "Schedule SB, Part V—Statement of Actuarial Assumptions/Methods" for additional information.

Retirement Rates — Active Rates Through 2013

(a) Age	(b) 2013 Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	25.00%	1.0000	13.88
56.5	25.00%	0.7500	10.59
57.5	25.00%	0.5625	8.09
58.5	25.00%	0.4219	6.17
59.5	25.00%	0.3164	4.71
60.5	25.00%	0.2373	3.59
61.5	25.00%	0.1780	2.74
62.5	25.00%	0.1335	2.09
63.5	25.00%	0.1001	1.56
64.5	25.00%	0.0751	1.21
65	100.00%	0.0563	3.66
		Weighted Average	58.32

Retirement Rates — Active Rates 2014 and Later

(a) Age	(b) Rate	(c) Weight	(d) Product (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	10.00%	0.6268	3.92
63.5	10.00%	0.5641	3.58
64.5	10.00%	0.5077	3.27
65	100.00%	0.4569	29.70
		Weighted Average	62.41

Schedule SB Attachment (Form 5500)—2013 Plan Year
Denver Typographical Union Newspaper Employees' Pension Plan
EIN: 84-1551911 PN: 006

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 Five-Year Certain and Life Annuity 20% elect 100% Joint and Survivor Annuity 25% elect 50% Joint and Survivor Annuity
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 Section1.430(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 beginning of 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
Benefit Limits	Projected benefits are limited by the current IRC

	section 415 maximum benefit of $210,000
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii)
Expected Return on Assets	
2011 Plan Year	Lesser of 7.50% and the 3rd Segment rate. Actual rate of 6.34%
2012 Plan Year	Lesser of 7.50% and the 3rd Segment rate. Actual rate of 7.50%
Trust Expenses Included in Target Normal Cost	The Target Normal Cost includes the estimated administrative expenses (based on the prior years' actual amounts) plus the estimated PBGC premiums for the current year. For 2013, this amount is $150,000
Actuarial Method	Standard unit credit cost method
Valuation Date	October 1, 2013

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 benefit commencement rates for terminated vested participants age from 100% at age 62 to an age-related rate table ranging from age 55 to age 62.
- A change in the active retirement rates.

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

Table 1

Retirement Rates—Active Participants

Age	2013 Rate	2014+ Rate
55	25.00%	5.00%
56	25.00%	5.00%
57	25.00%	5.00%
58	25.00%	5.00%
59	25.00%	5.00%
60	25.00%	10.00%
61	25.00%	10.00%
62	25.00%	25.00%
63	25.00%	10.00%
64	25.00%	10.00%
65+	100.00%	100.00%

Table 1

Retirement Rates—Terminated Vested Participants

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62+	100.00%

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	16.72%	45	3.49%
16	16.72%	46	3.25%
17	16.72%	47	3.18%
18	16.72%	48	2.99%
19	16.72%	49	2.86%
20	16.72%	50	2.76%
21	15.95%	51	2.65%
22	15.07%	52	2.57%
23	14.09%	53	2.42%
24	13.02%	54	2.31%
25	12.07%	55	2.19%
26	11.21%	56	2.08%
27	10.35%	57	2.00%
28	9.64%	58	1.81%
29	9.11%	59	1.62%
30	8.60%	60	1.43%
31	8.13%	61	1.24%
32	7.66%	62	1.14%
33	7.20%	63	0.81%
34	6.75%	64	0.58%
35	6.35%	65+	0.58%
36	5.97%		
37	5.61%		
38	5.31%		
39	5.02%		
40	4.73%		
41	4.47%		
42	4.22%		
43	3.98%		
44	3.74%		

Table 3

Disability Rates

Age	Rate	Age	Rate
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 Typographical Union Newspaper Employees' Pension Plan
EIN: 84-1551911 PN: 006

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	October 1, 1959, most recently amended effective October 1, 2013
Eligibility	Any person in regular active employment of a participating employer who is included in a collective-bargaining unit of Denver Typographical Union No. 49 and any direct employees on Denver Typographical Union No. 49 who are not covered by the Western States Office and Professional Employees' Pension Trust No new participants may enter the plan after December 31, 2007
Normal Retirement	
Eligibility	Age 62 or, if later, upon completion of two years of vesting service
Benefit	A monthly income payable for life with five years certain equal to the larger of (a) or (b), as follows: (a) $5 for each year of benefit service prior to October 1, 1970, plus $20 for each year of benefit service from October 1, 1970 to September 30, 1976, plus $40 for each year of benefit service from October 1, 1976 to September 30, 1991, plus $60 for each year of benefit service after September 30, 1991. Certain transferred participants are credited with $132 (in lieu of $60) for the October 1, 2009 through September 30, 2010 period (b) $200 per month reduced by the early retirement factor at commencement date, if any, and is also adjusted for election of any optional form of payment Benefits were frozen as of September 30, 2012

Early Retirement

Eligibility

The first day of any month following the participant's 55th birthday, after completion of five years of service

Benefit

The monthly benefit is determined same as normal retirement considering benefit service prior to actual retirement. If payment commences prior to age 62 (age 65 for terminations before October 1, 1991), benefits are reduced as follows:

Date of Termination	Reduction
Before October 1, 1985	0.40% for each month by which payments begin before age 65
September 30, 1991	October 1, 1985 to 0.25% for each month by which September 30, 1991 payments begin before age 65
On or After October 1, 1991	0.25% for each month by which payments begin before age 62

Supplemental Retirement Benefit

The monthly supplemental retirement benefit is payable beginning with the month which includes the participant's retirement date and ending in the month in which the participant attains age 65. The supplemental retirement benefit is not payable to those members who retire or terminate prior to age 62. The monthly supplemental benefit is payable only to attrition list participants, as defined in the restated plan, and the amount is as follows:

- $500 for Denver Publishing Company employees
- $1,035 for Denver Post Corporation employees

Deferred Vested Retirement

Eligibility

Five years of vesting service

Benefit

100% of the accrued normal retirement benefit payable at normal retirement age or reduced and payable as an early retirement benefit

Disability Retirement	
Eligibility	Ten years of vesting service
Benefit	Benefit is equal to the participant's accrued benefit at the time of disablement, and is payable immediately without reduction for early payment
Preretirement Death Benefit	Non-vested participants and participants with no spouse shall have a lump-sum benefit payable to their beneficiary equal to the larger of 60 times the monthly accrued benefit, or the amount of contributions made on behalf of the participant between October 1, 1968 through September 30,1976 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 with a five-year certain period. 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 of annuity is elected
Optional	Ten-year Certain and Life Annuity, 50% 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
Vesting	Participants are 100% vested in their accrued benefit after completion of five years of service

Limitations on Benefits	In no event will benefits provided under this plan exceed the maximum benefit limitations in accordance with IRC section 415
Years of Benefit Service	A plan year in which an employee completes 200 shifts, with partial credit at the rate of 1/10th year for each 20 shifts worked
Years of Vesting Service	A plan year in which an employee completes 133 shifts, with partial credit at the rate of 1/10th year for each 20 shifts 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 Typographical Union Newspaper Employees' Pension Plan
EIN: 84-1551911 PN: 006

Schedule SB, line 24—Change in Actuarial Assumptions

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

- A change in the benefit commencement rates for terminated vested participants age from 100% at age 62 to an age-related rate table ranging from age 55 to age 62.
- 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 Typographical Union Newspaper Employees' Pension Plan
EIN: 84-1551911 PN: 006

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

Number of Participants

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

N-16

Schedule SB Attachment (Form 5500)—2013 Plan Year
Denver Typographical Union Newspaper Employees' Pension Plan
EIN: 84-1551911 PN: 006

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 3,007,974	October 1, 2010	12	$ 342,312
Shortfall	$ 2,450,980	October 1, 2011	13	$ 264,788
Shortfall	$ (2,444,972)	October 1, 2012	6	$ (465,122)
Shortfall	$ (60,413)	October 1, 2013	7	$ (10,168)

Schedule SB Attachment (Form 5500)—2013 Plan Year
Denver Typographical Union Newspaper Employees' Pension Plan
EIN: 84-1551911 PN: 006

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	October 1, 1959, most recently amended effective October 1, 2013
Eligibility	Any person in regular active employment of a participating employer who is included in a collective-bargaining unit of Denver Typographical Union No. 49 and any direct employees on Denver Typographical Union No. 49 who are not covered by the Western States Office and Professional Employees' Pension Trust No new participants may enter the plan after December 31, 2007
Normal Retirement	
Eligibility	Age 62 or, if later, upon completion of two years of vesting service
Benefit	A monthly income payable for life with five years certain equal to the larger of (a) or (b), as follows: (a) $5 for each year of benefit service prior to October 1, 1970, plus $20 for each year of benefit service from October 1, 1970 to September 30, 1976, plus $40 for each year of benefit service from October 1, 1976 to September 30, 1991, plus $60 for each year of benefit service after September 30, 1991. Certain transferred participants are credited with $132 (in lieu of $60) for the October 1, 2009 through September 30, 2010 period (b) $200 per month reduced by the early retirement factor at commencement date, if any, and is also adjusted for election of any optional form of payment Benefits were frozen as of September 30, 2012

Early Retirement

Eligibility

The first day of any month following the participant's 55th birthday, after completion of five years of service

Benefit

The monthly benefit is determined same as normal retirement considering benefit service prior to actual retirement. If payment commences prior to age 62 (age 65 for terminations before October 1, 1991), benefits are reduced as follows:

Date of Termination	Reduction
Before October 1, 1985	0.40% for each month by which payments begin before age 65
September 30, 1991	October 1, 1985 to 0.25% for each month by which September 30, 1991 payments begin before age 65
On or After October 1, 1991	0.25% for each month by which payments begin before age 62

Supplemental Retirement Benefit

The monthly supplemental retirement benefit is payable beginning with the month which includes the participant's retirement date and ending in the month in which the participant attains age 65. The supplemental retirement benefit is not payable to those members who retire or terminate prior to age 62. The monthly supplemental benefit is payable only to attrition list participants, as defined in the restated plan, and the amount is as follows:

- $500 for Denver Publishing Company employees
- $1,035 for Denver Post Corporation employees

Deferred Vested Retirement

Eligibility

Five years of vesting service

Benefit

100% of the accrued normal retirement benefit payable at normal retirement age or reduced and payable as an early retirement benefit

Disability Retirement	
Eligibility	Ten years of vesting service
Benefit	Benefit is equal to the participant's accrued benefit at the time of disablement, and is payable immediately without reduction for early payment
Preretirement Death Benefit	Non-vested participants and participants with no spouse shall have a lump-sum benefit payable to their beneficiary equal to the larger of 60 times the monthly accrued benefit, or the amount of contributions made on behalf of the participant between October 1, 1968 through September 30,1976 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 with a five-year certain period. 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 of annuity is elected
Optional	Ten-year Certain and Life Annuity, 50% 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
Vesting	Participants are 100% vested in their accrued benefit after completion of five years of service

Limitations on Benefits	In no event will benefits provided under this plan exceed the maximum benefit limitations in accordance with IRC section 415
Years of Benefit Service	A plan year in which an employee completes 200 shifts, with partial credit at the rate of 1/10th year for each 20 shifts worked
Years of Vesting Service	A plan year in which an employee completes 133 shifts, with partial credit at the rate of 1/10th year for each 20 shifts 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.

DENVER TYPOGRAPHICAL UNION NEWSPAPER 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 - 006

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual fund			
	Vanguard	Vanguard Institutional Index	$ 6,233,466	$ 6,623,554
	Pooled separate accounts			
*	Prudential	Dryden S&P 500 Index	5,544,417	5,819,198
*	Prudential	Prudential Short-Term Fund	259,054	259,054
	Total pooled separate accounts		5,803,471	6,078,252
*	Master Trust			
	Alden	Global Adfero BPI Fund, Limited	2,683,547	4,036,855
	KLS	Diversified Fund, Limited	1,341,773	1,479,894
	Alden	Global CRE Opportunities Fund, L.P.	358,285	363,217
	Total Master Trust		4,383,605	5,879,966
	Total investments		$ 16,420,542	$ 18,581,772

* Party-in-interest

Schedule SB Attachment (Form 5500)—2013 Plan Year
Denver Typographical Union Newspaper Employees' Pension Plan
EIN: 84-1551911 PN: 006

Schedule SB, line 24—Change in Actuarial Assumptions

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

- A change in the benefit commencement rates for terminated vested participants age from 100% at age 62 to an age-related rate table ranging from age 55 to age 62.
- A change in the active retirement rates.

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

DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES' PENSION PLAN

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

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DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES' PENSION PLAN

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7979 E. Tufts Avenue, Suite 400
Denver, Colorado 80237-2521
P: 303-740-9400
F: 303-740-9009
www.EKSH.com

INDEPENDENT AUDITORS' REPORT

Plan Administrator, Committee, and Participants
Denver Typographical Union Newspaper Employees' Pension Plan
Denver, Colorado

REPORT ON FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of Denver Typographical Union Newspaper Employees' Pension Plan (the "Plan"), which are comprised of the statement of net assets available for benefits as of September 30, 2014, and the related statements of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of these financial statements in 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, are required by the Department of Labors's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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 June 5, 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 13, 2015
Denver, Colorado

DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES' PENSION PLAN

Statements of Net Assets Available for Benefits

	September 30, 2014	September 30, 2013
Assets		
Investments, at fair value		
Mutual fund	$ 6,623,554	$ -
Pooled separate accounts	6,078,252	14,242,662
Master Trust	5,879,966	4,163,360
Total investments, at fair value	18,581,772	18,406,022
Employer contributions receivable	100,000	10,000
Prepaid expenses	-	647
Total assets	18,681,772	18,416,669
Liabilities and Net Assets		
Accounts payable	4,743	23,341
Net assets available for benefits	$ 18,677,029	$ 18,393,328

See notes to financial statements.

DENVER TYPOGRAPHICAL UNION NEWSPAPER EMPLOYEES' PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

	For the Years Ended September 30,	
	2014	2013
Additions		
Investment income		
Net appreciation in fair value of assets	$ 1,881,663	$ 2,386,992
Interest and dividend income	174,746	267,524
Total investment income	2,056,409	2,654,516
Employer contributions	290,000	310,000
Total additions	2,346,409	2,964,516
Deductions from net assets		
Benefits paid to participants	1,866,350	1,876,495
Administrative fees	196,358	131,542
Total deductions from net assets	2,062,708	2,008,037
Net increase in net assets	283,701	956,479
Net assets available for benefits		
Beginning of year	18,393,328	17,436,849
End of year	$ 18,677,029	$ 18,393,328

See notes to financial statements.

Note 1 - Description of the Plan and Significant Accounting Policies

The following description of Denver Typographical Union Newspaper 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 pension plan established January 1, 1959 under an agreement, as amended, which is presently between the Denver Post, LLC (the "Company") and the Denver Typographical Union Newspaper, to provide pension, disability, retirement, 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 committees that administer the Plan. Prudential Retirement Insurance and Annuity Company ("Prudential") serves as trustee, manages the Plan's pooled separate account assets, and maintains the Plan's records.

The mutual fund is managed by a third-party investment management firm.

The hedge funds are managed by an owner of the Company and a third-party investment management firm.

Eligible employees became participants in the Plan on the first day of the first month coinciding with or following date of hire.

Effective September 30, 2012, 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 84.97 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 are in cash in amounts adequate to meet the minimum funding requirement of ERISA. Contributions of $290,000 and $310,000 were made to the Plan for the years ended September 30, 2014 and 2013, respectively.

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

Vesting and Payment of Benefits

A participant who has completed five years of vesting service or who has attained age 62 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 133 Shifts or Shift Equivalents. A Shift is defined as a period of time ranging from 6.2 to 8 hours depending on the department the employee works in as outlined in more detail in the Plan document. 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.

The normal retirement date is the first day of the month coinciding with or following the participant's 62nd 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.

The Plan provides for varying pension benefit formula dollar amounts based on employment termination dates. For participants whose employment terminated on or before October 1, 1985, the monthly dollar amount is (i) $3 times the participant's years of benefit service prior to October 1, 1970 plus (ii) $4.75 times the participant's years of benefit service from October 1, 1970 through September 30, 1976 plus (iii) $25 times the participant's years of benefit service after September 30, 1976.

For participants whose employment terminated after September 30, 1986 but before October 1, 1987, the monthly dollar amount is (i) $3.30 times the participant's years of benefit service prior to October 1, 1970 plus (ii) $14 times the participant's years of benefit service from October 1, 1970 through September 30, 1976 plus (iii) $25 times the participant's years of benefit service after September 30, 1976.

For participants whose employment terminated after October 1, 1987 but before October 1, 1991, the monthly dollar amount is (i) $3.30 times the participant's years of benefit service prior to October 1, 1970 plus (ii) $16 times the participant's years of benefit service from October 1, 1970 through September 30, 1976 plus (iii) $26.50 times the participant's years of benefit service after September 30, 1976.

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

Vesting and Payment of Benefits (continued)

For participants whose employment terminated after October 1, 1991 but before October 1, 1993, the monthly dollar amount is (i) $3.30 times the participant's years of benefit service prior to October 1, 1970 plus (ii) $16 times the participant's years of benefit service from October 1, 1970 through September 30, 1976 plus (iii) $30.50 times the participant's years of benefit service from October 1, 1976 through September 30, 1991 plus (iv) the greater of $25 or 5% multiplied by the benefit calculated as follows for service prior to October 1, 1991: (v) $3.30 times the participant's years of benefit service prior to October 1, 1970 plus (vi) $16 times the participant's years of benefit service from October 1, 1970 through September 30, 1976 plus (vii) $30.50 times the participant's years of benefit service from October 1, 1976 through September 30, 1991 plus (viii) $45 times the participant's years of benefit service after September 30, 1991.

For participants whose employment terminated after September 30, 1993 through October 1, 1997, the monthly dollar amount is (i) $3.47 times the participant's years of benefit service prior to October 1, 1970 plus (ii) $16.80 times the participant's years of benefit service from October 1, 1970 through September 30, 1976 plus (iii) $32.03 times the participant's years of benefit service from October 1, 1976 through September 30, 1991 plus (iv) $45 times the participant's years of benefit service after September 30, 1991.

For participants whose employment terminated after September 30, 1997 through October 1, 2000, the monthly dollar amount is (i) $3.99 times the participant's years of benefit service prior to October 1, 1970 plus (ii) $19.32 times the participant's years of benefit service from October 1, 1970 through September 30, 1976 plus (iii) $36.83 times the participant's years of benefit service from October 1, 1976 through September 30, 1991 plus (iv) $51.75 times the participant's years of benefit service after September 30, 1991.

For participants whose employment terminated after September 30, 2000, the monthly dollar amount is (i) $5 times the participant's years of benefit service prior to October 1, 1970 plus (ii) $20 times the participant's years of benefit service from October 1, 1970 through September 30, 1976 plus (iii) $40 times the participant's years of benefit service from October 1, 1976 through September 30, 1991 plus (iv) $60 times the participant's years of benefit service after September 30, 1991.

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.

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

Vesting and Payment of Benefits (continued)

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.

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

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

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. The most significant of these estimates relates to the determination of the accumulated Plan benefits and the Plan's funded status. Accordingly, actual results could differ from those estimates.

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.

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

Risks and Uncertainties (continued)

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

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. There were no material subsequent events that required recognition or disclosure in the financial statements.

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 and 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 supplemental 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 supplemental schedule of reportable transactions.

Note 2 - Assets Certified by the Trustee (continued)

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

	September 30, 2014		September 30, 2013	
Vanguard Institutional Index	$ 6,623,554		$ -	*
Dryden S&P 500 Index	$ 5,819,198		$ -	*
Denver Post Defined Benefit Plans Master Trust	$ 5,879,966		$ 4,163,360	
International Blend Thornburg Fund	$ -	*	$ 4,286,404	
SA T. Rowe Price Growth Stock Strategy	$ -	*	$ 1,717,842	
Large Cap Growth Goldman Sachs Fund	$ -	*	$ 1,694,710	
Large Cap Value LSV Asset Management Fund	$ -	*	$ 1,624,161	
Large Cap Value Fund Wellington Management	$ -	*	$ 1,616,858	

* Indicates investments less than 5% of net assets available for benefits at the respective financial statement date.

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

	September 30, 2014	September 30, 2013
Pooled separate accounts	$ 1,032,079	$ 2,425,515
Master Trust	487,866	138,040
Mutual funds	361,718	414,655
Collective trusts	-	(591,218)
	$ 1,881,663	$ 2,386,992

Note 3 - Fair Value Accounting

Generally accepted accounting principles require 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.

Note 3 - Fair Value Accounting (continued)

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:

Description	Level 1	Level 2	Level 3	Total
Mutual fund				
Large blend (g)	$ 6,623,554	$ -	$ -	$ 6,623,554
Pooled separate accounts				
Fixed-income funds (e)	-	259,054	-	259,054
Large-capital funds (a)	-	5,819,198	-	5,819,198
Total pooled separate accounts	-	6,078,252	-	6,078,252
Master Trust (f)	-	-	5,879,966	5,879,966
Total	$ 6,623,554	$ 6,078,252	$ 5,879,966	$ 18,581,772

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

Description	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Fixed-income funds (e)	$ -	$ 780,541	$ -	$ 780,541
Large-capital funds (a)	-	6,653,571	-	6,653,571
Mid-capital funds (d)	-	936,872	-	936,872
Small-capital funds (c)	-	1,585,274	-	1,585,274
International (b)	-	4,286,404	-	4,286,404
Total pooled separate accounts	-	14,242,662	-	14,242,662
Master Trust (f)	-	-	4,163,360	4,163,360
Total	$ -	$ 14,242,662	$ 4,163,360	$ 18,406,022

Note 3 - Fair Value Accounting (continued)

(a) 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.

(b) International funds seek to invest primarily in non-U.S. mid- to large-capitalization stocks.

(c) Small-capital funds seek to provide long-term capital appreciation and income by investing primarily in small-capitalization companies that pay regular income dividends and are undervalued in the opinion of the sub-adviser.

(d) Mid-capital funds seek to provide long-term total returns while managing portfolio risk.

(e) 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.

(f) Master Trust funds seek to preserve capital while delivering high risk-adjusted absolute returns through hedge funds.

(g) Large blend funds seek to invest in a majority of large-capitalization companies, such as those located on the S&P 500 or the Russell 1000 Growth Index, with the intent of mirroring the activity of those markets.

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 hedge funds are redeemable monthly and have a 30-day notice period as well as quarterly and have a 60-day notice period, respectively.

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

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, respectively.

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.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The Plan's Level 3 financial instruments as of September 30, 2014 and 2013 are hedge funds, whose underlying investments primarily comprise Level 1 and Level 2 investments. Due to certain redemption restrictions, these investments have been classified within Level 3 of the fair value hierarchy. The fair value of the Plan's investments in the hedge funds as of September 30, 2014 and 2013 was $5,879,966 and $4,163,360, respectively. The valuation technique used to measure fair value of the hedge funds is based on the fair value of the funds' underlying investments determined by the investment advisor using the financial statements of the funds at the measurement date.

Level 3 Changes

The following is a reconciliation of the beginning and ending balances for assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) during the year ended September 30, 2014:

	Master Trust
Investment balance, September 30, 2013	$ 4,163,360
Total gains or losses (realized/unrealized)	489,240
Transfers in and/or out of Level 3	1,227,366
Investment balance, September 30, 2014	$ 5,879,966

Interest in Master Trust

A portion of the Plan's investments is in the Denver Post Defined Benefit Plans Master Trust ("Master Trust"), which was established for the investment of assets of the Plan and two other Company-sponsored defined benefit retirement plans during the current year. Each participating retirement plan had an undivided interest in the Master Trust. The Plan's interest in the net assets of the Master Trust were invested in various hedge funds.

The amounts disclosed in the statements of net assets available for benefits represent the Plan's 5.9% and 33.0% undivided interest in the net assets of the Master Trust as of September 30, 2014 and 2013, respectively. Interest, dividends, net appreciation (depreciation) in fair value of investments, and investment expenses are allocated to the Plan based upon its pro-rata share in the net assets of the Master Trust. Administrative expenses incurred that relate to individual plans were specifically allocated to each plan.

Note 3 - Fair Value Accounting (continued)

Interest in Master Trust (continued)

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

	September 30, 2014	September 30, 2013
Assets		
Investments, at fair value		
Hedge funds	$ 18,316,260	$ 12,760,574

The following table presents the net investment income for the Master Trust:

	For the Years Ended September 30, 2014	For the Years Ended September 30, 2013
Net unrealized and realized appreciation in fair value of investments	$ 1,469,974	$ 423,089

The Plan's fair value of investments greater than 5% of net assets in the Master Trust was as follows:

	September 30, 2014	September 30, 2013
Alden Global Adfero BPI Fund, Limited	$ 4,036,855	$ 2,814,412
KLS Diversified Fund, Limited	$ 1,479,894	$ 1,348,948

The following tables set forth by level, within the fair value hierarchy as described above, the Master Trust's investment assets at fair value as of September 30, 2014 and 2013.

Master Trust assets at fair value as of September 30, 2014 are as follows:

Description	Level 1	Level 2	Level 3	Total
Hedge funds	$ -	$ -	$ 18,316,260	$ 18,316,260

Master Trust assets at fair value as of September 30, 2013 are as follows:

Description	Level 1	Level 2	Level 3	Total
Hedge funds	$ -	$ -	$ 12,760,574	$ 12,760,574

Note 4 - Income Taxes

The IRS has determined and informed the Plan, in a letter dated July 3, 2012, that the Plan is qualified and the trust established under the Plan is tax-exempt under the appropriate sections of the Internal Revenue Code ("IRC"). The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the accompanying financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of 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

Certain Plan investments include a mutual fund and pooled separate accounts managed by Prudential. Other Plan investments include a Master Trust hedge fund that is managed by an owner of the Company and a third-party investment management firm. There are no fees charged to the Plan associated with the hedge fund managed by an owner of the Company. 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.

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 document. 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 valuations were 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:

	October 1, 2013	October 1, 2012
Actuarial present value of accumulated Plan benefits		
Vested benefits		
Participants currently receiving benefits	$ 14,624,744	$ 15,383,282
Vested benefits for other participants	3,384,653	3,213,888
Total vested benefits	18,009,397	18,597,170
Non-vested benefits	71,776	54,852
Total actuarial present value of accumulated Plan benefits	$ 18,081,173	$ 18,652,022

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

Actuarial present value of accumulated Plan benefits as of October 1, 2012	$ 18,652,022
Increase (decrease) during the year attributable to	
Interest accumulation	1,329,805
Assumption changes (1)	20,617
Other changes (2)	(44,776)
Benefit payments	(1,876,495)
Actuarial present value of accumulated Plan benefits as of October 1, 2013	$ 18,081,173

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

(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.

Note 7 - Accumulated Plan Benefits (continued)

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

Assumed rate of return on investments	7.60% and 7.50% (2013 and 2012)
Probability of retirement	5% at ages 55-59, 10% at ages 60-61, 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.
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 TYPOGRAPHICAL UNION NEWSPAPER 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 - 006

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual fund			
	Vanguard	Vanguard Institutional Index	$ 6,233,466	$ 6,623,554
	Pooled separate accounts			
*	Prudential	Dryden S&P 500 Index	5,544,417	5,819,198
*	Prudential	Prudential Short-Term Fund	259,054	259,054
	Total pooled separate accounts		5,803,471	6,078,252
*	Master Trust			
	Alden	Global Adfero BPI Fund, Limited	2,683,547	4,036,855
	KLS	Diversified Fund, Limited	1,341,773	1,479,894
	Alden	Global CRE Opportunities Fund, L.P.	358,285	363,217
	Total Master Trust		4,383,605	5,879,966
	Total investments		$ 16,420,542	$ 18,581,772

* Party-in-interest

DENVER TYPOGRAPHICAL UNION NEWSPAPER 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 - 006

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Single transactions that exceed 5% of net assets as of the beginning for the Plan year:						
Prudential	Dryden S&P 500 Index	$ 6,036,616	$ -	$ 6,036,616	$ 6,036,616	$ -
Prudential	Dryden S&P 500 Index	$ -	$ 565,000	$ 538,364	$ 565,000	$ 26,636
Prudential	Large Cap Growth/Columbia	$ 10,833	$ -	$ 10,833	$ 10,833	$ -
Prudential	Large Cap Growth/Columbia	$ -	$ 1,850,828	$ 1,654,946	$ 1,850,828	$ 195,882
Prudential	Large Cap Value LSV Asset Management Fund	$ 12,049	$ -	$ 12,049	$ 12,049	$ -
Prudential	Large Cap Value LSV Asset Management Fund	$ -	$ 1,880,322	$ 1,672,958	$ 1,880,322	$ 207,364
Prudential	Large Cap Value Fund Wellington Management	$ 11,386	$ -	$ 11,386	$ 11,386	$ -
Prudential	Large Cap Value Fund Wellington Management	$ -	$ 1,819,212	$ 1,680,824	$ 1,819,212	$ 138,388
Prudential	Small Cap Growth TimesSquare Fund	$ 6,301	$ -	$ 6,301	$ 6,301	$ -
Prudential	Small Cap Growth TimesSquare Fund	$ -	$ 803,012	$ 778,851	$ 803,012	$ 24,161
Prudential	Small Cap Val/Ceredex	$ 5,969	$ -	$ 5,969	$ 5,969	$ -
Prudential	Small Cap Val/Ceredex	$ -	$ 847,009	$ 783,618	$ 847,009	$ 63,391
Prudential	T. Rowe Price Growth Stock Strategy	$ 11,164	$ -	$ 11,164	$ 11,164	$ -
Prudential	T. Rowe Price Growth Stock Strategy	$ -	$ 1,868,598	$ 1,650,438	$ 1,868,598	$ 218,160
Vanguard	Vanguard Institutional Index	$ 6,261,836	$ -	$ 6,261,836	$ 6,261,836	$ -
Prudential	International Blend/Lazard	$ 23,766	$ -	$ 23,766	$ 23,766	$ -
Prudential	International Blend/Lazard	$ -	$ 4,300,372	$ 4,209,563	$ 4,300,372	$ 90,809
Prudential	Prudential Short-Term Fund	$ 3,322,637	$ -	$ 3,322,637	$ 3,322,637	$ -
Prudential	Prudential Short-Term Fund	$ -	$ 3,844,768	$ 3,844,758	$ 3,844,768	$ 10