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| <b>Form 5500</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security<br/>Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                          |                                                                                                                                                                                                                                             |                                                                                           |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                          |                                                                                                                                                                                                                                             |                                                                                           |
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u> |                                                                                                          |                                                                                                                                                                                                                                             |                                                                                           |
| <b>A</b>                                                                                                 | This return/report is for:                                                                               | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)               |                                                                                           |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |                                                                                                                                                                                                                                             |                                                                                           |
| <b>B</b>                                                                                                 | This return/report is:                                                                                   | <input type="checkbox"/> the first return/report<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months) |                                                                                           |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. .... <input type="checkbox"/>                  |                                                                                                                                                                                                                                             |                                                                                           |
| <b>D</b>                                                                                                 | Check box if filing under:                                                                               | <input checked="" type="checkbox"/> Form 5558<br><input type="checkbox"/> special extension (enter description)                                                                                                                             | <input type="checkbox"/> automatic extension<br><input type="checkbox"/> the DFVC program |

|                |                                                                                                                                                                                                                                                                                                                                                               |           |                                                           |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD</u>                                                                                                                                                                                                                      | <b>1b</b> | Three-digit plan number (PN) ► <u>005</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                                               | <b>1c</b> | Effective date of plan<br><u>12/31/1945</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>MEDIANEWS GROUP, INC.</u><br><br><u>101 W. COLFAX AVENUE, SUITE 1100</u><br><u>DENVER, CO 80202</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>76-0425553</u> |
|                |                                                                                                                                                                                                                                                                                                                                                               | <b>2c</b> | Plan Sponsor's telephone number<br><u>303-954-6446</u>    |
|                |                                                                                                                                                                                                                                                                                                                                                               | <b>2d</b> | Business code (see instructions)<br><u>511110</u>         |

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

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

|                                                                                                 |                                                   |            |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 10/12/2017 | STEVEN E. EISENBERG                                          |
|                                                                                                 | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                   |            | Preparer's telephone number                                  |
|                                                                                                 |                                                   |            |                                                              |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 1568                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 125<br><b>6a(2)</b> 105<br><b>6b</b> 679<br><b>6c</b> 698<br><b>6d</b> 1482<br><b>6e</b> 75<br><b>6f</b> 1557<br><b>6g</b><br><b>6h</b> 0           |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                  |

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

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
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| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                                                                            |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD | <b>B</b> Three-digit plan number (PN) ▶ 005                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MEDIANEWS GROUP, INC.                                                     | <b>D</b> Employer Identification Number (EIN)<br>76-0425553 |

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

**1** Coverage Information:

(a) Name of insurance carrier  
LIFE INSURANCE COMPANY OF NORTH AMERICA

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 06-1332401 | 65498         | A07671                                | 1557                                                                        | 01/01/2016              | 12/31/2016 |

**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<br>0 | (b) Total amount of fees paid<br>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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |        |
|--------------------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 392274 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 0      |

**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 ▶ GUARANTEED INTEREST FUND

|                                                        |           |        |
|--------------------------------------------------------|-----------|--------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 380849 |
|--------------------------------------------------------|-----------|--------|

|                                                                       |              |       |  |
|-----------------------------------------------------------------------|--------------|-------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |       |  |
| (2) Dividends and credits.....                                        | <b>7c(2)</b> |       |  |
| (3) Interest credited during the year.....                            | <b>7c(3)</b> | 11425 |  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> |       |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> |       |  |

▶

|                           |              |       |
|---------------------------|--------------|-------|
| (6) Total additions ..... | <b>7c(6)</b> | 11425 |
|---------------------------|--------------|-------|

|                                                                                       |           |        |
|---------------------------------------------------------------------------------------|-----------|--------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 392274 |
|---------------------------------------------------------------------------------------|-----------|--------|

**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 ..... | <b>7e(5)</b> | 0 |
|----------------------------|--------------|---|

|                                                                                                        |           |        |
|--------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b> | 392274 |
|--------------------------------------------------------------------------------------------------------|-----------|--------|

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**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. ▶

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
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| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                                                                            |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD | <b>B</b> Three-digit plan number (PN) ▶ 005                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MEDIANEWS GROUP, INC.                                                     | <b>D</b> Employer Identification Number (EIN)<br>76-0425553 |

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

**1** Coverage Information:

(a) Name of insurance carrier

PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 06-1050034 | 93629         | IN-17432                              | 1557                                                                        | 01/01/2016              | 12/31/2016 |

**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<br>0 | (b) Total amount of fees paid<br>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 |                       |
|                                               |                                 |             |                       |

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 0       |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 7501634 |

**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**

0

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(2) Dividends and credits.....

**7c(2)**

(3) Interest credited during the year.....

**7c(3)**

(4) Transferred from separate account .....

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

▶

(6) Total additions .....

**7c(6)**

0

**d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d**

0

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

**7e(1)**

(2) Administration charge made by carrier.....

**7e(2)**

(3) Transferred to separate account .....

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

▶

(5) Total deductions .....

**7e(5)**

0

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

0

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

|                                                                                                                                                   |                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD</u> | <b>B</b> Three-digit plan number (PN) ▶ <u>005</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>MEDIANEWS GROUP, INC.</u>                                          | <b>D</b> Employer Identification Number (EIN)<br><u>76-0425553</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B         | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>                                                                                                                               |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>121264829</u>                                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>128308670</u>                                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | <u>720</u> <u>77672683</u> <u>77672683</u>                                    |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <u>723</u> <u>43549574</u> <u>43549574</u>                                    |
| <b>c</b> For active participants.....                                                                                                                                                                           | <u>125</u> <u>16589134</u> <u>16821106</u>                                    |
| <b>d</b> Total.....                                                                                                                                                                                             | <u>1568</u> <u>137811391</u> <u>138043363</u>                                 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>6.13%</u>                                                         |
| <b>6</b> Target normal cost.....                                                                                                                                                                                | <b>6</b> <u>1600000</u>                                                       |

**Statement by Enrolled Actuary**

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

|                                                                                            |                               |                                        |
|--------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                                           |                               | <u>10/06/2017</u>                      |
|                                                                                            | Signature of actuary          | Date                                   |
| <u>SCOTT H. DAVIS</u>                                                                      | Type or print name of actuary | <u>17-06506</u>                        |
| <u>AON CONSULTING, INC.</u>                                                                | Firm name                     | Most recent enrollment number          |
| <u>5600 W 83RD STREET</u><br><u>8200 TOWER, SUITE 1100</u><br><u>MINNEAPOLIS, MN 55437</u> | Address of the firm           | <u>952-886-8000</u>                    |
|                                                                                            |                               | Telephone number (including area code) |

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2016**  
**v. 160205**

| 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) .....                                                          | 0                     | 20855                  |
| 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) .....                                                                                                             | 0                     | 20855                  |
| 10                                                          | Interest on line 9 using prior year's actual return of <u>-0.21</u> % .....                                                                              | 0                     | -44                    |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                                                                                     |                       |                        |
| a                                                           | Present value of excess contributions (line 38a from prior year) .....                                                                                   |                       | 57459                  |
| b(1)                                                        | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.33</u> % ..... |                       | 3637                   |
| b(2)                                                        | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....                                                                     |                       | 61096                  |
| d                                                           | Portion of (c) to be added to prefunding balance .....                                                                                                   |                       | 61096                  |
| 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) .....                                                                       | 0                     | 81907                  |

| Part III Funding Percentages |                                                                                                                                                                  |    |        |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 14                           | Funding target attainment percentage .....                                                                                                                       | 14 | 92.88% |
| 15                           | Adjusted funding target attainment percentage .....                                                                                                              | 15 | 92.88% |
| 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 | 90.62% |
| 17                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | 17 | %      |

| Part IV Contributions and Liquidity Shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/14/2016                                                                        | 1100000                           | 0                               |                          |                                   |                                 |
| 07/14/2016                                                                        | 1000000                           | 0                               |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
| Totals ►                                                                          |                                   |                                 | 18(b)                    | 2100000                           | 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 2050359                                                         |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                                                                |                                                                     |
| a                                                                                                                             | Did the plan have a "funding shortfall" for the prior year? .....                                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b                                                                                                                             | If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c If line 20a is "Yes," see instructions and complete the following table as applicable:                                      |                                                                                                                |                                                                     |

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

|                  |                                                                                                                                                                                                                                  |                                                                                                                                                                          |                                                     |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Part V</b>    | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                       |                                                                                                                                                                          |                                                     |
| <b>21</b>        | Discount rate:                                                                                                                                                                                                                   |                                                                                                                                                                          |                                                     |
| <b>a</b>         | Segment rates:                                                                                                                                                                                                                   | <div style="display: flex; justify-content: space-around;"> <div>1st segment:<br/>4.43%</div> <div>2nd segment:<br/>5.91%</div> <div>3rd segment:<br/>6.65%</div> </div> | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b>         | Applicable month (enter code) .....                                                                                                                                                                                              | <b>21b</b>                                                                                                                                                               | 4                                                   |
| <b>22</b>        | Weighted average retirement age .....                                                                                                                                                                                            | <b>22</b>                                                                                                                                                                | 62                                                  |
| <b>23</b>        | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                               |                                                                                                                                                                          |                                                     |
| <b>Part VI</b>   | <b>Miscellaneous Items</b>                                                                                                                                                                                                       |                                                                                                                                                                          |                                                     |
| <b>24</b>        | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                                                          |                                                     |
| <b>25</b>        | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                      |                                                                                                                                                                          |                                                     |
| <b>26</b>        | Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            |                                                                                                                                                                          |                                                     |
| <b>27</b>        | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                                                                                       | <b>27</b>                                                                                                                                                                |                                                     |
| <b>Part VII</b>  | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                                                                                                                                   |                                                                                                                                                                          |                                                     |
| <b>28</b>        | Unpaid minimum required contributions for all prior years .....                                                                                                                                                                  | <b>28</b>                                                                                                                                                                | 0                                                   |
| <b>29</b>        | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....                                                                                                       | <b>29</b>                                                                                                                                                                | 0                                                   |
| <b>30</b>        | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                          | <b>30</b>                                                                                                                                                                | 0                                                   |
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b>                                                                                                                                                                            |                                                                                                                                                                          |                                                     |
| <b>31</b>        | Target normal cost and excess assets (see instructions):                                                                                                                                                                         |                                                                                                                                                                          |                                                     |
| <b>a</b>         | Target normal cost (line 6) .....                                                                                                                                                                                                | <b>31a</b>                                                                                                                                                               | 1600000                                             |
| <b>b</b>         | Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                | <b>31b</b>                                                                                                                                                               | 0                                                   |
| <b>32</b>        | Amortization installments:                                                                                                                                                                                                       | Outstanding Balance                                                                                                                                                      | Installment                                         |
| <b>a</b>         | Net shortfall amortization installment .....                                                                                                                                                                                     | 9816600                                                                                                                                                                  | 225918                                              |
| <b>b</b>         | Waiver amortization installment .....                                                                                                                                                                                            | 0                                                                                                                                                                        | 0                                                   |
| <b>33</b>        | If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....                                                       | <b>33</b>                                                                                                                                                                |                                                     |
| <b>34</b>        | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                                                                               | <b>34</b>                                                                                                                                                                | 1825918                                             |
|                  |                                                                                                                                                                                                                                  | Carryover balance                                                                                                                                                        | Prefunding balance                                  |
| <b>35</b>        | Balances elected for use to offset funding requirement .....                                                                                                                                                                     | 0                                                                                                                                                                        | 0                                                   |
| <b>36</b>        | Additional cash requirement (line 34 minus line 35) .....                                                                                                                                                                        | <b>36</b>                                                                                                                                                                | 1825918                                             |
| <b>37</b>        | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                                                                        | <b>37</b>                                                                                                                                                                | 2050359                                             |
| <b>38</b>        | Present value of excess contributions for current year (see instructions)                                                                                                                                                        |                                                                                                                                                                          |                                                     |
| <b>a</b>         | Total (excess, if any, of line 37 over line 36) .....                                                                                                                                                                            | <b>38a</b>                                                                                                                                                               | 224441                                              |
| <b>b</b>         | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                     | <b>38b</b>                                                                                                                                                               | 0                                                   |
| <b>39</b>        | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                                                                            | <b>39</b>                                                                                                                                                                | 0                                                   |
| <b>40</b>        | Unpaid minimum required contributions for all years .....                                                                                                                                                                        | <b>40</b>                                                                                                                                                                | 0                                                   |
| <b>Part IX</b>   | <b>Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)</b>                                                                                                                                                |                                                                                                                                                                          |                                                     |
| <b>41</b>        | If an election was made to use PRA 2010 funding relief for this plan:                                                                                                                                                            |                                                                                                                                                                          |                                                     |
| <b>a</b>         | Schedule elected .....                                                                                                                                                                                                           | <input type="checkbox"/> 2 plus 7 years <input checked="" type="checkbox"/> 15 years                                                                                     |                                                     |
| <b>b</b>         | Eligible plan year(s) for which the election in line 41a was made .....                                                                                                                                                          | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011                            |                                                     |
| <b>42</b>        | Amount of acceleration adjustment .....                                                                                                                                                                                          | <b>42</b>                                                                                                                                                                | 0                                                   |
| <b>43</b>        | Excess installment acceleration amount to be carried over to future plan years .....                                                                                                                                             | <b>43</b>                                                                                                                                                                | 0                                                   |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>2016</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

|                                                                                                                                               |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING<br>EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD | <b>B</b> Three-digit plan number (PN) ▶ <b>005</b>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MEDIANEWS GROUP, INC.                                                        | <b>D</b> Employer Identification Number (EIN)<br>76-0425553 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

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

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

|                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br>PRUDENTIAL RETIREMENT INS & ANNUITY |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|

06-1050034

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

PRUDENTIAL RETIREMENT INS & ANNUITY

06-1050034

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     | NONE                                                                                              | 504770                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

CAMBRIDGE ASSOCIATES LLC

04-3515240

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | NONE                                                                                              | 184482                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HEWITT ASSOCIATES LLC

36-2235791

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 102689                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EKS&H LLLP

46-1497033

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 20877                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AKIN GUMP LLP

1333 NEW HAMPSHIRE AVE, NW  
WASHINGTON, DC 20036

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 6403                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |                                                                                                      | <div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| A Name of plan<br>SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD                                               |  |                                                                                                                                                                                                                                   |                                                                                                      | B Three-digit plan number (PN) ▶ 005                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>MEDIANEWS GROUP, INC.                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                      | D Employer Identification Number (EIN)<br>76-0425553                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| 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 06-1050034-041                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7501634 |                                                                                                 |  |
| 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)         |                                                                                                 |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule D (Form 5500) 2016 v.160205

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

|                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Internal Revenue Service</small><br><small>Department of Labor</small><br><small>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                                                   |                                                                    |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>                                          |                                                                    |            |
| <b>A</b> Name of plan<br><u>SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD</u> | <b>B</b> Three-digit plan number (PN) ►                            | <u>005</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MEDIANEWS GROUP, INC.</u>                                                     | <b>D</b> Employer Identification Number (EIN)<br><u>76-0425553</u> |            |

| <b>Part I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Asset and Liability Statement</b> |                              |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------|------------------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                                      |                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                        | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                            |                              |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                              |                        |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                         | 2100000                      | 0                      |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                         |                              |                        |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                         |                              |                        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                         |                              |                        |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                         |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>                      |                              |                        |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>                      |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>                      |                              |                        |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>                      |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                         |                              |                        |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>                         |                              |                        |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                         |                              |                        |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                         |                              |                        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                         |                              |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                        | 3162282                      | 7501634                |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                        |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                        |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                        |                              |                        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                        | 380849                       | 392274                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                        | 115686211                    | 113725412              |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 121329342             | 121619320       |

**Liabilities**

|                                                                           |           |       |   |
|---------------------------------------------------------------------------|-----------|-------|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 11793 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 11793 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 121317549 | 121619320 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 2100000    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2100000   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 74031      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 74031     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            | 17430     |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            |           |
| c Other income.....                                                                            | 2c     |            | 8539201   |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 10730662  |

**Expenses**

|                                                                                      |       |         |          |
|--------------------------------------------------------------------------------------|-------|---------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |         |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 8728950 |          |
| (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) |         | 8728950  |
| 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) | 1699941 |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |         | 1699941  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 10428891 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 301771 |
| l Transfers of assets:                                   |       |  |        |
| (1) To this plan.....                                    | 2l(1) |  |        |
| (2) From this plan.....                                  | 2l(2) |  |        |

**Part III Accountant's Opinion**

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

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

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

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

☒ Yes ☐ No

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

(1) Name: EKS&H LLLP

(2) EIN: 46-1497033

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    | <b>4g</b> |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | <b>4j</b> | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      | <b>4n</b> |     |    |        |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |        |

**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  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4002799. (See instructions.)

## Part V Trust Information

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                                                                                   |                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD</u> | <b>B</b> Three-digit plan number (PN) ▶ <u>005</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MEDIANEWS GROUP, INC.</u>                                                     | <b>D</b> Employer Identification Number (EIN)<br><u>76-0425553</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u>  |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>22-1211670</u> |          |           |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |           |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> | <u>13</u> |

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016  
v. 160205

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
| <b>a</b>  | The current year .....                                                                                                                                                                                                                               | <b>14a</b> |  |
| <b>b</b>  | The plan year immediately preceding the current plan year .....                                                                                                                                                                                      | <b>14b</b> |  |
| <b>c</b>  | The second preceding plan year .....                                                                                                                                                                                                                 | <b>14c</b> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                         |            |  |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                         | <b>15a</b> |  |
| <b>b</b>  | The corresponding number for the second preceding plan year .....                                                                                                                                                                                    | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                      | <b>16a</b> |  |
| <b>b</b>  | If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                                        | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>18</b> | 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 .....                           | <input type="checkbox"/> |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                   |                          |
| <b>a</b>  | Enter the percentage of plan assets held as:<br>Stock: _____%   Investment-Grade Debt: <u>6</u> %   High-Yield Debt: _____%   Real Estate: _____%   Other: <u>94</u> %                                                                                                                                                                                                                                 |                          |
| <b>b</b>  | Provide the average duration of the combined investment-grade and high-yield debt:<br><input checked="" type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |                          |
| <b>c</b>  | What duration measure was used to calculate line 19(b)?<br><input checked="" type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                |                          |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                             |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? If "No," skip b .....                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>20b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....                                                        | <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A |
| <b>21a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....                                                                            | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A                                                         |
| <b>21b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>22a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter   /   /   and the serial number   .      |                                                                                                                                                                                   |
| <b>22b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter   /   /   .                                     |                                                                                                                                                                                   |

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Financial Statements  
and  
Independent Auditors' Report  
December 31, 2016 and 2015**

**EKS&H**

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

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8181 East Tufts Avenue, Suite 600  
Denver, Colorado 80237-2521  
P: 303-740-9400  
F: 303-740-9009  
[www.EKSH.com](http://www.EKSH.com)

EKS&H LLLP

## **INDEPENDENT AUDITORS' REPORT**

Plan Administrator, Committee, and Participants  
San Jose Mercury-News Inc. Amended Retirement Plan Covering  
Employees Represented by the San Jose Newspaper Guild  
Denver, Colorado

### **REPORT ON FINANCIAL STATEMENTS**

We were engaged to audit the accompanying financial statements of San Jose Mercury-News Inc. Amended Retirement Plan Covering Employees Represented by the San Jose Newspaper Guild (the "Plan"), which are comprised of the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS**

Management is responsible for the preparation and fair presentation of these financial statements in 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 2520.103-5(c) and 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 and Prudential Bank & Trust, F.S.B., collectively, 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 certifications from the trustee as of December 31, 2016 and 2015, and for the years then ended, 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 MATTER**

The supplemental schedules as of and for the year ended December 31, 2016, are required by the Department of Labor'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.

## **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

October 9, 2017  
Denver, Colorado

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Statements of Net Assets Available for Benefits**

|                                                                      | <u>December 31,</u>          |                              |
|----------------------------------------------------------------------|------------------------------|------------------------------|
|                                                                      | <u>2016</u>                  | <u>2015</u>                  |
| <b>Assets</b>                                                        |                              |                              |
| Investments, at fair value                                           |                              |                              |
| Pooled separate accounts                                             | \$ 7,501,634                 | \$ 3,162,282                 |
| Hedge funds                                                          | <u>113,725,412</u>           | <u>115,686,211</u>           |
| Total investments, at fair value                                     | 121,227,046                  | 118,848,493                  |
| Fully benefit-responsive guaranteed interest fund, at contract value | 392,274                      | 380,849                      |
| Employer contributions receivable                                    | <u>-</u>                     | <u>2,100,000</u>             |
| Total assets                                                         | <u>121,619,320</u>           | <u>121,329,342</u>           |
| <b>Liabilities and Net Assets</b>                                    |                              |                              |
| Accrued expenses                                                     | <u>-</u>                     | <u>11,793</u>                |
| Net assets available for benefits                                    | <u><u>\$ 121,619,320</u></u> | <u><u>\$ 121,317,549</u></u> |

See notes to financial statements.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Statements of Changes in Net Assets Available for Benefits**

|                                                | For the Years Ended<br>December 31, |                       |
|------------------------------------------------|-------------------------------------|-----------------------|
|                                                | <u>2016</u>                         | <u>2015</u>           |
| Additions                                      |                                     |                       |
| Investment income (loss)                       |                                     |                       |
| Net appreciation (depreciation) of investments | \$ 8,539,201                        | \$ (1,478,324)        |
| Interest and dividends                         | <u>91,461</u>                       | <u>1,226,643</u>      |
| Total investment income (loss)                 | 8,630,662                           | (251,681)             |
| Employer contributions                         | <u>2,100,000</u>                    | <u>5,200,000</u>      |
| Total additions                                | <u>10,730,662</u>                   | <u>4,948,319</u>      |
| Deductions                                     |                                     |                       |
| Benefits paid to participants                  | 8,728,950                           | 8,368,738             |
| Administrative fees                            | <u>1,699,941</u>                    | <u>1,430,733</u>      |
| Total deductions                               | <u>10,428,891</u>                   | <u>9,799,471</u>      |
| Net increase (decrease)                        | 301,771                             | (4,851,152)           |
| Net assets available for benefits              |                                     |                       |
| Beginning of year                              | <u>121,317,549</u>                  | <u>126,168,701</u>    |
| End of year                                    | <u>\$ 121,619,320</u>               | <u>\$ 121,317,549</u> |

See notes to financial statements.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

The following description of San Jose Mercury-News Inc. Amended Retirement Plan Covering Employees Represented by the San Jose Newspaper Guild (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 defined benefit plan established December 31, 1945. The Plan was restated effective January 1, 2014 to incorporate all amendments to the Plan made since the January 1, 2009 restatement as well as the addition of provisions in order to comply with current laws in place. The Plan is a non-contributory defined benefit plan covering all members of the collective bargaining unit represented by the San Jose Newspaper Guild. The Plan provides for retirement, death, and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

MediaNews Group, Inc. (the "Company") is the Plan sponsor and administers the Plan. Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, F.S.B. (collectively, "Prudential") serves as trustee, manages Plan assets, and maintains the Plan's records.

Effective February 28, 2007 ("Freeze Date"), the Company froze the Plan to preclude additional employees from becoming participants and to cease all benefit accruals.

Participants receive retirement income benefits based on salary history, benefit factors, and years of service, as defined by the Plan document.

**Funding Policy**

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 92.88% at January 1, 2016 and 90.62% at January 1, 2015.

Contributions to the Plan are based on actuarial determinations provided by the Plan's actuary. All contributions are made by the Company in cash in amounts adequate to meet the minimum funding requirement of ERISA. Contributions of \$2,100,000 and \$5,200,000 were made to the Plan for the years ended December 31, 2016 and 2015, respectively.

**Vesting and Payment of Benefits**

Participants must complete five years of benefit eligibility service, as defined by the Plan document, before becoming 100% vested and entitled to receive a retirement income benefit. A participant is eligible for normal retirement after age 65. Participants can elect to retire early at any time after age 55, provided they have completed five or more years of service. The benefit received will be based on their benefit factor, benefit accrual service, vesting service, and age upon termination of employment, as defined by the Plan document.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

Vesting and Payment of Benefits (continued)

Specific benefit provisions and vesting provisions are disclosed in the Plan document. Participants and all others should refer to the Plan document for the specific Plan provisions. 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, the net assets of the Plan would be set aside first for the payment of benefits to retirees and then for all other participants. The Pension Benefit Guaranty Corporation guarantees the payment of all non-forfeitable (vested) benefits subject to certain limitations prescribed by ERISA.

Valuation of Investments and Income Recognition

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

The investments of the Plan are comprised of pooled separate accounts, hedge funds, and a guaranteed interest fund.

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.

Guaranteed Interest Fund

The Cigna Retirement and Investment Services ("Cigna") Guaranteed Interest Fund is a benefit-responsive contract issued by Cigna with a fixed rate of interest. It is not a portfolio of contracts whose yields are based on changes in fair value of underlying assets as would be found in a stable value fund. As a result, the average yield earned by the Plan is the yield earned (i.e., interest credited) on the guaranteed interest fund.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

Guaranteed Interest Fund (continued)

Fully benefit-responsive guaranteed interest funds ("interest funds") held by a defined benefit plan are required to be reported at contract value. Contract value is a relevant measurement attribute for that portion of the net assets available for benefits of a defined benefit plan attributable to fully benefit-responsive interest funds as the contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in a fixed-income guaranteed interest fund. As required by accounting principles generally accepted in the United States of America ("GAAP"), the statements of net assets available for benefits present the contract value of the fund. The statements of changes in net assets available for benefits present the activity of this fund on a contract value basis.

Contract value is the aggregation of contributions; plus interest; less withdrawals, if any. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

Use of Estimates

The preparation of financial statements in conformity with 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, Uncertainties, and Concentrations

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 the amounts reported in the statements of net assets available for benefits.

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 comparable U.S. companies.

As of December 31, 2016 and 2015, two investments accounted for approximately 85% and 90%, respectively, of total investments. During the years ended December 31, 2016 and 2015, two and five investments accounted for approximately 92% and 100%, respectively, of net appreciation (depreciation) of investments.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

**Subsequent Events**

The Plan has evaluated subsequent events through the auditors' report date, which is the date the financial statements were available to be issued.

Subsequent to year-end, Alden gave notice that they are closing the AGBPI Fund, Limited and the Alden Global CRE Opportunities Fund, which are included within hedge funds. Voluntary withdrawals from the two funds have been suspended. The funds will be liquidated through a soft wind-down process. Quarterly distributions will be made as cash becomes available until the funds are fully liquidated. Approximately \$51,980,410 and \$11,269,830 has been withdrawn from the AGBPI Fund, Limited, and the Alden Global CRE Opportunities Fund, respectively, through the auditors' report date.

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

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

Prudential has certified in writing to the Plan administrator that the stated amounts for investments at fair value and contract value as of December 31, 2016 and 2015 and the income earned or losses incurred thereon for the years then ended, as reflected in the accompanying financial statements, supplemental schedule of assets (held at end of year), and supplemental schedule of reportable transactions, are complete and accurate.

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-5(c) and 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, supplemental schedule of assets (held at end of year), and supplemental schedule of reportable transactions.

**Note 3 - Fair Value Accounting**

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

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

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

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

As of December 31, 2016 and 2015, no investments were required to be presented in the fair value hierarchy. As of December 31, 2016, investments of \$121,227,046 and \$392,274 were measured at net asset value ("NAV") and contract value, respectively. As of December 31, 2015, investments of \$118,848,493 and \$380,849 were measured at NAV and contract value, respectively.

The Plan's investments in pooled separate accounts ("separate accounts") and hedge funds are recorded at 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. Hedge fund assets for which no external pricing sources are available are valued at fair value based upon an estimate made by the funds' managers using what management believes, in its discretion, to be appropriate techniques consistent with market practices for the relevant type of investments. Due to the nature of these investments, changes in market conditions and the economic environment may significantly impact the NAV of the separate accounts and hedge funds 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 and hedge funds on an equivalent measure where it is not probable that the fund will sell a separate account or hedge fund at a price other than NAV.

The separate accounts are redeemable daily and have a one-day notice period. There were no separate accounts with redemption restrictions or unfunded commitments as of December 31, 2016 and 2015. The KLS Diversified Fund, Limited is redeemable as of the last day of any calendar quarter-end upon 60 days' prior notice. The Alden AGBPI Fund, Limited is redeemable as of any month-end upon 90 days' prior notice. The Alden Global CRE Opportunities Fund is redeemable in four quarterly installment payments equivalent to 25%, 33 1/3%, 50%, and 100% of the fund's balance as of any calendar quarter-end upon 90 days' prior notice. The redemption notice may be reduced to 60 days; however, it becomes subject to a 5% withdrawal fee. The withdrawal amount may exceed 25%; however, all excess balances withdrawn over 25% become subject to an additional 10% withdrawal fee if 60 days' notice is given or a 5% withdrawal fee if standard notice is given.

As described in Note 1, subsequent to year-end, Alden gave notice that they are closing the AGBPI Fund, Limited and Alden Global CRE Opportunities Funds. Voluntary withdrawals from the two funds have been suspended. The funds will be liquidated through a soft wind-down process. Quarterly distributions will be made as cash becomes available until the funds are fully liquidated. There were no hedge funds with unfunded commitments as of December 31, 2016 and 2015.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

The Plan's fully benefit-responsive guaranteed interest fund is presented at contract value, which represents contributions and reinvested income, less any withdrawals, plus accrued interest. Cigna maintains the funds in a general account. The accounts are credited with earnings on the underlying investments and charged for withdrawals and administrative expenses. The guaranteed annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 3%. The crediting rate is reviewed every five years for resetting.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Upon discontinuance of the contract, contract value would be paid no sooner than 30 days from the date the Plan sponsor provides notice. As of December 31, 2016 and 2015, there were no reserves against contract values for credit risk of contract issuers or otherwise.

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 December 31, 2016 and 2015. 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 Fair Value Measurements**

The Plan's financial instruments as of December 31, 2016 and 2015 include hedge funds, which contain certain redemption restrictions as stated above. The fair value of the hedge funds as of December 31, 2016 and 2015 is \$113,725,412 and \$115,686,211, respectively. The valuation technique used to measure the fair values 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 dates.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

**Changes in Financial Instruments with Significant Unobservable Inputs**

The following is a reconciliation of the beginning and ending balances for investments measured at fair value on a recurring basis using significant unobservable inputs during the years ended December 31, 2016 and 2015:

|                                       | <u>Hedge Funds</u>    | <u>Cigna<br/>Guaranteed<br/>Interest Fund</u> |
|---------------------------------------|-----------------------|-----------------------------------------------|
| Investment balance, January 1, 2015   | \$ 34,187,457         | \$ 369,756                                    |
| Purchases                             | 78,600,000            | -                                             |
| Interest                              | -                     | 11,093                                        |
| Gains (realized/unrealized)           | <u>2,898,754</u>      | <u>-</u>                                      |
| Investment balance, December 31, 2015 | 115,686,211           | 380,849                                       |
| Sales                                 | (10,500,000)          | -                                             |
| Interest                              | -                     | 11,425                                        |
| Gains (realized/unrealized)           | <u>8,539,201</u>      | <u>-</u>                                      |
| Ending balance, December 31, 2016     | <u>\$ 113,725,412</u> | <u>\$ 392,274</u>                             |

**Note 4 - Income Taxes**

The IRS has determined and informed the Plan, in a letter dated September 17, 2014, 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 has been amended since receiving the determination letter; however, 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 December 31, 2016 and 2015, 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.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

**Note 5 - Administration of the Plan**

The Plan pays the cost of certain administrative, accounting, and legal services. Fees incurred and paid directly by the Plan for investment management services during the years ended December 31, 2016 and 2015 were \$184,482 and \$183,071, respectively, which are included within administrative fees on the statements of changes in net assets available for benefits.

**Note 6 - Related Party and Party-in-Interest Transactions**

Certain Plan investments are pooled separate accounts and a guaranteed interest fund managed by Prudential, the trustee as of December 31, 2016 and 2015. Other Plan investments include two hedge funds that are managed by an owner of the Company. There are no fees charged to the Plan associated with these funds. 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.

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 are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the Freeze Date. 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 prior to the Freeze Date. The actuarial valuation was performed as of January 1, 2016 and 2015. Had the valuation been performed as of December 31, 2015 and 2014, there would be no material difference.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

The following table sets forth the accumulated plan benefits:

|                                                            | <u>January 1,</u>     |                       |
|------------------------------------------------------------|-----------------------|-----------------------|
|                                                            | <u>2016</u>           | <u>2015</u>           |
| Actuarial present value of accumulated plan benefits       |                       |                       |
| Vested benefits                                            |                       |                       |
| Participants currently receiving payments                  | \$ 74,211,915         | \$ 70,078,672         |
| Vested benefits for other participants                     | <u>58,311,613</u>     | <u>55,502,142</u>     |
| Total vested benefits                                      | 132,523,528           | 125,580,814           |
| Non-vested benefits                                        | <u>221,761</u>        | <u>367,614</u>        |
| Total actuarial present value of accumulated plan benefits | <u>\$ 132,745,289</u> | <u>\$ 125,948,428</u> |

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

|                                                                               |                       |
|-------------------------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated plan benefits as of<br>January 1, 2015 | \$ 125,948,428        |
| Increase (decrease) during the year attributable to                           |                       |
| Interest accumulation                                                         | 9,137,978             |
| Assumption changes (1)                                                        | 6,625,083             |
| Other changes (2)                                                             | (597,462)             |
| Benefit payments                                                              | <u>(8,368,738)</u>    |
| Actuarial present value of accumulated plan benefits as of<br>January 1, 2016 | <u>\$ 132,745,289</u> |

- (1) Changes in actuarial assumptions relate to changes in the assumed rate of return on investments and the mortality rate assumption.
- (2) Other changes represent the normal operations of the Plan, consisting primarily of the increase due to ongoing benefit accruals, if any, and those items of Plan experience that are not associated with Plan asset performance.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

The significant actuarial assumptions used by Hewitt in its January 1, 2016 and 2015 calculations are as follows:

|                                                            |                                                                                                                                                                                                              |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assumed rate of return on investments                      | 7.00% (2016) and 7.50% (2015).                                                                                                                                                                               |
| Probability of retirement - active participants            | 10% at age 55, 8% at ages 56-59, 11% at ages 60-64, 25% at ages 65-69, and 100% at ages 70+ (2016 and 2015).                                                                                                 |
| Probability of retirement - terminated vested participants | 30% at age 55, 15% at ages 56-61, 45% at age 62, 20% at ages 63-64, and 100% at ages 65+ (2016 and 2015).                                                                                                    |
| Mortality basis                                            | 2016 Static Mortality Table for Annuitants and Non-Annuitants per Section 1.430(h)(3)-1(e) (2016).<br><br>2015 Static Mortality Table for Annuitants and Non-Annuitants per Section 1.430(h)(3)-1(e) (2015). |
| Actuarial cost method                                      | Standard Unit Credit Cost Method (2016 and 2015).                                                                                                                                                            |
| Effective interest rate                                    | 6.13% (2016) and 6.33% (2015).                                                                                                                                                                               |

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**

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2016**

Employer Identification Number - 76-0425553

Plan Number - 005

| (a) | (b) Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par,<br>or Maturity Value | (d) Cost              | (e) Current<br>Value  |
|-----|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
|     | Pooled separate account                                         |                                                                                                                       |                       |                       |
| *   | Prudential                                                      | Short-Term Fund                                                                                                       | \$ 7,501,576          | \$ 7,501,634          |
|     | Hedge funds                                                     |                                                                                                                       |                       |                       |
| *   | Alden                                                           | AGBPI Fund, Limited                                                                                                   | 80,103,919            | 88,664,993            |
| *   | Alden                                                           | Global CRE Opportunities Fund                                                                                         | 13,982,760            | 15,218,745            |
|     | KLS                                                             | Diversified Fund, Limited                                                                                             | <u>8,609,682</u>      | <u>9,841,674</u>      |
|     | Total hedge funds                                               |                                                                                                                       | <u>102,696,361</u>    | <u>113,725,412</u>    |
|     | Fully benefit-responsive<br>guaranteed interest fund            |                                                                                                                       |                       |                       |
|     | Cigna                                                           | Guaranteed Interest Fund                                                                                              | <u>348,531</u>        | <u>392,274</u>        |
|     |                                                                 |                                                                                                                       | <u>\$ 110,546,468</u> | <u>\$ 121,619,320</u> |

\* Party-in-interest

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions  
For the Year Ended December 31, 2016**

Employer Identification Number - 76-0425553  
Plan Number - 005

| (a) Identity of Party Involved                                                                                                       | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset/Book Value | (h) Current Value of Asset on Transaction Date | (i) Realized Gains |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|-------------------|------------------------------|------------------------------------------------|--------------------|
| Category (iii) - A series of transactions that exceeds 5% of net assets available for benefits as of the beginning of the Plan year: |                          |                    |                   |                              |                                                |                    |
| Prudential Alden                                                                                                                     | Short-Term Fund          | \$ 14,809,761      | \$ -              | \$ 14,809,761                | \$ 14,809,761                                  | \$ -               |
|                                                                                                                                      | AGBPI Fund, Limited      | \$ -               | \$ 10,500,000     | \$ 10,956,103                | \$ 10,500,000                                  | \$ (456,103)       |
| Prudential                                                                                                                           | Short-Term Fund          | \$ -               | \$ 10,487,840     | \$ 10,487,698                | \$ 10,487,840                                  | \$ 142             |

There were no category (i), (ii), or (iv) reportable transactions for the year ended December 31, 2016.

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

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

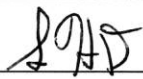
► **Round off amounts to nearest dollar.**

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

|                                                                                                                                                  |                                                                                                                                                         |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN<br>COVERING EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER<br>GUILD | <b>B</b> Three-digit plan number (PN) ►                                                                                                                 | 005 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>MEDIANEWS GROUP, INC.                                            | <b>D</b> Employer Identification Number (EIN)<br><br>76-0425553                                                                                         |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B        | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |     |

| Part I Basic Information |                                                                                                                                                                                                                 |                            |                           |                          |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b>                 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>                                                                                                                                        |                            |                           |                          |
| <b>2</b>                 | Assets:                                                                                                                                                                                                         |                            |                           |                          |
|                          | <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b>                  | 121,264,829               |                          |
|                          | <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 128,308,670               |                          |
| <b>3</b>                 | Funding target/participant count breakdown                                                                                                                                                                      | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|                          | <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 720                        | 77,672,683                | 77,672,683               |
|                          | <b>b</b> For terminated vested participants .....                                                                                                                                                               | 723                        | 43,549,574                | 43,549,574               |
|                          | <b>c</b> For active participants .....                                                                                                                                                                          | 125                        | 16,589,134                | 16,821,106               |
|                          | <b>d</b> Total .....                                                                                                                                                                                            | 1,568                      | 137,811,391               | 138,043,363              |
| <b>4</b>                 | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                         |                            |                           |                          |
|                          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
|                          | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |
| <b>5</b>                 | Effective interest rate.....                                                                                                                                                                                    | <b>5</b>                   | 6.13%                     |                          |
| <b>6</b>                 | Target normal cost .....                                                                                                                                                                                        | <b>6</b>                   | 1,600,000                 |                          |

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

|                                                                                                                                                                                                                        |                                                                                                                                     |                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN<br/>HERE</b>                                                                                                                                                                                                   | SCOTT H. DAVIS <br>_____<br>Signature of actuary | 10/06/2017<br>_____<br>Date<br>1706506<br>_____<br>Most recent enrollment number<br>952-886-8000<br>_____<br>Telephone number (including area code) |
| SCOTT H. DAVIS<br>_____<br>Type or print name of actuary<br><br>AON CONSULTING, INC.<br>_____<br>Firm name<br><br>5600 W 83RD STREET<br>8200 TOWER, SUITE 1100<br>MINNEAPOLIS MN 55437<br>_____<br>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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 20,855                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                                                                | 0                     | 20,855                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-0.21%</u> .....                                                                                | 0                     | -44                    |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 57,459                 |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.33%</u> ..... |                       | 3,637                  |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                       |                       | 61,096                 |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 61,096                 |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 0                     | 81,907                 |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 92.88% |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                               | <b>15</b> | 92.88% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 90.62% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %      |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/14/2016               | 1,100,000                         | 0                               |                          |                                   |                                 |
| 07/14/2016               | 1,000,000                         | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 2,100,000                         | <b>18(c)</b> 0                  |

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

|                                                                                                                        |            |           |
|------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                     | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 2,050,359 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year?..... ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.43 %2nd segment:  
5.91 %3rd segment:  
6.65 %☐ 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** 1,600,000**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0

| 32 Amortization installments:                        | Outstanding Balance | Installment |
|------------------------------------------------------|---------------------|-------------|
| <b>a</b> Net shortfall amortization installment..... | 9,816,600           | 225,918     |
| <b>b</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** 1,825,918

|                                                                       | Carryover balance | Prefunding balance | Total balance |
|-----------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement..... | 0                 | 0                  | 0             |

**36** Additional cash requirement (line 34 minus line 35)..... **36** 1,825,918**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 2,050,359**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 224,441**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0**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

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Schedule SB, line 19—Discounted Employer Contributions  
Year applied for contributions: 2016

| <b>Date</b>        | <b>Amount</b>    | <b>Days to<br/>Discount to<br/>1/1/2016 at<br/>6.13%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|------------------|----------------------------------------------------------|-----------------------------------------------|
| April 14, 2016     | \$ 1,100,000     | 104                                                      | \$ 1,081,560                                  |
| July 14, 2016      | <u>1,000,000</u> | 195                                                      | <u>968,799</u>                                |
| Total Contribution | \$ 2,100,000     |                                                          | \$ 2,050,359                                  |

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

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

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55.5             | 10.00%      | 1.0000        | 5.55                              |
| 56.5             | 8.00%       | 0.9000        | 4.07                              |
| 57.5             | 8.00%       | 0.8280        | 3.81                              |
| 58.5             | 8.00%       | 0.7618        | 3.57                              |
| 59.5             | 8.00%       | 0.7008        | 3.34                              |
| 60.5             | 11.00%      | 0.6448        | 4.29                              |
| 61.5             | 11.00%      | 0.5738        | 3.88                              |
| 62.5             | 11.00%      | 0.5107        | 3.51                              |
| 63.5             | 11.00%      | 0.4545        | 3.17                              |
| 64.5             | 11.00%      | 0.4045        | 2.87                              |
| 65.5             | 25.00%      | 0.3600        | 5.90                              |
| 66.5             | 25.00%      | 0.2700        | 4.49                              |
| 67.5             | 25.00%      | 0.2025        | 3.42                              |
| 68.5             | 25.00%      | 0.1519        | 2.60                              |
| 69.5             | 25.00%      | 0.1139        | 1.98                              |
| 70               | 100.00%     | 0.0854        | 5.98                              |
| Weighted Average |             |               | 62.43                             |

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

|                                                   |                                                                                                                                                                                                                                      |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes       | Based on segment rates with a four-month lookback (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under HATFA                                                |
| 1st Segment Rate                                  | 4.43%.                                                                                                                                                                                                                               |
| 2nd Segment Rate                                  | 5.91%.                                                                                                                                                                                                                               |
| 3rd Segment Rate                                  | 6.65%.                                                                                                                                                                                                                               |
| Interest Rates for Maximum Tax Purposes           | Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization                                                                                                              |
| 1st Segment Rate                                  | 1.34%.                                                                                                                                                                                                                               |
| 2nd Segment Rate                                  | 4.03%.                                                                                                                                                                                                                               |
| 3rd Segment Rate                                  | 5.06%.                                                                                                                                                                                                                               |
| Optional Payment Form Election Percentage         | Part A: Lump Sum. If termination is prior to 55, 60% elect a lump sum at termination with the remaining 40% electing a lump sum at age 55.<br><br>Part B: 50% elect a Life Annuity, and 50% elect a Joint and 100% Survivor Annuity. |
| Optional Payment Form<br>Conversion Interest Rate | 5.00% for annuity forms of payment.                                                                                                                                                                                                  |
| Optional Payment Form<br>Conversion Mortality     | 1951 Group Annuity Mortality Table, setback two years for employees and six years for joint annuitants.<br><br>For pre-2006 Part B benefits, the maximum benefit limit may result in additional subsidy for optional payment forms.  |
| Retirement Age                                    |                                                                                                                                                                                                                                      |
| Active Participants                               | See Table 1.                                                                                                                                                                                                                         |
| Terminated Vested Participants                    | See Table 2.                                                                                                                                                                                                                         |
| Mortality Rates                                   |                                                                                                                                                                                                                                      |
| Healthy and Disabled                              | 2016 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e).                                                                                                                                          |
| Withdrawal Rates                                  | See Table 3.                                                                                                                                                                                                                         |

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|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability Rates                              | See Table 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Decrement Timing                              | Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Surviving Spouse Benefit                      | It is assumed that 70% of males and 70% 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                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2014 Plan Year                                | Lesser of 7.60% and the 3 <sup>rd</sup> segment rate.<br>Actual rate of 6.99%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2015 Plan Year                                | Lesser of 7.50% and the 3 <sup>rd</sup> segment rate.<br>Actual rate of 6.81%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2016 Plan Year                                | Lesser of 7.00% and the 3 <sup>rd</sup> segment rate.<br>Actual rate of 6.65%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Trust Expenses Included in Target Normal Cost | The Target Normal Cost includes estimated administrative expenses (based on the prior years' actual amounts) plus the estimated PBGC premiums for the current year. For 2016, this amount is \$1,600,000.                                                                                                                                                                                                                                                                                                                                                                                                               |
| Actuarial Method                              | Standard unit credit cost method.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Valuation Date                                | January 1, 2016.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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Table 1

**Retirement Rates—Active Participants**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 10.00%             |
| 56                | 8.00%              |
| 57                | 8.00%              |
| 58                | 8.00%              |
| 59                | 8.00%              |
| 60                | 11.00%             |
| 61                | 11.00%             |
| 62                | 11.00%             |
| 63                | 11.00%             |
| 64                | 11.00%             |
| 65                | 25.00%             |
| 66                | 25.00%             |
| 67                | 25.00%             |
| 68                | 25.00%             |
| 69                | 25.00%             |
| 70+               | 100.00%            |

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Table 2

**Retirement Rates—Terminated Vested Participants**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 30.00%             |
| 56                | 15.00%             |
| 57                | 15.00%             |
| 58                | 15.00%             |
| 59                | 15.00%             |
| 60                | 15.00%             |
| 61                | 15.00%             |
| 62                | 45.00%             |
| 63                | 20.00%             |
| 64                | 20.00%             |
| 65+               | 100.00%            |

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Table 3

**Withdrawal Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 37.40%      | 45         | 8.30%       |
| 16         | 35.20%      | 46         | 8.00%       |
| 17         | 33.10%      | 47         | 7.70%       |
| 18         | 31.20%      | 48         | 7.20%       |
| 19         | 29.30%      | 49         | 6.70%       |
| 20         | 27.50%      | 50         | 6.20%       |
| 21         | 25.90%      | 51         | 5.80%       |
| 22         | 24.60%      | 52         | 5.00%       |
| 23         | 23.40%      | 53         | 4.50%       |
| 24         | 22.40%      | 54         | 4.00%       |
| 25         | 21.10%      | 55+        | 0.00%       |
| 26         | 20.20%      |            |             |
| 27         | 19.20%      |            |             |
| 28         | 18.20%      |            |             |
| 29         | 17.40%      |            |             |
| 30         | 16.60%      |            |             |
| 31         | 15.80%      |            |             |
| 32         | 15.00%      |            |             |
| 33         | 14.40%      |            |             |
| 34         | 13.80%      |            |             |
| 35         | 13.00%      |            |             |
| 36         | 12.20%      |            |             |
| 37         | 11.50%      |            |             |
| 38         | 11.00%      |            |             |
| 39         | 10.60%      |            |             |
| 40         | 10.10%      |            |             |
| 41         | 9.60%       |            |             |
| 42         | 9.30%       |            |             |
| 43         | 9.00%       |            |             |
| 44         | 8.60%       |            |             |

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Table 4

**Disability Rates**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.1200%     | 0.1800%       | 45         | 0.1975%     | 0.2965%       |
| 16         | 0.1200%     | 0.1800%       | 46         | 0.2210%     | 0.3315%       |
| 17         | 0.1200%     | 0.1800%       | 47         | 0.2490%     | 0.3735%       |
| 18         | 0.1200%     | 0.1800%       | 48         | 0.2805%     | 0.4210%       |
| 19         | 0.1200%     | 0.1800%       | 49         | 0.3150%     | 0.4725%       |
| 20         | 0.1200%     | 0.1800%       | 50         | 0.3565%     | 0.5350%       |
| 21         | 0.1200%     | 0.1800%       | 51         | 0.4050%     | 0.6075%       |
| 22         | 0.1200%     | 0.1800%       | 52         | 0.4625%     | 0.6940%       |
| 23         | 0.1200%     | 0.1800%       | 53         | 0.5225%     | 0.7840%       |
| 24         | 0.1200%     | 0.1800%       | 54         | 0.5925%     | 0.8890%       |
| 25         | 0.1200%     | 0.1800%       | 55         | 0.6810%     | 1.0215%       |
| 26         | 0.1200%     | 0.1800%       | 56         | 0.7910%     | 1.1865%       |
| 27         | 0.1200%     | 0.1800%       | 57         | 0.9295%     | 1.3945%       |
| 28         | 0.1200%     | 0.1800%       | 58         | 1.1100%     | 1.6650%       |
| 29         | 0.1200%     | 0.1800%       | 59         | 1.2600%     | 1.8900%       |
| 30         | 0.1200%     | 0.1800%       | 60         | 1.3800%     | 2.0700%       |
| 31         | 0.1210%     | 0.1815%       | 61         | 1.4705%     | 2.2060%       |
| 32         | 0.1220%     | 0.1830%       | 62         | 1.5420%     | 2.3130%       |
| 33         | 0.1235%     | 0.1855%       | 63         | 1.5980%     | 2.3970%       |
| 34         | 0.1255%     | 0.1885%       | 64         | 1.6400%     | 2.4600%       |
| 35         | 0.1275%     | 0.1915%       | 65+        | 0.0000%     | 0.0000%       |
| 36         | 0.1300%     | 0.1950%       |            |             |               |
| 37         | 0.1330%     | 0.1995%       |            |             |               |
| 38         | 0.1370%     | 0.2055%       |            |             |               |
| 39         | 0.1420%     | 0.2130%       |            |             |               |
| 40         | 0.1470%     | 0.2205%       |            |             |               |
| 41         | 0.1530%     | 0.2295%       |            |             |               |
| 42         | 0.1590%     | 0.2385%       |            |             |               |
| 43         | 0.1690%     | 0.2535%       |            |             |               |
| 44         | 0.1830%     | 0.2745%       |            |             |               |

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Schedule SB, Part V—Summary of Plan Provisions

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                | December 31, 1945. Last amended effective January 1, 2016.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Participation                 | <p>Included in the bargaining unit represented by the San Jose Newspaper Guild.</p> <p>Participation begins on the first day an employee performs an hour of service. No new participants will be included in the plan after March 1, 2007.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Normal Retirement Eligibility | Age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Benefit                       | <p>The sum of Part A and Part B. There are no future accruals after March 1, 2007.</p> <p>Part A:<br/>The monthly benefit is equal to the actuarial equivalent of the single-sum amount. The single-sum amount is equal to 2× the number of years of continuous service before January 1, 2006, up to a maximum of 30 years × the employee's highest weekly salary (exclusive of bonuses and payment for special work) during the 260 weeks immediately prior to the earliest of:</p> <ul style="list-style-type: none"><li>(a) Termination of employment;</li><li>(b) Transfer from employment as an eligible employee to any other employment on or before January 1, 2006; or</li><li>(c) December 31, 2005.</li></ul> <p>The participant's Part A single-sum amount is subject to adjustment such that the sum of a participant's Part A retirement income and Part B retirement income, when expressed as a single Life Annuity at normal retirement date, does not decrease as a result of an increase in the participant's age.</p> |

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Part B:

The monthly amount of a participant's Part B retirement income shall be equal to the sum of (i) plus (ii) where:

- (i) Equals  $1/12$  of the participant's pre-2006 career earnings (W-2 earnings after 1980) over the last 25 years  $\times 0.032137$ . The maximum monthly Part B benefit is:

| Service                                    | Maximum Monthly Pre-2006 Part B Benefit                  |
|--------------------------------------------|----------------------------------------------------------|
| Less than 15 Full Years                    | \$1,000                                                  |
| Less than 39 Full Years                    | Additional \$12 for each full year in excess of 14 years |
| 39 Full Years and Above                    | \$1,300                                                  |
| \$1,000 if retired before January 1, 2002) |                                                          |

In addition, the Part B benefit also includes an add-on benefit of \$8.25 per month for each year of service credit (\$7.50 per month if retired before January 1, 2002).

- (ii) Equals  $1/12$  of 1% of the participant's earnings between January 1, 2006 and February 28, 2007.

Early Retirement  
Eligibility

Age 55 and five years of vesting service.

Benefit

Part A:

Calculated in the same manner as the normal retirement benefit and converted actuarially according to the age at termination and age when income commences.

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Part B:

Calculated in the same manner as the normal retirement benefit, but with factor applicable to aggregate annual salary depending on age at early retirement.

| Age | Factors  |
|-----|----------|
| 55  | 0.015329 |
| 62  | 0.025164 |
| 65  | 0.032137 |

Deferred Vested Retirement  
Eligibility

Five years of vesting service.

Benefit

100% of the accrued normal retirement benefits payable at age 65 or reduced and payable as an early retirement benefit.

Disability Retirement  
Eligibility

A participant is eligible if he has completed at least six months of service and has been certified by a physician designated by the employer as permanently incapacitated from discharging his duties. Benefits commence on the later of date of disability or attainment of age 20.

Benefit

Calculated in the same manner as normal retirement benefit based on the age and service at time of disability. For Part B, the disability is reduced for early payment by a factor which is half the actuarial equivalent reduction.

Preretirement Death Benefit  
Eligibility

Employees who die after five years of vesting service.

Benefit

Part A:

The single amount is payable to the beneficiary.

Part B:

The amount of monthly survivor income shall be the amount which the joint annuitant would have been entitled to receive if the participant had retired on the day immediately preceding his death and elected a 100% Joint and Survivor Annuity.

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Post-Termination Increases

The maximum Part B benefit for vested participants who terminate after January 1, 2002, defer commencement beyond the earliest retirement date, and hit the Part B maximum, is increased 3% for each full year that the participant deferred commencement of the maximum amount.

Service Form of Retirement Benefit

Normal

Married Employees

Reduced 100% Joint and Survivor Annuity.

Unmarried Employees

Life Annuity.

Optional

Five-Year Certain and Life Annuity.  
Ten-Year Certain Annuity.  
50%, 75%, or 100% Joint and Survivor Annuities.  
Lump sum (Part A only).

Definitions

Hour of Service

Each hour for which an employee is directly or indirectly paid or entitled to payment for the performance of duties as an employee.

Vesting Service

The period of employment from an employee's employment commencement date to his termination of employment, rounded to the nearest month.

Plan Changes Since the Prior Year

The funding valuation reflects 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.

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

| Attained<br>Age | Number of Participants<br>Years of Credited Service |     |     |       |       |       |       |       |       |     |
|-----------------|-----------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|                 | <1                                                  | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25             |                                                     |     |     |       |       |       |       |       |       |     |
| 25-29           |                                                     |     |     |       |       |       |       |       |       |     |
| 30-34           |                                                     |     |     | 1     |       |       |       |       |       |     |
| 35-39           |                                                     |     |     | 2     | 2     |       |       |       |       |     |
| 40-44           |                                                     |     | 1   | 4     | 7     | 4     |       |       |       |     |
| 45-49           |                                                     |     |     | 2     | 7     | 4     | 3     | 1     |       |     |
| 50-54           |                                                     |     | 1   | 3     | 8     | 4     | 2     | 3     |       |     |
| 55-59           |                                                     |     |     | 3     | 8     | 6     | 4     | 3     | 3     | 1   |
| 60-64           |                                                     |     |     |       | 6     | 5     | 7     | 4     | 2     | 2   |
| 65-69           |                                                     |     |     | 1     | 1     | 1     | 3     | 2     | 2     | 1   |
| 70+             |                                                     |     |     |       |       |       |       |       |       | 1   |

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Schedule SB, line 32—Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|--------------|------------------------------|------------------|-----------------|--------------------------|
| Shortfall    | \$ 7,413,850                 | January 1, 2010  | 6               | \$ 1,471,432             |
| Shortfall    | \$ 12,885,648                | January 1, 2011  | 9               | \$ 1,864,689             |
| Shortfall    | \$ (7,292,454)               | January 1, 2012  | 3               | \$ (2,536,914)           |
| Shortfall    | \$ 1,004,349                 | January 1, 2013  | 4               | \$ 267,641               |
| Shortfall    | \$ (1,831,852)               | January 1, 2014  | 5               | \$ (398,800)             |
| Shortfall    | \$ (2,360,677)               | January 1, 2015  | 6               | \$ (441,756)             |
| Shortfall    | \$ ( 2,264)                  | January 1, 2016  | 7               | \$ (374)                 |

If funding relief had not been elected for the 2010 plan year, the shortfall amortization amount for the base established on January 1, 2010 would have been \$2,482,338. In addition, there is no installment acceleration amount for the 2016 plan year applicable to the 2010 relief year.

If funding relief had not been elected for the 2011 plan year, the shortfall amortization amount for the base established on January 1, 2011 would have been \$3,168,371. In addition, there is no installment acceleration amount for the 2016 plan year applicable to the 2011 relief year.

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Schedule SB, line 19—Discounted Employer Contributions  
Year applied for contributions: 2016

| <b>Date</b>        | <b>Amount</b>    | <b>Days to<br/>Discount to<br/>1/1/2016 at<br/>6.13%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|------------------|----------------------------------------------------------|-----------------------------------------------|
| April 14, 2016     | \$ 1,100,000     | 104                                                      | \$ 1,081,560                                  |
| July 14, 2016      | <u>1,000,000</u> | 195                                                      | <u>968,799</u>                                |
| Total Contribution | \$ 2,100,000     |                                                          | \$ 2,050,359                                  |

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

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

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55.5             | 10.00%      | 1.0000        | 5.55                              |
| 56.5             | 8.00%       | 0.9000        | 4.07                              |
| 57.5             | 8.00%       | 0.8280        | 3.81                              |
| 58.5             | 8.00%       | 0.7618        | 3.57                              |
| 59.5             | 8.00%       | 0.7008        | 3.34                              |
| 60.5             | 11.00%      | 0.6448        | 4.29                              |
| 61.5             | 11.00%      | 0.5738        | 3.88                              |
| 62.5             | 11.00%      | 0.5107        | 3.51                              |
| 63.5             | 11.00%      | 0.4545        | 3.17                              |
| 64.5             | 11.00%      | 0.4045        | 2.87                              |
| 65.5             | 25.00%      | 0.3600        | 5.90                              |
| 66.5             | 25.00%      | 0.2700        | 4.49                              |
| 67.5             | 25.00%      | 0.2025        | 3.42                              |
| 68.5             | 25.00%      | 0.1519        | 2.60                              |
| 69.5             | 25.00%      | 0.1139        | 1.98                              |
| 70               | 100.00%     | 0.0854        | 5.98                              |
| Weighted Average |             |               | 62.43                             |

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

| Attained<br>Age | Number of Participants    |     |     |       |       |       |       |       |       |     |
|-----------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|                 | Years of Credited Service |     |     |       |       |       |       |       |       |     |
|                 | <1                        | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25             |                           |     |     |       |       |       |       |       |       |     |
| 25-29           |                           |     |     |       |       |       |       |       |       |     |
| 30-34           |                           |     |     | 1     |       |       |       |       |       |     |
| 35-39           |                           |     |     | 2     | 2     |       |       |       |       |     |
| 40-44           |                           |     | 1   | 4     | 7     | 4     |       |       |       |     |
| 45-49           |                           |     |     | 2     | 7     | 4     | 3     | 1     |       |     |
| 50-54           |                           |     | 1   | 3     | 8     | 4     | 2     | 3     |       |     |
| 55-59           |                           |     |     | 3     | 8     | 6     | 4     | 3     | 3     | 1   |
| 60-64           |                           |     |     |       | 6     | 5     | 7     | 4     | 2     | 2   |
| 65-69           |                           |     |     | 1     | 1     | 1     | 3     | 2     | 2     | 1   |
| 70+             |                           |     |     |       |       |       |       |       |       | 1   |

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

|                                                   |                                                                                                                                                                                                                                      |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes       | Based on segment rates with a four-month lookback (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under HATFA                                                |
| 1st Segment Rate                                  | 4.43%.                                                                                                                                                                                                                               |
| 2nd Segment Rate                                  | 5.91%.                                                                                                                                                                                                                               |
| 3rd Segment Rate                                  | 6.65%.                                                                                                                                                                                                                               |
| Interest Rates for Maximum Tax Purposes           | Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization                                                                                                              |
| 1st Segment Rate                                  | 1.34%.                                                                                                                                                                                                                               |
| 2nd Segment Rate                                  | 4.03%.                                                                                                                                                                                                                               |
| 3rd Segment Rate                                  | 5.06%.                                                                                                                                                                                                                               |
| Optional Payment Form Election Percentage         | Part A: Lump Sum. If termination is prior to 55, 60% elect a lump sum at termination with the remaining 40% electing a lump sum at age 55.<br><br>Part B: 50% elect a Life Annuity, and 50% elect a Joint and 100% Survivor Annuity. |
| Optional Payment Form<br>Conversion Interest Rate | 5.00% for annuity forms of payment.                                                                                                                                                                                                  |
| Optional Payment Form<br>Conversion Mortality     | 1951 Group Annuity Mortality Table, setback two years for employees and six years for joint annuitants.<br><br>For pre-2006 Part B benefits, the maximum benefit limit may result in additional subsidy for optional payment forms.  |
| Retirement Age                                    |                                                                                                                                                                                                                                      |
| Active Participants                               | See Table 1.                                                                                                                                                                                                                         |
| Terminated Vested Participants                    | See Table 2.                                                                                                                                                                                                                         |
| Mortality Rates                                   |                                                                                                                                                                                                                                      |
| Healthy and Disabled                              | 2016 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e).                                                                                                                                          |
| Withdrawal Rates                                  | See Table 3.                                                                                                                                                                                                                         |

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|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability Rates                              | See Table 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Decrement Timing                              | Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Surviving Spouse Benefit                      | It is assumed that 70% of males and 70% 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                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2014 Plan Year                                | Lesser of 7.60% and the 3 <sup>rd</sup> segment rate.<br>Actual rate of 6.99%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2015 Plan Year                                | Lesser of 7.50% and the 3 <sup>rd</sup> segment rate.<br>Actual rate of 6.81%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2016 Plan Year                                | Lesser of 7.00% and the 3 <sup>rd</sup> segment rate.<br>Actual rate of 6.65%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Trust Expenses Included in Target Normal Cost | The Target Normal Cost includes estimated administrative expenses (based on the prior years' actual amounts) plus the estimated PBGC premiums for the current year. For 2016, this amount is \$1,600,000.                                                                                                                                                                                                                                                                                                                                                                                                               |
| Actuarial Method                              | Standard unit credit cost method.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Valuation Date                                | January 1, 2016.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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Table 1

**Retirement Rates—Active Participants**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 10.00%             |
| 56                | 8.00%              |
| 57                | 8.00%              |
| 58                | 8.00%              |
| 59                | 8.00%              |
| 60                | 11.00%             |
| 61                | 11.00%             |
| 62                | 11.00%             |
| 63                | 11.00%             |
| 64                | 11.00%             |
| 65                | 25.00%             |
| 66                | 25.00%             |
| 67                | 25.00%             |
| 68                | 25.00%             |
| 69                | 25.00%             |
| 70+               | 100.00%            |

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Table 2

**Retirement Rates—Terminated Vested Participants**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 30.00%             |
| 56                | 15.00%             |
| 57                | 15.00%             |
| 58                | 15.00%             |
| 59                | 15.00%             |
| 60                | 15.00%             |
| 61                | 15.00%             |
| 62                | 45.00%             |
| 63                | 20.00%             |
| 64                | 20.00%             |
| 65+               | 100.00%            |

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Table 3

**Withdrawal Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 37.40%      | 45         | 8.30%       |
| 16         | 35.20%      | 46         | 8.00%       |
| 17         | 33.10%      | 47         | 7.70%       |
| 18         | 31.20%      | 48         | 7.20%       |
| 19         | 29.30%      | 49         | 6.70%       |
| 20         | 27.50%      | 50         | 6.20%       |
| 21         | 25.90%      | 51         | 5.80%       |
| 22         | 24.60%      | 52         | 5.00%       |
| 23         | 23.40%      | 53         | 4.50%       |
| 24         | 22.40%      | 54         | 4.00%       |
| 25         | 21.10%      | 55+        | 0.00%       |
| 26         | 20.20%      |            |             |
| 27         | 19.20%      |            |             |
| 28         | 18.20%      |            |             |
| 29         | 17.40%      |            |             |
| 30         | 16.60%      |            |             |
| 31         | 15.80%      |            |             |
| 32         | 15.00%      |            |             |
| 33         | 14.40%      |            |             |
| 34         | 13.80%      |            |             |
| 35         | 13.00%      |            |             |
| 36         | 12.20%      |            |             |
| 37         | 11.50%      |            |             |
| 38         | 11.00%      |            |             |
| 39         | 10.60%      |            |             |
| 40         | 10.10%      |            |             |
| 41         | 9.60%       |            |             |
| 42         | 9.30%       |            |             |
| 43         | 9.00%       |            |             |
| 44         | 8.60%       |            |             |

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Table 4

**Disability Rates**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.1200%     | 0.1800%       | 45         | 0.1975%     | 0.2965%       |
| 16         | 0.1200%     | 0.1800%       | 46         | 0.2210%     | 0.3315%       |
| 17         | 0.1200%     | 0.1800%       | 47         | 0.2490%     | 0.3735%       |
| 18         | 0.1200%     | 0.1800%       | 48         | 0.2805%     | 0.4210%       |
| 19         | 0.1200%     | 0.1800%       | 49         | 0.3150%     | 0.4725%       |
| 20         | 0.1200%     | 0.1800%       | 50         | 0.3565%     | 0.5350%       |
| 21         | 0.1200%     | 0.1800%       | 51         | 0.4050%     | 0.6075%       |
| 22         | 0.1200%     | 0.1800%       | 52         | 0.4625%     | 0.6940%       |
| 23         | 0.1200%     | 0.1800%       | 53         | 0.5225%     | 0.7840%       |
| 24         | 0.1200%     | 0.1800%       | 54         | 0.5925%     | 0.8890%       |
| 25         | 0.1200%     | 0.1800%       | 55         | 0.6810%     | 1.0215%       |
| 26         | 0.1200%     | 0.1800%       | 56         | 0.7910%     | 1.1865%       |
| 27         | 0.1200%     | 0.1800%       | 57         | 0.9295%     | 1.3945%       |
| 28         | 0.1200%     | 0.1800%       | 58         | 1.1100%     | 1.6650%       |
| 29         | 0.1200%     | 0.1800%       | 59         | 1.2600%     | 1.8900%       |
| 30         | 0.1200%     | 0.1800%       | 60         | 1.3800%     | 2.0700%       |
| 31         | 0.1210%     | 0.1815%       | 61         | 1.4705%     | 2.2060%       |
| 32         | 0.1220%     | 0.1830%       | 62         | 1.5420%     | 2.3130%       |
| 33         | 0.1235%     | 0.1855%       | 63         | 1.5980%     | 2.3970%       |
| 34         | 0.1255%     | 0.1885%       | 64         | 1.6400%     | 2.4600%       |
| 35         | 0.1275%     | 0.1915%       | 65+        | 0.0000%     | 0.0000%       |
| 36         | 0.1300%     | 0.1950%       |            |             |               |
| 37         | 0.1330%     | 0.1995%       |            |             |               |
| 38         | 0.1370%     | 0.2055%       |            |             |               |
| 39         | 0.1420%     | 0.2130%       |            |             |               |
| 40         | 0.1470%     | 0.2205%       |            |             |               |
| 41         | 0.1530%     | 0.2295%       |            |             |               |
| 42         | 0.1590%     | 0.2385%       |            |             |               |
| 43         | 0.1690%     | 0.2535%       |            |             |               |
| 44         | 0.1830%     | 0.2745%       |            |             |               |

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Schedule SB, Part V—Summary of Plan Provisions

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                | December 31, 1945. Last amended effective January 1, 2016.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Participation                 | <p>Included in the bargaining unit represented by the San Jose Newspaper Guild.</p> <p>Participation begins on the first day an employee performs an hour of service. No new participants will be included in the plan after March 1, 2007.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Normal Retirement Eligibility | Age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Benefit                       | <p>The sum of Part A and Part B. There are no future accruals after March 1, 2007.</p> <p>Part A:<br/>The monthly benefit is equal to the actuarial equivalent of the single-sum amount. The single-sum amount is equal to 2× the number of years of continuous service before January 1, 2006, up to a maximum of 30 years × the employee's highest weekly salary (exclusive of bonuses and payment for special work) during the 260 weeks immediately prior to the earliest of:</p> <ul style="list-style-type: none"><li>(a) Termination of employment;</li><li>(b) Transfer from employment as an eligible employee to any other employment on or before January 1, 2006; or</li><li>(c) December 31, 2005.</li></ul> <p>The participant's Part A single-sum amount is subject to adjustment such that the sum of a participant's Part A retirement income and Part B retirement income, when expressed as a single Life Annuity at normal retirement date, does not decrease as a result of an increase in the participant's age.</p> |

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Part B:

The monthly amount of a participant's Part B retirement income shall be equal to the sum of (i) plus (ii) where:

- (i) Equals  $1/12$  of the participant's pre-2006 career earnings (W-2 earnings after 1980) over the last 25 years  $\times 0.032137$ . The maximum monthly Part B benefit is:

| Service                                    | Maximum Monthly Pre-2006 Part B Benefit                  |
|--------------------------------------------|----------------------------------------------------------|
| Less than 15 Full Years                    | \$1,000                                                  |
| Less than 39 Full Years                    | Additional \$12 for each full year in excess of 14 years |
| 39 Full Years and Above                    | \$1,300                                                  |
| \$1,000 if retired before January 1, 2002) |                                                          |

In addition, the Part B benefit also includes an add-on benefit of \$8.25 per month for each year of service credit (\$7.50 per month if retired before January 1, 2002).

- (ii) Equals  $1/12$  of 1% of the participant's earnings between January 1, 2006 and February 28, 2007.

Early Retirement  
Eligibility

Age 55 and five years of vesting service.

Benefit

Part A:

Calculated in the same manner as the normal retirement benefit and converted actuarially according to the age at termination and age when income commences.

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Part B:

Calculated in the same manner as the normal retirement benefit, but with factor applicable to aggregate annual salary depending on age at early retirement.

| Age | Factors  |
|-----|----------|
| 55  | 0.015329 |
| 62  | 0.025164 |
| 65  | 0.032137 |

Deferred Vested Retirement  
Eligibility

Five years of vesting service.

Benefit

100% of the accrued normal retirement benefits payable at age 65 or reduced and payable as an early retirement benefit.

Disability Retirement  
Eligibility

A participant is eligible if he has completed at least six months of service and has been certified by a physician designated by the employer as permanently incapacitated from discharging his duties. Benefits commence on the later of date of disability or attainment of age 20.

Benefit

Calculated in the same manner as normal retirement benefit based on the age and service at time of disability. For Part B, the disability is reduced for early payment by a factor which is half the actuarial equivalent reduction.

Preretirement Death Benefit  
Eligibility

Employees who die after five years of vesting service.

Benefit

Part A:  
The single amount is payable to the beneficiary.

Part B:  
The amount of monthly survivor income shall be the amount which the joint annuitant would have been entitled to receive if the participant had retired on the day immediately preceding his death and elected a 100% Joint and Survivor Annuity.

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Post-Termination Increases

The maximum Part B benefit for vested participants who terminate after January 1, 2002, defer commencement beyond the earliest retirement date, and hit the Part B maximum, is increased 3% for each full year that the participant deferred commencement of the maximum amount.

Service Form of Retirement Benefit

Normal

Married Employees

Reduced 100% Joint and Survivor Annuity.

Unmarried Employees

Life Annuity.

Optional

Five-Year Certain and Life Annuity.  
Ten-Year Certain Annuity.  
50%, 75%, or 100% Joint and Survivor Annuities.  
Lump sum (Part A only).

Definitions

Hour of Service

Each hour for which an employee is directly or indirectly paid or entitled to payment for the performance of duties as an employee.

Vesting Service

The period of employment from an employee's employment commencement date to his termination of employment, rounded to the nearest month.

Plan Changes Since the Prior Year

The funding valuation reflects 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.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Financial Statements  
and  
Independent Auditors' Report  
December 31, 2016 and 2015**

**EKS&H**

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

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8181 East Tufts Avenue, Suite 600  
Denver, Colorado 80237-2521  
P: 303-740-9400  
F: 303-740-9009  
[www.EKSH.com](http://www.EKSH.com)

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## **INDEPENDENT AUDITORS' REPORT**

Plan Administrator, Committee, and Participants  
San Jose Mercury-News Inc. Amended Retirement Plan Covering  
Employees Represented by the San Jose Newspaper Guild  
Denver, Colorado

### **REPORT ON FINANCIAL STATEMENTS**

We were engaged to audit the accompanying financial statements of San Jose Mercury-News Inc. Amended Retirement Plan Covering Employees Represented by the San Jose Newspaper Guild (the "Plan"), which are comprised of the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS**

Management is responsible for the preparation and fair presentation of these financial statements in 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 2520.103-5(c) and 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 and Prudential Bank & Trust, F.S.B., collectively, 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 certifications from the trustee as of December 31, 2016 and 2015, and for the years then ended, 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 MATTER**

The supplemental schedules as of and for the year ended December 31, 2016, are required by the Department of Labor'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.

## **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

October 9, 2017  
Denver, Colorado

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Statements of Net Assets Available for Benefits**

|                                                                      | <u>December 31,</u>          |                              |
|----------------------------------------------------------------------|------------------------------|------------------------------|
|                                                                      | <u>2016</u>                  | <u>2015</u>                  |
| <b>Assets</b>                                                        |                              |                              |
| Investments, at fair value                                           |                              |                              |
| Pooled separate accounts                                             | \$ 7,501,634                 | \$ 3,162,282                 |
| Hedge funds                                                          | <u>113,725,412</u>           | <u>115,686,211</u>           |
| Total investments, at fair value                                     | 121,227,046                  | 118,848,493                  |
| Fully benefit-responsive guaranteed interest fund, at contract value | 392,274                      | 380,849                      |
| Employer contributions receivable                                    | <u>-</u>                     | <u>2,100,000</u>             |
| Total assets                                                         | <u>121,619,320</u>           | <u>121,329,342</u>           |
| <b>Liabilities and Net Assets</b>                                    |                              |                              |
| Accrued expenses                                                     | <u>-</u>                     | <u>11,793</u>                |
| Net assets available for benefits                                    | <u><u>\$ 121,619,320</u></u> | <u><u>\$ 121,317,549</u></u> |

See notes to financial statements.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Statements of Changes in Net Assets Available for Benefits**

|                                                | For the Years Ended<br>December 31, |                       |
|------------------------------------------------|-------------------------------------|-----------------------|
|                                                | <u>2016</u>                         | <u>2015</u>           |
| Additions                                      |                                     |                       |
| Investment income (loss)                       |                                     |                       |
| Net appreciation (depreciation) of investments | \$ 8,539,201                        | \$ (1,478,324)        |
| Interest and dividends                         | <u>91,461</u>                       | <u>1,226,643</u>      |
| Total investment income (loss)                 | 8,630,662                           | (251,681)             |
| Employer contributions                         | <u>2,100,000</u>                    | <u>5,200,000</u>      |
| Total additions                                | <u>10,730,662</u>                   | <u>4,948,319</u>      |
| Deductions                                     |                                     |                       |
| Benefits paid to participants                  | 8,728,950                           | 8,368,738             |
| Administrative fees                            | <u>1,699,941</u>                    | <u>1,430,733</u>      |
| Total deductions                               | <u>10,428,891</u>                   | <u>9,799,471</u>      |
| Net increase (decrease)                        | 301,771                             | (4,851,152)           |
| Net assets available for benefits              |                                     |                       |
| Beginning of year                              | <u>121,317,549</u>                  | <u>126,168,701</u>    |
| End of year                                    | <u>\$ 121,619,320</u>               | <u>\$ 121,317,549</u> |

See notes to financial statements.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

The following description of San Jose Mercury-News Inc. Amended Retirement Plan Covering Employees Represented by the San Jose Newspaper Guild (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 defined benefit plan established December 31, 1945. The Plan was restated effective January 1, 2014 to incorporate all amendments to the Plan made since the January 1, 2009 restatement as well as the addition of provisions in order to comply with current laws in place. The Plan is a non-contributory defined benefit plan covering all members of the collective bargaining unit represented by the San Jose Newspaper Guild. The Plan provides for retirement, death, and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

MediaNews Group, Inc. (the "Company") is the Plan sponsor and administers the Plan. Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, F.S.B. (collectively, "Prudential") serves as trustee, manages Plan assets, and maintains the Plan's records.

Effective February 28, 2007 ("Freeze Date"), the Company froze the Plan to preclude additional employees from becoming participants and to cease all benefit accruals.

Participants receive retirement income benefits based on salary history, benefit factors, and years of service, as defined by the Plan document.

**Funding Policy**

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 92.88% at January 1, 2016 and 90.62% at January 1, 2015.

Contributions to the Plan are based on actuarial determinations provided by the Plan's actuary. All contributions are made by the Company in cash in amounts adequate to meet the minimum funding requirement of ERISA. Contributions of \$2,100,000 and \$5,200,000 were made to the Plan for the years ended December 31, 2016 and 2015, respectively.

**Vesting and Payment of Benefits**

Participants must complete five years of benefit eligibility service, as defined by the Plan document, before becoming 100% vested and entitled to receive a retirement income benefit. A participant is eligible for normal retirement after age 65. Participants can elect to retire early at any time after age 55, provided they have completed five or more years of service. The benefit received will be based on their benefit factor, benefit accrual service, vesting service, and age upon termination of employment, as defined by the Plan document.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

Vesting and Payment of Benefits (continued)

Specific benefit provisions and vesting provisions are disclosed in the Plan document. Participants and all others should refer to the Plan document for the specific Plan provisions. 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, the net assets of the Plan would be set aside first for the payment of benefits to retirees and then for all other participants. The Pension Benefit Guaranty Corporation guarantees the payment of all non-forfeitable (vested) benefits subject to certain limitations prescribed by ERISA.

Valuation of Investments and Income Recognition

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

The investments of the Plan are comprised of pooled separate accounts, hedge funds, and a guaranteed interest fund.

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.

Guaranteed Interest Fund

The Cigna Retirement and Investment Services ("Cigna") Guaranteed Interest Fund is a benefit-responsive contract issued by Cigna with a fixed rate of interest. It is not a portfolio of contracts whose yields are based on changes in fair value of underlying assets as would be found in a stable value fund. As a result, the average yield earned by the Plan is the yield earned (i.e., interest credited) on the guaranteed interest fund.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

Guaranteed Interest Fund (continued)

Fully benefit-responsive guaranteed interest funds ("interest funds") held by a defined benefit plan are required to be reported at contract value. Contract value is a relevant measurement attribute for that portion of the net assets available for benefits of a defined benefit plan attributable to fully benefit-responsive interest funds as the contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in a fixed-income guaranteed interest fund. As required by accounting principles generally accepted in the United States of America ("GAAP"), the statements of net assets available for benefits present the contract value of the fund. The statements of changes in net assets available for benefits present the activity of this fund on a contract value basis.

Contract value is the aggregation of contributions; plus interest; less withdrawals, if any. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

Use of Estimates

The preparation of financial statements in conformity with 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, Uncertainties, and Concentrations

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 the amounts reported in the statements of net assets available for benefits.

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 comparable U.S. companies.

As of December 31, 2016 and 2015, two investments accounted for approximately 85% and 90%, respectively, of total investments. During the years ended December 31, 2016 and 2015, two and five investments accounted for approximately 92% and 100%, respectively, of net appreciation (depreciation) of investments.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

**Subsequent Events**

The Plan has evaluated subsequent events through the auditors' report date, which is the date the financial statements were available to be issued.

Subsequent to year-end, Alden gave notice that they are closing the AGBPI Fund, Limited and the Alden Global CRE Opportunities Fund, which are included within hedge funds. Voluntary withdrawals from the two funds have been suspended. The funds will be liquidated through a soft wind-down process. Quarterly distributions will be made as cash becomes available until the funds are fully liquidated. Approximately \$51,980,410 and \$11,269,830 has been withdrawn from the AGBPI Fund, Limited, and the Alden Global CRE Opportunities Fund, respectively, through the auditors' report date.

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

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

Prudential has certified in writing to the Plan administrator that the stated amounts for investments at fair value and contract value as of December 31, 2016 and 2015 and the income earned or losses incurred thereon for the years then ended, as reflected in the accompanying financial statements, supplemental schedule of assets (held at end of year), and supplemental schedule of reportable transactions, are complete and accurate.

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-5(c) and 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, supplemental schedule of assets (held at end of year), and supplemental schedule of reportable transactions.

**Note 3 - Fair Value Accounting**

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

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

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

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

As of December 31, 2016 and 2015, no investments were required to be presented in the fair value hierarchy. As of December 31, 2016, investments of \$121,227,046 and \$392,274 were measured at net asset value ("NAV") and contract value, respectively. As of December 31, 2015, investments of \$118,848,493 and \$380,849 were measured at NAV and contract value, respectively.

The Plan's investments in pooled separate accounts ("separate accounts") and hedge funds are recorded at 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. Hedge fund assets for which no external pricing sources are available are valued at fair value based upon an estimate made by the funds' managers using what management believes, in its discretion, to be appropriate techniques consistent with market practices for the relevant type of investments. Due to the nature of these investments, changes in market conditions and the economic environment may significantly impact the NAV of the separate accounts and hedge funds 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 and hedge funds on an equivalent measure where it is not probable that the fund will sell a separate account or hedge fund at a price other than NAV.

The separate accounts are redeemable daily and have a one-day notice period. There were no separate accounts with redemption restrictions or unfunded commitments as of December 31, 2016 and 2015. The KLS Diversified Fund, Limited is redeemable as of the last day of any calendar quarter-end upon 60 days' prior notice. The Alden AGBPI Fund, Limited is redeemable as of any month-end upon 90 days' prior notice. The Alden Global CRE Opportunities Fund is redeemable in four quarterly installment payments equivalent to 25%, 33 1/3%, 50%, and 100% of the fund's balance as of any calendar quarter-end upon 90 days' prior notice. The redemption notice may be reduced to 60 days; however, it becomes subject to a 5% withdrawal fee. The withdrawal amount may exceed 25%; however, all excess balances withdrawn over 25% become subject to an additional 10% withdrawal fee if 60 days' notice is given or a 5% withdrawal fee if standard notice is given.

As described in Note 1, subsequent to year-end, Alden gave notice that they are closing the AGBPI Fund, Limited and Alden Global CRE Opportunities Funds. Voluntary withdrawals from the two funds have been suspended. The funds will be liquidated through a soft wind-down process. Quarterly distributions will be made as cash becomes available until the funds are fully liquidated. There were no hedge funds with unfunded commitments as of December 31, 2016 and 2015.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

The Plan's fully benefit-responsive guaranteed interest fund is presented at contract value, which represents contributions and reinvested income, less any withdrawals, plus accrued interest. Cigna maintains the funds in a general account. The accounts are credited with earnings on the underlying investments and charged for withdrawals and administrative expenses. The guaranteed annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 3%. The crediting rate is reviewed every five years for resetting.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Upon discontinuance of the contract, contract value would be paid no sooner than 30 days from the date the Plan sponsor provides notice. As of December 31, 2016 and 2015, there were no reserves against contract values for credit risk of contract issuers or otherwise.

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 December 31, 2016 and 2015. 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 Fair Value Measurements**

The Plan's financial instruments as of December 31, 2016 and 2015 include hedge funds, which contain certain redemption restrictions as stated above. The fair value of the hedge funds as of December 31, 2016 and 2015 is \$113,725,412 and \$115,686,211, respectively. The valuation technique used to measure the fair values 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 dates.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

**Changes in Financial Instruments with Significant Unobservable Inputs**

The following is a reconciliation of the beginning and ending balances for investments measured at fair value on a recurring basis using significant unobservable inputs during the years ended December 31, 2016 and 2015:

|                                       | <u>Hedge Funds</u>    | <u>Cigna<br/>Guaranteed<br/>Interest Fund</u> |
|---------------------------------------|-----------------------|-----------------------------------------------|
| Investment balance, January 1, 2015   | \$ 34,187,457         | \$ 369,756                                    |
| Purchases                             | 78,600,000            | -                                             |
| Interest                              | -                     | 11,093                                        |
| Gains (realized/unrealized)           | <u>2,898,754</u>      | <u>-</u>                                      |
| Investment balance, December 31, 2015 | 115,686,211           | 380,849                                       |
| Sales                                 | (10,500,000)          | -                                             |
| Interest                              | -                     | 11,425                                        |
| Gains (realized/unrealized)           | <u>8,539,201</u>      | <u>-</u>                                      |
| Ending balance, December 31, 2016     | <u>\$ 113,725,412</u> | <u>\$ 392,274</u>                             |

**Note 4 - Income Taxes**

The IRS has determined and informed the Plan, in a letter dated September 17, 2014, 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 has been amended since receiving the determination letter; however, 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 December 31, 2016 and 2015, 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.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

**Note 5 - Administration of the Plan**

The Plan pays the cost of certain administrative, accounting, and legal services. Fees incurred and paid directly by the Plan for investment management services during the years ended December 31, 2016 and 2015 were \$184,482 and \$183,071, respectively, which are included within administrative fees on the statements of changes in net assets available for benefits.

**Note 6 - Related Party and Party-in-Interest Transactions**

Certain Plan investments are pooled separate accounts and a guaranteed interest fund managed by Prudential, the trustee as of December 31, 2016 and 2015. Other Plan investments include two hedge funds that are managed by an owner of the Company. There are no fees charged to the Plan associated with these funds. 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.

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 are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the Freeze Date. 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 prior to the Freeze Date. The actuarial valuation was performed as of January 1, 2016 and 2015. Had the valuation been performed as of December 31, 2015 and 2014, there would be no material difference.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

The following table sets forth the accumulated plan benefits:

|                                                            | <u>January 1,</u>     |                       |
|------------------------------------------------------------|-----------------------|-----------------------|
|                                                            | <u>2016</u>           | <u>2015</u>           |
| Actuarial present value of accumulated plan benefits       |                       |                       |
| Vested benefits                                            |                       |                       |
| Participants currently receiving payments                  | \$ 74,211,915         | \$ 70,078,672         |
| Vested benefits for other participants                     | <u>58,311,613</u>     | <u>55,502,142</u>     |
| Total vested benefits                                      | 132,523,528           | 125,580,814           |
| Non-vested benefits                                        | <u>221,761</u>        | <u>367,614</u>        |
| Total actuarial present value of accumulated plan benefits | <u>\$ 132,745,289</u> | <u>\$ 125,948,428</u> |

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

|                                                                               |                       |
|-------------------------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated plan benefits as of<br>January 1, 2015 | \$ 125,948,428        |
| Increase (decrease) during the year attributable to                           |                       |
| Interest accumulation                                                         | 9,137,978             |
| Assumption changes (1)                                                        | 6,625,083             |
| Other changes (2)                                                             | (597,462)             |
| Benefit payments                                                              | <u>(8,368,738)</u>    |
| Actuarial present value of accumulated plan benefits as of<br>January 1, 2016 | <u>\$ 132,745,289</u> |

- (1) Changes in actuarial assumptions relate to changes in the assumed rate of return on investments and the mortality rate assumption.
- (2) Other changes represent the normal operations of the Plan, consisting primarily of the increase due to ongoing benefit accruals, if any, and those items of Plan experience that are not associated with Plan asset performance.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

The significant actuarial assumptions used by Hewitt in its January 1, 2016 and 2015 calculations are as follows:

|                                                            |                                                                                                                                                                                                              |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assumed rate of return on investments                      | 7.00% (2016) and 7.50% (2015).                                                                                                                                                                               |
| Probability of retirement - active participants            | 10% at age 55, 8% at ages 56-59, 11% at ages 60-64, 25% at ages 65-69, and 100% at ages 70+ (2016 and 2015).                                                                                                 |
| Probability of retirement - terminated vested participants | 30% at age 55, 15% at ages 56-61, 45% at age 62, 20% at ages 63-64, and 100% at ages 65+ (2016 and 2015).                                                                                                    |
| Mortality basis                                            | 2016 Static Mortality Table for Annuitants and Non-Annuitants per Section 1.430(h)(3)-1(e) (2016).<br><br>2015 Static Mortality Table for Annuitants and Non-Annuitants per Section 1.430(h)(3)-1(e) (2015). |
| Actuarial cost method                                      | Standard Unit Credit Cost Method (2016 and 2015).                                                                                                                                                            |
| Effective interest rate                                    | 6.13% (2016) and 6.33% (2015).                                                                                                                                                                               |

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**

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2016**

Employer Identification Number - 76-0425553

Plan Number - 005

| (a) | (b) Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par,<br>or Maturity Value | (d) Cost              | (e) Current<br>Value  |
|-----|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
|     | Pooled separate account                                         |                                                                                                                       |                       |                       |
| *   | Prudential                                                      | Short-Term Fund                                                                                                       | \$ 7,501,576          | \$ 7,501,634          |
|     | Hedge funds                                                     |                                                                                                                       |                       |                       |
| *   | Alden                                                           | AGBPI Fund, Limited                                                                                                   | 80,103,919            | 88,664,993            |
| *   | Alden                                                           | Global CRE Opportunities Fund                                                                                         | 13,982,760            | 15,218,745            |
|     | KLS                                                             | Diversified Fund, Limited                                                                                             | <u>8,609,682</u>      | <u>9,841,674</u>      |
|     | Total hedge funds                                               |                                                                                                                       | <u>102,696,361</u>    | <u>113,725,412</u>    |
|     | Fully benefit-responsive<br>guaranteed interest fund            |                                                                                                                       |                       |                       |
|     | Cigna                                                           | Guaranteed Interest Fund                                                                                              | <u>348,531</u>        | <u>392,274</u>        |
|     |                                                                 |                                                                                                                       | <u>\$ 110,546,468</u> | <u>\$ 121,619,320</u> |

\* Party-in-interest

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions  
For the Year Ended December 31, 2016**

Employer Identification Number - 76-0425553  
Plan Number - 005

| (a) Identity of Party Involved                                                                                                       | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset/Book Value | (h) Current Value of Asset on Transaction Date | (i) Realized Gains |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|-------------------|------------------------------|------------------------------------------------|--------------------|
| Category (iii) - A series of transactions that exceeds 5% of net assets available for benefits as of the beginning of the Plan year: |                          |                    |                   |                              |                                                |                    |
| Prudential Alden                                                                                                                     | Short-Term Fund          | \$ 14,809,761      | \$ -              | \$ 14,809,761                | \$ 14,809,761                                  | \$ -               |
|                                                                                                                                      | AGBPI Fund, Limited      | \$ -               | \$ 10,500,000     | \$ 10,956,103                | \$ 10,500,000                                  | \$ (456,103)       |
| Prudential                                                                                                                           | Short-Term Fund          | \$ -               | \$ 10,487,840     | \$ 10,487,698                | \$ 10,487,840                                  | \$ 142             |

There were no category (i), (ii), or (iv) reportable transactions for the year ended December 31, 2016.

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

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Financial Statements  
and  
Independent Auditors' Report  
December 31, 2016 and 2015**

**EKS&H**

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

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8181 East Tufts Avenue, Suite 600  
Denver, Colorado 80237-2521  
P: 303-740-9400  
F: 303-740-9009  
www.EKSH.com

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## **INDEPENDENT AUDITORS' REPORT**

Plan Administrator, Committee, and Participants  
San Jose Mercury-News Inc. Amended Retirement Plan Covering  
Employees Represented by the San Jose Newspaper Guild  
Denver, Colorado

### **REPORT ON FINANCIAL STATEMENTS**

We were engaged to audit the accompanying financial statements of San Jose Mercury-News Inc. Amended Retirement Plan Covering Employees Represented by the San Jose Newspaper Guild (the "Plan"), which are comprised of the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS**

Management is responsible for the preparation and fair presentation of these financial statements in 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 2520.103-5(c) and 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 and Prudential Bank & Trust, F.S.B., collectively, 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 certifications from the trustee as of December 31, 2016 and 2015, and for the years then ended, 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 MATTER**

The supplemental schedules as of and for the year ended December 31, 2016, are required by the Department of Labor'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.

## **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

October 9, 2017  
Denver, Colorado

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Statements of Net Assets Available for Benefits**

|                                                                      | <u>December 31,</u>          |                              |
|----------------------------------------------------------------------|------------------------------|------------------------------|
|                                                                      | <u>2016</u>                  | <u>2015</u>                  |
| <b>Assets</b>                                                        |                              |                              |
| Investments, at fair value                                           |                              |                              |
| Pooled separate accounts                                             | \$ 7,501,634                 | \$ 3,162,282                 |
| Hedge funds                                                          | <u>113,725,412</u>           | <u>115,686,211</u>           |
| Total investments, at fair value                                     | 121,227,046                  | 118,848,493                  |
| Fully benefit-responsive guaranteed interest fund, at contract value | 392,274                      | 380,849                      |
| Employer contributions receivable                                    | <u>-</u>                     | <u>2,100,000</u>             |
| Total assets                                                         | <u>121,619,320</u>           | <u>121,329,342</u>           |
| <b>Liabilities and Net Assets</b>                                    |                              |                              |
| Accrued expenses                                                     | <u>-</u>                     | <u>11,793</u>                |
| Net assets available for benefits                                    | <u><u>\$ 121,619,320</u></u> | <u><u>\$ 121,317,549</u></u> |

See notes to financial statements.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Statements of Changes in Net Assets Available for Benefits**

|                                                | For the Years Ended<br>December 31, |                       |
|------------------------------------------------|-------------------------------------|-----------------------|
|                                                | <u>2016</u>                         | <u>2015</u>           |
| Additions                                      |                                     |                       |
| Investment income (loss)                       |                                     |                       |
| Net appreciation (depreciation) of investments | \$ 8,539,201                        | \$ (1,478,324)        |
| Interest and dividends                         | <u>91,461</u>                       | <u>1,226,643</u>      |
| Total investment income (loss)                 | 8,630,662                           | (251,681)             |
| Employer contributions                         | <u>2,100,000</u>                    | <u>5,200,000</u>      |
| Total additions                                | <u>10,730,662</u>                   | <u>4,948,319</u>      |
| Deductions                                     |                                     |                       |
| Benefits paid to participants                  | 8,728,950                           | 8,368,738             |
| Administrative fees                            | <u>1,699,941</u>                    | <u>1,430,733</u>      |
| Total deductions                               | <u>10,428,891</u>                   | <u>9,799,471</u>      |
| Net increase (decrease)                        | 301,771                             | (4,851,152)           |
| Net assets available for benefits              |                                     |                       |
| Beginning of year                              | <u>121,317,549</u>                  | <u>126,168,701</u>    |
| End of year                                    | <u>\$ 121,619,320</u>               | <u>\$ 121,317,549</u> |

See notes to financial statements.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

The following description of San Jose Mercury-News Inc. Amended Retirement Plan Covering Employees Represented by the San Jose Newspaper Guild (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 defined benefit plan established December 31, 1945. The Plan was restated effective January 1, 2014 to incorporate all amendments to the Plan made since the January 1, 2009 restatement as well as the addition of provisions in order to comply with current laws in place. The Plan is a non-contributory defined benefit plan covering all members of the collective bargaining unit represented by the San Jose Newspaper Guild. The Plan provides for retirement, death, and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

MediaNews Group, Inc. (the "Company") is the Plan sponsor and administers the Plan. Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, F.S.B. (collectively, "Prudential") serves as trustee, manages Plan assets, and maintains the Plan's records.

Effective February 28, 2007 ("Freeze Date"), the Company froze the Plan to preclude additional employees from becoming participants and to cease all benefit accruals.

Participants receive retirement income benefits based on salary history, benefit factors, and years of service, as defined by the Plan document.

**Funding Policy**

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 92.88% at January 1, 2016 and 90.62% at January 1, 2015.

Contributions to the Plan are based on actuarial determinations provided by the Plan's actuary. All contributions are made by the Company in cash in amounts adequate to meet the minimum funding requirement of ERISA. Contributions of \$2,100,000 and \$5,200,000 were made to the Plan for the years ended December 31, 2016 and 2015, respectively.

**Vesting and Payment of Benefits**

Participants must complete five years of benefit eligibility service, as defined by the Plan document, before becoming 100% vested and entitled to receive a retirement income benefit. A participant is eligible for normal retirement after age 65. Participants can elect to retire early at any time after age 55, provided they have completed five or more years of service. The benefit received will be based on their benefit factor, benefit accrual service, vesting service, and age upon termination of employment, as defined by the Plan document.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

Vesting and Payment of Benefits (continued)

Specific benefit provisions and vesting provisions are disclosed in the Plan document. Participants and all others should refer to the Plan document for the specific Plan provisions. 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, the net assets of the Plan would be set aside first for the payment of benefits to retirees and then for all other participants. The Pension Benefit Guaranty Corporation guarantees the payment of all non-forfeitable (vested) benefits subject to certain limitations prescribed by ERISA.

Valuation of Investments and Income Recognition

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

The investments of the Plan are comprised of pooled separate accounts, hedge funds, and a guaranteed interest fund.

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.

Guaranteed Interest Fund

The Cigna Retirement and Investment Services ("Cigna") Guaranteed Interest Fund is a benefit-responsive contract issued by Cigna with a fixed rate of interest. It is not a portfolio of contracts whose yields are based on changes in fair value of underlying assets as would be found in a stable value fund. As a result, the average yield earned by the Plan is the yield earned (i.e., interest credited) on the guaranteed interest fund.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

Guaranteed Interest Fund (continued)

Fully benefit-responsive guaranteed interest funds ("interest funds") held by a defined benefit plan are required to be reported at contract value. Contract value is a relevant measurement attribute for that portion of the net assets available for benefits of a defined benefit plan attributable to fully benefit-responsive interest funds as the contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in a fixed-income guaranteed interest fund. As required by accounting principles generally accepted in the United States of America ("GAAP"), the statements of net assets available for benefits present the contract value of the fund. The statements of changes in net assets available for benefits present the activity of this fund on a contract value basis.

Contract value is the aggregation of contributions; plus interest; less withdrawals, if any. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

Use of Estimates

The preparation of financial statements in conformity with 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, Uncertainties, and Concentrations

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 the amounts reported in the statements of net assets available for benefits.

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 comparable U.S. companies.

As of December 31, 2016 and 2015, two investments accounted for approximately 85% and 90%, respectively, of total investments. During the years ended December 31, 2016 and 2015, two and five investments accounted for approximately 92% and 100%, respectively, of net appreciation (depreciation) of investments.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

**Subsequent Events**

The Plan has evaluated subsequent events through the auditors' report date, which is the date the financial statements were available to be issued.

Subsequent to year-end, Alden gave notice that they are closing the AGBPI Fund, Limited and the Alden Global CRE Opportunities Fund, which are included within hedge funds. Voluntary withdrawals from the two funds have been suspended. The funds will be liquidated through a soft wind-down process. Quarterly distributions will be made as cash becomes available until the funds are fully liquidated. Approximately \$51,980,410 and \$11,269,830 has been withdrawn from the AGBPI Fund, Limited, and the Alden Global CRE Opportunities Fund, respectively, through the auditors' report date.

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

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

Prudential has certified in writing to the Plan administrator that the stated amounts for investments at fair value and contract value as of December 31, 2016 and 2015 and the income earned or losses incurred thereon for the years then ended, as reflected in the accompanying financial statements, supplemental schedule of assets (held at end of year), and supplemental schedule of reportable transactions, are complete and accurate.

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-5(c) and 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, supplemental schedule of assets (held at end of year), and supplemental schedule of reportable transactions.

**Note 3 - Fair Value Accounting**

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

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

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

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

As of December 31, 2016 and 2015, no investments were required to be presented in the fair value hierarchy. As of December 31, 2016, investments of \$121,227,046 and \$392,274 were measured at net asset value ("NAV") and contract value, respectively. As of December 31, 2015, investments of \$118,848,493 and \$380,849 were measured at NAV and contract value, respectively.

The Plan's investments in pooled separate accounts ("separate accounts") and hedge funds are recorded at 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. Hedge fund assets for which no external pricing sources are available are valued at fair value based upon an estimate made by the funds' managers using what management believes, in its discretion, to be appropriate techniques consistent with market practices for the relevant type of investments. Due to the nature of these investments, changes in market conditions and the economic environment may significantly impact the NAV of the separate accounts and hedge funds 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 and hedge funds on an equivalent measure where it is not probable that the fund will sell a separate account or hedge fund at a price other than NAV.

The separate accounts are redeemable daily and have a one-day notice period. There were no separate accounts with redemption restrictions or unfunded commitments as of December 31, 2016 and 2015. The KLS Diversified Fund, Limited is redeemable as of the last day of any calendar quarter-end upon 60 days' prior notice. The Alden AGBPI Fund, Limited is redeemable as of any month-end upon 90 days' prior notice. The Alden Global CRE Opportunities Fund is redeemable in four quarterly installment payments equivalent to 25%, 33 1/3%, 50%, and 100% of the fund's balance as of any calendar quarter-end upon 90 days' prior notice. The redemption notice may be reduced to 60 days; however, it becomes subject to a 5% withdrawal fee. The withdrawal amount may exceed 25%; however, all excess balances withdrawn over 25% become subject to an additional 10% withdrawal fee if 60 days' notice is given or a 5% withdrawal fee if standard notice is given.

As described in Note 1, subsequent to year-end, Alden gave notice that they are closing the AGBPI Fund, Limited and Alden Global CRE Opportunities Funds. Voluntary withdrawals from the two funds have been suspended. The funds will be liquidated through a soft wind-down process. Quarterly distributions will be made as cash becomes available until the funds are fully liquidated. There were no hedge funds with unfunded commitments as of December 31, 2016 and 2015.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

The Plan's fully benefit-responsive guaranteed interest fund is presented at contract value, which represents contributions and reinvested income, less any withdrawals, plus accrued interest. Cigna maintains the funds in a general account. The accounts are credited with earnings on the underlying investments and charged for withdrawals and administrative expenses. The guaranteed annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 3%. The crediting rate is reviewed every five years for resetting.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Upon discontinuance of the contract, contract value would be paid no sooner than 30 days from the date the Plan sponsor provides notice. As of December 31, 2016 and 2015, there were no reserves against contract values for credit risk of contract issuers or otherwise.

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 December 31, 2016 and 2015. 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 Fair Value Measurements**

The Plan's financial instruments as of December 31, 2016 and 2015 include hedge funds, which contain certain redemption restrictions as stated above. The fair value of the hedge funds as of December 31, 2016 and 2015 is \$113,725,412 and \$115,686,211, respectively. The valuation technique used to measure the fair values 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 dates.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

**Changes in Financial Instruments with Significant Unobservable Inputs**

The following is a reconciliation of the beginning and ending balances for investments measured at fair value on a recurring basis using significant unobservable inputs during the years ended December 31, 2016 and 2015:

|                                       | <u>Hedge Funds</u>    | <u>Cigna<br/>Guaranteed<br/>Interest Fund</u> |
|---------------------------------------|-----------------------|-----------------------------------------------|
| Investment balance, January 1, 2015   | \$ 34,187,457         | \$ 369,756                                    |
| Purchases                             | 78,600,000            | -                                             |
| Interest                              | -                     | 11,093                                        |
| Gains (realized/unrealized)           | <u>2,898,754</u>      | <u>-</u>                                      |
| Investment balance, December 31, 2015 | 115,686,211           | 380,849                                       |
| Sales                                 | (10,500,000)          | -                                             |
| Interest                              | -                     | 11,425                                        |
| Gains (realized/unrealized)           | <u>8,539,201</u>      | <u>-</u>                                      |
| Ending balance, December 31, 2016     | <u>\$ 113,725,412</u> | <u>\$ 392,274</u>                             |

**Note 4 - Income Taxes**

The IRS has determined and informed the Plan, in a letter dated September 17, 2014, 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 has been amended since receiving the determination letter; however, 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 December 31, 2016 and 2015, 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.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

**Note 5 - Administration of the Plan**

The Plan pays the cost of certain administrative, accounting, and legal services. Fees incurred and paid directly by the Plan for investment management services during the years ended December 31, 2016 and 2015 were \$184,482 and \$183,071, respectively, which are included within administrative fees on the statements of changes in net assets available for benefits.

**Note 6 - Related Party and Party-in-Interest Transactions**

Certain Plan investments are pooled separate accounts and a guaranteed interest fund managed by Prudential, the trustee as of December 31, 2016 and 2015. Other Plan investments include two hedge funds that are managed by an owner of the Company. There are no fees charged to the Plan associated with these funds. 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.

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 are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the Freeze Date. 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 prior to the Freeze Date. The actuarial valuation was performed as of January 1, 2016 and 2015. Had the valuation been performed as of December 31, 2015 and 2014, there would be no material difference.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

The following table sets forth the accumulated plan benefits:

|                                                            | <u>January 1,</u>     |                       |
|------------------------------------------------------------|-----------------------|-----------------------|
|                                                            | <u>2016</u>           | <u>2015</u>           |
| Actuarial present value of accumulated plan benefits       |                       |                       |
| Vested benefits                                            |                       |                       |
| Participants currently receiving payments                  | \$ 74,211,915         | \$ 70,078,672         |
| Vested benefits for other participants                     | <u>58,311,613</u>     | <u>55,502,142</u>     |
| Total vested benefits                                      | 132,523,528           | 125,580,814           |
| Non-vested benefits                                        | <u>221,761</u>        | <u>367,614</u>        |
| Total actuarial present value of accumulated plan benefits | <u>\$ 132,745,289</u> | <u>\$ 125,948,428</u> |

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

|                                                                               |                       |
|-------------------------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated plan benefits as of<br>January 1, 2015 | \$ 125,948,428        |
| Increase (decrease) during the year attributable to                           |                       |
| Interest accumulation                                                         | 9,137,978             |
| Assumption changes (1)                                                        | 6,625,083             |
| Other changes (2)                                                             | (597,462)             |
| Benefit payments                                                              | <u>(8,368,738)</u>    |
| Actuarial present value of accumulated plan benefits as of<br>January 1, 2016 | <u>\$ 132,745,289</u> |

- (1) Changes in actuarial assumptions relate to changes in the assumed rate of return on investments and the mortality rate assumption.
- (2) Other changes represent the normal operations of the Plan, consisting primarily of the increase due to ongoing benefit accruals, if any, and those items of Plan experience that are not associated with Plan asset performance.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

The significant actuarial assumptions used by Hewitt in its January 1, 2016 and 2015 calculations are as follows:

|                                                            |                                                                                                                                                                                                              |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assumed rate of return on investments                      | 7.00% (2016) and 7.50% (2015).                                                                                                                                                                               |
| Probability of retirement - active participants            | 10% at age 55, 8% at ages 56-59, 11% at ages 60-64, 25% at ages 65-69, and 100% at ages 70+ (2016 and 2015).                                                                                                 |
| Probability of retirement - terminated vested participants | 30% at age 55, 15% at ages 56-61, 45% at age 62, 20% at ages 63-64, and 100% at ages 65+ (2016 and 2015).                                                                                                    |
| Mortality basis                                            | 2016 Static Mortality Table for Annuitants and Non-Annuitants per Section 1.430(h)(3)-1(e) (2016).<br><br>2015 Static Mortality Table for Annuitants and Non-Annuitants per Section 1.430(h)(3)-1(e) (2015). |
| Actuarial cost method                                      | Standard Unit Credit Cost Method (2016 and 2015).                                                                                                                                                            |
| Effective interest rate                                    | 6.13% (2016) and 6.33% (2015).                                                                                                                                                                               |

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**

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2016**

Employer Identification Number - 76-0425553

Plan Number - 005

| (a) | (b) Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par,<br>or Maturity Value | (d) Cost              | (e) Current<br>Value  |
|-----|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
|     | Pooled separate account                                         |                                                                                                                       |                       |                       |
| *   | Prudential                                                      | Short-Term Fund                                                                                                       | \$ 7,501,576          | \$ 7,501,634          |
|     | Hedge funds                                                     |                                                                                                                       |                       |                       |
| *   | Alden                                                           | AGBPI Fund, Limited                                                                                                   | 80,103,919            | 88,664,993            |
| *   | Alden                                                           | Global CRE Opportunities Fund                                                                                         | 13,982,760            | 15,218,745            |
|     | KLS                                                             | Diversified Fund, Limited                                                                                             | <u>8,609,682</u>      | <u>9,841,674</u>      |
|     | Total hedge funds                                               |                                                                                                                       | <u>102,696,361</u>    | <u>113,725,412</u>    |
|     | Fully benefit-responsive<br>guaranteed interest fund            |                                                                                                                       |                       |                       |
|     | Cigna                                                           | Guaranteed Interest Fund                                                                                              | <u>348,531</u>        | <u>392,274</u>        |
|     |                                                                 |                                                                                                                       | <u>\$ 110,546,468</u> | <u>\$ 121,619,320</u> |

\* Party-in-interest

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions  
For the Year Ended December 31, 2016**

Employer Identification Number - 76-0425553  
Plan Number - 005

| (a) Identity of Party Involved                                                                                                       | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset/Book Value | (h) Current Value of Asset on Transaction Date | (i) Realized Gains |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|-------------------|------------------------------|------------------------------------------------|--------------------|
| Category (iii) - A series of transactions that exceeds 5% of net assets available for benefits as of the beginning of the Plan year: |                          |                    |                   |                              |                                                |                    |
| Prudential Alden                                                                                                                     | Short-Term Fund          | \$ 14,809,761      | \$ -              | \$ 14,809,761                | \$ 14,809,761                                  | \$ -               |
|                                                                                                                                      | AGBPI Fund, Limited      | \$ -               | \$ 10,500,000     | \$ 10,956,103                | \$ 10,500,000                                  | \$ (456,103)       |
| Prudential                                                                                                                           | Short-Term Fund          | \$ -               | \$ 10,487,840     | \$ 10,487,698                | \$ 10,487,840                                  | \$ 142             |

There were no category (i), (ii), or (iv) reportable transactions for the year ended December 31, 2016.

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

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Financial Statements  
and  
Independent Auditors' Report  
December 31, 2016 and 2015**

**EKS&H**

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

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8181 East Tufts Avenue, Suite 600  
Denver, Colorado 80237-2521  
P: 303-740-9400  
F: 303-740-9009  
[www.EKSH.com](http://www.EKSH.com)

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## **INDEPENDENT AUDITORS' REPORT**

Plan Administrator, Committee, and Participants  
San Jose Mercury-News Inc. Amended Retirement Plan Covering  
Employees Represented by the San Jose Newspaper Guild  
Denver, Colorado

### **REPORT ON FINANCIAL STATEMENTS**

We were engaged to audit the accompanying financial statements of San Jose Mercury-News Inc. Amended Retirement Plan Covering Employees Represented by the San Jose Newspaper Guild (the "Plan"), which are comprised of the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS**

Management is responsible for the preparation and fair presentation of these financial statements in 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 2520.103-5(c) and 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 and Prudential Bank & Trust, F.S.B., collectively, 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 certifications from the trustee as of December 31, 2016 and 2015, and for the years then ended, 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 MATTER**

The supplemental schedules as of and for the year ended December 31, 2016, are required by the Department of Labor'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.

## **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

October 9, 2017  
Denver, Colorado

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Statements of Net Assets Available for Benefits**

|                                                                      | <u>December 31,</u>          |                              |
|----------------------------------------------------------------------|------------------------------|------------------------------|
|                                                                      | <u>2016</u>                  | <u>2015</u>                  |
| <b>Assets</b>                                                        |                              |                              |
| Investments, at fair value                                           |                              |                              |
| Pooled separate accounts                                             | \$ 7,501,634                 | \$ 3,162,282                 |
| Hedge funds                                                          | <u>113,725,412</u>           | <u>115,686,211</u>           |
| Total investments, at fair value                                     | 121,227,046                  | 118,848,493                  |
| Fully benefit-responsive guaranteed interest fund, at contract value | 392,274                      | 380,849                      |
| Employer contributions receivable                                    | <u>-</u>                     | <u>2,100,000</u>             |
| Total assets                                                         | <u>121,619,320</u>           | <u>121,329,342</u>           |
| <b>Liabilities and Net Assets</b>                                    |                              |                              |
| Accrued expenses                                                     | <u>-</u>                     | <u>11,793</u>                |
| Net assets available for benefits                                    | <u><u>\$ 121,619,320</u></u> | <u><u>\$ 121,317,549</u></u> |

See notes to financial statements.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Statements of Changes in Net Assets Available for Benefits**

|                                                | For the Years Ended<br>December 31, |                       |
|------------------------------------------------|-------------------------------------|-----------------------|
|                                                | <u>2016</u>                         | <u>2015</u>           |
| Additions                                      |                                     |                       |
| Investment income (loss)                       |                                     |                       |
| Net appreciation (depreciation) of investments | \$ 8,539,201                        | \$ (1,478,324)        |
| Interest and dividends                         | <u>91,461</u>                       | <u>1,226,643</u>      |
| Total investment income (loss)                 | 8,630,662                           | (251,681)             |
| Employer contributions                         | <u>2,100,000</u>                    | <u>5,200,000</u>      |
| Total additions                                | <u>10,730,662</u>                   | <u>4,948,319</u>      |
| Deductions                                     |                                     |                       |
| Benefits paid to participants                  | 8,728,950                           | 8,368,738             |
| Administrative fees                            | <u>1,699,941</u>                    | <u>1,430,733</u>      |
| Total deductions                               | <u>10,428,891</u>                   | <u>9,799,471</u>      |
| Net increase (decrease)                        | 301,771                             | (4,851,152)           |
| Net assets available for benefits              |                                     |                       |
| Beginning of year                              | <u>121,317,549</u>                  | <u>126,168,701</u>    |
| End of year                                    | <u>\$ 121,619,320</u>               | <u>\$ 121,317,549</u> |

See notes to financial statements.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

The following description of San Jose Mercury-News Inc. Amended Retirement Plan Covering Employees Represented by the San Jose Newspaper Guild (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 defined benefit plan established December 31, 1945. The Plan was restated effective January 1, 2014 to incorporate all amendments to the Plan made since the January 1, 2009 restatement as well as the addition of provisions in order to comply with current laws in place. The Plan is a non-contributory defined benefit plan covering all members of the collective bargaining unit represented by the San Jose Newspaper Guild. The Plan provides for retirement, death, and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

MediaNews Group, Inc. (the "Company") is the Plan sponsor and administers the Plan. Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, F.S.B. (collectively, "Prudential") serves as trustee, manages Plan assets, and maintains the Plan's records.

Effective February 28, 2007 ("Freeze Date"), the Company froze the Plan to preclude additional employees from becoming participants and to cease all benefit accruals.

Participants receive retirement income benefits based on salary history, benefit factors, and years of service, as defined by the Plan document.

**Funding Policy**

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 92.88% at January 1, 2016 and 90.62% at January 1, 2015.

Contributions to the Plan are based on actuarial determinations provided by the Plan's actuary. All contributions are made by the Company in cash in amounts adequate to meet the minimum funding requirement of ERISA. Contributions of \$2,100,000 and \$5,200,000 were made to the Plan for the years ended December 31, 2016 and 2015, respectively.

**Vesting and Payment of Benefits**

Participants must complete five years of benefit eligibility service, as defined by the Plan document, before becoming 100% vested and entitled to receive a retirement income benefit. A participant is eligible for normal retirement after age 65. Participants can elect to retire early at any time after age 55, provided they have completed five or more years of service. The benefit received will be based on their benefit factor, benefit accrual service, vesting service, and age upon termination of employment, as defined by the Plan document.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

Vesting and Payment of Benefits (continued)

Specific benefit provisions and vesting provisions are disclosed in the Plan document. Participants and all others should refer to the Plan document for the specific Plan provisions. 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, the net assets of the Plan would be set aside first for the payment of benefits to retirees and then for all other participants. The Pension Benefit Guaranty Corporation guarantees the payment of all non-forfeitable (vested) benefits subject to certain limitations prescribed by ERISA.

Valuation of Investments and Income Recognition

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

The investments of the Plan are comprised of pooled separate accounts, hedge funds, and a guaranteed interest fund.

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.

Guaranteed Interest Fund

The Cigna Retirement and Investment Services ("Cigna") Guaranteed Interest Fund is a benefit-responsive contract issued by Cigna with a fixed rate of interest. It is not a portfolio of contracts whose yields are based on changes in fair value of underlying assets as would be found in a stable value fund. As a result, the average yield earned by the Plan is the yield earned (i.e., interest credited) on the guaranteed interest fund.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

Guaranteed Interest Fund (continued)

Fully benefit-responsive guaranteed interest funds ("interest funds") held by a defined benefit plan are required to be reported at contract value. Contract value is a relevant measurement attribute for that portion of the net assets available for benefits of a defined benefit plan attributable to fully benefit-responsive interest funds as the contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in a fixed-income guaranteed interest fund. As required by accounting principles generally accepted in the United States of America ("GAAP"), the statements of net assets available for benefits present the contract value of the fund. The statements of changes in net assets available for benefits present the activity of this fund on a contract value basis.

Contract value is the aggregation of contributions; plus interest; less withdrawals, if any. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

Use of Estimates

The preparation of financial statements in conformity with 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, Uncertainties, and Concentrations

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 the amounts reported in the statements of net assets available for benefits.

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 comparable U.S. companies.

As of December 31, 2016 and 2015, two investments accounted for approximately 85% and 90%, respectively, of total investments. During the years ended December 31, 2016 and 2015, two and five investments accounted for approximately 92% and 100%, respectively, of net appreciation (depreciation) of investments.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

**Subsequent Events**

The Plan has evaluated subsequent events through the auditors' report date, which is the date the financial statements were available to be issued.

Subsequent to year-end, Alden gave notice that they are closing the AGBPI Fund, Limited and the Alden Global CRE Opportunities Fund, which are included within hedge funds. Voluntary withdrawals from the two funds have been suspended. The funds will be liquidated through a soft wind-down process. Quarterly distributions will be made as cash becomes available until the funds are fully liquidated. Approximately \$51,980,410 and \$11,269,830 has been withdrawn from the AGBPI Fund, Limited, and the Alden Global CRE Opportunities Fund, respectively, through the auditors' report date.

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

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

Prudential has certified in writing to the Plan administrator that the stated amounts for investments at fair value and contract value as of December 31, 2016 and 2015 and the income earned or losses incurred thereon for the years then ended, as reflected in the accompanying financial statements, supplemental schedule of assets (held at end of year), and supplemental schedule of reportable transactions, are complete and accurate.

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-5(c) and 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, supplemental schedule of assets (held at end of year), and supplemental schedule of reportable transactions.

**Note 3 - Fair Value Accounting**

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

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

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

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

As of December 31, 2016 and 2015, no investments were required to be presented in the fair value hierarchy. As of December 31, 2016, investments of \$121,227,046 and \$392,274 were measured at net asset value ("NAV") and contract value, respectively. As of December 31, 2015, investments of \$118,848,493 and \$380,849 were measured at NAV and contract value, respectively.

The Plan's investments in pooled separate accounts ("separate accounts") and hedge funds are recorded at 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. Hedge fund assets for which no external pricing sources are available are valued at fair value based upon an estimate made by the funds' managers using what management believes, in its discretion, to be appropriate techniques consistent with market practices for the relevant type of investments. Due to the nature of these investments, changes in market conditions and the economic environment may significantly impact the NAV of the separate accounts and hedge funds 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 and hedge funds on an equivalent measure where it is not probable that the fund will sell a separate account or hedge fund at a price other than NAV.

The separate accounts are redeemable daily and have a one-day notice period. There were no separate accounts with redemption restrictions or unfunded commitments as of December 31, 2016 and 2015. The KLS Diversified Fund, Limited is redeemable as of the last day of any calendar quarter-end upon 60 days' prior notice. The Alden AGBPI Fund, Limited is redeemable as of any month-end upon 90 days' prior notice. The Alden Global CRE Opportunities Fund is redeemable in four quarterly installment payments equivalent to 25%, 33 1/3%, 50%, and 100% of the fund's balance as of any calendar quarter-end upon 90 days' prior notice. The redemption notice may be reduced to 60 days; however, it becomes subject to a 5% withdrawal fee. The withdrawal amount may exceed 25%; however, all excess balances withdrawn over 25% become subject to an additional 10% withdrawal fee if 60 days' notice is given or a 5% withdrawal fee if standard notice is given.

As described in Note 1, subsequent to year-end, Alden gave notice that they are closing the AGBPI Fund, Limited and Alden Global CRE Opportunities Funds. Voluntary withdrawals from the two funds have been suspended. The funds will be liquidated through a soft wind-down process. Quarterly distributions will be made as cash becomes available until the funds are fully liquidated. There were no hedge funds with unfunded commitments as of December 31, 2016 and 2015.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

The Plan's fully benefit-responsive guaranteed interest fund is presented at contract value, which represents contributions and reinvested income, less any withdrawals, plus accrued interest. Cigna maintains the funds in a general account. The accounts are credited with earnings on the underlying investments and charged for withdrawals and administrative expenses. The guaranteed annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 3%. The crediting rate is reviewed every five years for resetting.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Upon discontinuance of the contract, contract value would be paid no sooner than 30 days from the date the Plan sponsor provides notice. As of December 31, 2016 and 2015, there were no reserves against contract values for credit risk of contract issuers or otherwise.

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 December 31, 2016 and 2015. 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 Fair Value Measurements**

The Plan's financial instruments as of December 31, 2016 and 2015 include hedge funds, which contain certain redemption restrictions as stated above. The fair value of the hedge funds as of December 31, 2016 and 2015 is \$113,725,412 and \$115,686,211, respectively. The valuation technique used to measure the fair values 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 dates.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

**Changes in Financial Instruments with Significant Unobservable Inputs**

The following is a reconciliation of the beginning and ending balances for investments measured at fair value on a recurring basis using significant unobservable inputs during the years ended December 31, 2016 and 2015:

|                                       | <u>Hedge Funds</u>    | <u>Cigna<br/>Guaranteed<br/>Interest Fund</u> |
|---------------------------------------|-----------------------|-----------------------------------------------|
| Investment balance, January 1, 2015   | \$ 34,187,457         | \$ 369,756                                    |
| Purchases                             | 78,600,000            | -                                             |
| Interest                              | -                     | 11,093                                        |
| Gains (realized/unrealized)           | <u>2,898,754</u>      | <u>-</u>                                      |
| Investment balance, December 31, 2015 | 115,686,211           | 380,849                                       |
| Sales                                 | (10,500,000)          | -                                             |
| Interest                              | -                     | 11,425                                        |
| Gains (realized/unrealized)           | <u>8,539,201</u>      | <u>-</u>                                      |
| Ending balance, December 31, 2016     | <u>\$ 113,725,412</u> | <u>\$ 392,274</u>                             |

**Note 4 - Income Taxes**

The IRS has determined and informed the Plan, in a letter dated September 17, 2014, 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 has been amended since receiving the determination letter; however, 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 December 31, 2016 and 2015, 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.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

**Note 5 - Administration of the Plan**

The Plan pays the cost of certain administrative, accounting, and legal services. Fees incurred and paid directly by the Plan for investment management services during the years ended December 31, 2016 and 2015 were \$184,482 and \$183,071, respectively, which are included within administrative fees on the statements of changes in net assets available for benefits.

**Note 6 - Related Party and Party-in-Interest Transactions**

Certain Plan investments are pooled separate accounts and a guaranteed interest fund managed by Prudential, the trustee as of December 31, 2016 and 2015. Other Plan investments include two hedge funds that are managed by an owner of the Company. There are no fees charged to the Plan associated with these funds. 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.

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 are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the Freeze Date. 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 prior to the Freeze Date. The actuarial valuation was performed as of January 1, 2016 and 2015. Had the valuation been performed as of December 31, 2015 and 2014, there would be no material difference.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

The following table sets forth the accumulated plan benefits:

|                                                            | <u>January 1,</u>     |                       |
|------------------------------------------------------------|-----------------------|-----------------------|
|                                                            | <u>2016</u>           | <u>2015</u>           |
| Actuarial present value of accumulated plan benefits       |                       |                       |
| Vested benefits                                            |                       |                       |
| Participants currently receiving payments                  | \$ 74,211,915         | \$ 70,078,672         |
| Vested benefits for other participants                     | <u>58,311,613</u>     | <u>55,502,142</u>     |
| Total vested benefits                                      | 132,523,528           | 125,580,814           |
| Non-vested benefits                                        | <u>221,761</u>        | <u>367,614</u>        |
| Total actuarial present value of accumulated plan benefits | <u>\$ 132,745,289</u> | <u>\$ 125,948,428</u> |

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

|                                                                               |                       |
|-------------------------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated plan benefits as of<br>January 1, 2015 | \$ 125,948,428        |
| Increase (decrease) during the year attributable to                           |                       |
| Interest accumulation                                                         | 9,137,978             |
| Assumption changes (1)                                                        | 6,625,083             |
| Other changes (2)                                                             | (597,462)             |
| Benefit payments                                                              | <u>(8,368,738)</u>    |
| Actuarial present value of accumulated plan benefits as of<br>January 1, 2016 | <u>\$ 132,745,289</u> |

- (1) Changes in actuarial assumptions relate to changes in the assumed rate of return on investments and the mortality rate assumption.
- (2) Other changes represent the normal operations of the Plan, consisting primarily of the increase due to ongoing benefit accruals, if any, and those items of Plan experience that are not associated with Plan asset performance.

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Notes to Financial Statements**

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

The significant actuarial assumptions used by Hewitt in its January 1, 2016 and 2015 calculations are as follows:

|                                                            |                                                                                                                                                                                                              |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assumed rate of return on investments                      | 7.00% (2016) and 7.50% (2015).                                                                                                                                                                               |
| Probability of retirement - active participants            | 10% at age 55, 8% at ages 56-59, 11% at ages 60-64, 25% at ages 65-69, and 100% at ages 70+ (2016 and 2015).                                                                                                 |
| Probability of retirement - terminated vested participants | 30% at age 55, 15% at ages 56-61, 45% at age 62, 20% at ages 63-64, and 100% at ages 65+ (2016 and 2015).                                                                                                    |
| Mortality basis                                            | 2016 Static Mortality Table for Annuitants and Non-Annuitants per Section 1.430(h)(3)-1(e) (2016).<br><br>2015 Static Mortality Table for Annuitants and Non-Annuitants per Section 1.430(h)(3)-1(e) (2015). |
| Actuarial cost method                                      | Standard Unit Credit Cost Method (2016 and 2015).                                                                                                                                                            |
| Effective interest rate                                    | 6.13% (2016) and 6.33% (2015).                                                                                                                                                                               |

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**

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2016**

Employer Identification Number - 76-0425553

Plan Number - 005

| (a) | (b) Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par,<br>or Maturity Value | (d) Cost              | (e) Current<br>Value  |
|-----|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
|     | Pooled separate account                                         |                                                                                                                       |                       |                       |
| *   | Prudential                                                      | Short-Term Fund                                                                                                       | \$ 7,501,576          | \$ 7,501,634          |
|     | Hedge funds                                                     |                                                                                                                       |                       |                       |
| *   | Alden                                                           | AGBPI Fund, Limited                                                                                                   | 80,103,919            | 88,664,993            |
| *   | Alden                                                           | Global CRE Opportunities Fund                                                                                         | 13,982,760            | 15,218,745            |
|     | KLS                                                             | Diversified Fund, Limited                                                                                             | <u>8,609,682</u>      | <u>9,841,674</u>      |
|     | Total hedge funds                                               |                                                                                                                       | <u>102,696,361</u>    | <u>113,725,412</u>    |
|     | Fully benefit-responsive<br>guaranteed interest fund            |                                                                                                                       |                       |                       |
|     | Cigna                                                           | Guaranteed Interest Fund                                                                                              | <u>348,531</u>        | <u>392,274</u>        |
|     |                                                                 |                                                                                                                       | <u>\$ 110,546,468</u> | <u>\$ 121,619,320</u> |

\* Party-in-interest

**SAN JOSE MERCURY-NEWS INC. AMENDED RETIREMENT PLAN COVERING  
EMPLOYEES REPRESENTED BY THE SAN JOSE NEWSPAPER GUILD**

**Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions  
For the Year Ended December 31, 2016**

Employer Identification Number - 76-0425553  
Plan Number - 005

| (a) Identity of Party Involved                                                                                                       | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset/Book Value | (h) Current Value of Asset on Transaction Date | (i) Realized Gains |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|-------------------|------------------------------|------------------------------------------------|--------------------|
| Category (iii) - A series of transactions that exceeds 5% of net assets available for benefits as of the beginning of the Plan year: |                          |                    |                   |                              |                                                |                    |
| Prudential Alden                                                                                                                     | Short-Term Fund          | \$ 14,809,761      | \$ -              | \$ 14,809,761                | \$ 14,809,761                                  | \$ -               |
|                                                                                                                                      | AGBPI Fund, Limited      | \$ -               | \$ 10,500,000     | \$ 10,956,103                | \$ 10,500,000                                  | \$ (456,103)       |
| Prudential                                                                                                                           | Short-Term Fund          | \$ -               | \$ 10,487,840     | \$ 10,487,698                | \$ 10,487,840                                  | \$ 142             |

There were no category (i), (ii), or (iv) reportable transactions for the year ended December 31, 2016.

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