Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE SAVINGS AND RETIREMENT PLAN FOR AFFILIATED POST COMPANIES

1b Three-digit plan number (PN) ▶ 024

1c Effective date of plan 04/16/1986

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

THE WASHINGTON POST COMPANY

1150 15TH STREET NW
WASHINGTON, DC 20071

2b Employer Identification Number (EIN) 53-0182885

2c Sponsor's telephone number 202-334-6697

2d Business code (see instructions) 515210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2012	DENISE DEMETER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
THE SAVINGS AND RETIREMENT PLAN COMMITTEE

1150 15TH STREET NW
WASHINGTON, DC 20071

3b Administrator's EIN
53-0182885

3c Administrator's telephone number
202-334-6697

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

a Sponsor's name
THE WASHINGTON POST COMPANY

4b EIN
13-3060083

4c PN
024

5	Total number of participants at the beginning of the plan year	**5**	4352
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	3618
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	798
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	4416
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	3
f	Total. Add lines **6d** and **6e**	**6f**	4419
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2639
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
THE SAVINGS AND RETIREMENT PLAN FOR AFFILIATED POST COMPANIES

B Three-digit plan number (PN) ▶ 024

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

D Employer Identification Number (EIN)
53-0182885

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE VANGUARD GROUP INC.

23-1945930

(b) Enter name and EIN or address of person who provided you disclosure 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)

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
THE SAVINGS AND RETIREMENT PLAN FOR AFFILIATED POST COMPANIES

B Three-digit plan number (PN) ▶ 024

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

D Employer Identification Number (EIN)
53-0182885

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	79869	70514
(2) Participant contributions	1b(2)	191567	153761
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3776676	3638627
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	92945327	94377186
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	2130867	1839692
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	99124306	100079780
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	99124306	100079780

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2342886	
(B) Participants	2a(1)(B)	5506354	
(C) Others (including rollovers)	2a(1)(C)	314548	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		8163788
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	44903	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1645148	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1690051
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	716532	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	736447	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-19915

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-450990	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-450990
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1012544
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8370390
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7414916	
(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)		7414916
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)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7414916
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		955474
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: JOHNSON LAMBERT LLP (2) EIN: 52-1446779

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) **4a**	X		4706
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) **4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) **4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k**		X	
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n**			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
THE SAVINGS AND RETIREMENT PLAN FOR AFFILIATED POST COMPANIES

B Three-digit plan number (PN) ▶ 024

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

D Employer Identification Number (EIN)
53-0182885

Part I Distributions

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

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

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

EIN(s): 23-2186884

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

JOHNSON LAMBERT LLP

Report of Independent Auditors

To the Participants and Administrator of
The Savings and Retirement Plan for Affiliated Post Companies:

We were engaged to audit the accompanying statements of net assets available for benefits of The Savings and Retirement Plan for Affiliated Post Companies (the "Plan") as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the years then ended and the supplemental schedules of (1) Schedule H, line 4a-Schedule of Delinquent Contributions, and (2) Schedule H, line 4i-Schedule of Assets (Held at End of Year). These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Vanguard Fiduciary Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 31, 2011 and 2010 and for the years then ended, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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.

Falls Church, Virginia
September 12, 2012

THE SAVINGS AND RETIREMENT PLAN FOR AFFILIATED POST COMPANIES

Financial Statements as of and for the
years ended December 31, 2011 and 2010

Additional information required for Form 5500
as of December 31, 2011

THE SAVINGS AND RETIREMENT PLAN FOR AFFILIATED POST COMPANIES

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* Other supplemental schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

JOHNSON LAMBERT LLP

Report of Independent Auditors

To the Participants and Administrator of
The Savings and Retirement Plan for Affiliated Post Companies:

We were engaged to audit the accompanying statements of net assets available for benefits of The Savings and Retirement Plan for Affiliated Post Companies (the "Plan") as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the years then ended and the supplemental schedules of (1) Schedule H, line 4a-Schedule of Delinquent Contributions, and (2) Schedule H, line 4i-Schedule of Assets (Held at End of Year). These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Vanguard Fiduciary Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 31, 2011 and 2010 and for the years then ended, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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.

Falls Church, Virginia
September 12, 2012

THE SAVINGS AND RETIREMENT PLAN FOR AFFILIATED POST COMPANIES

Statements of Net Assets Available for Benefits

	As of December 31, 2011		As of December 31, 2010	
Investments, at fair value				
Registered investment companies:				
Sequoia Fund	$ 3,555,487		$ 2,984,467	
Vanguard 500 Index Fund Investor Shares	14,236,014	*	13,891,483	*
Vanguard Federal Money Market Fund	8,747,810	*	10,008,689	*
Vanguard Growth Index Fund Investor Shares	4,766,368		4,707,322	
Vanguard Mid-Cap Index Fund Investor Shares	6,984,738	*	7,161,197	*
Vanguard Prime Money Market Fund	5,671,287	*	3,709,002	
Vanguard Short-Term Investment-Grade Fund Investor Shares	5,226,490	*	5,019,108	*
Vanguard Small-Cap Value Index Fund	3,749,004		4,034,709	
Vanguard Target Retirement 2005 Fund	46,816		44,891	
Vanguard Target Retirement 2010 Fund	149,205		483,512	
Vanguard Target Retirement 2015 Fund	959,827		1,250,038	
Vanguard Target Retirement 2020 Fund	2,222,427		2,022,767	
Vanguard Target Retirement 2025 Fund	1,421,945		1,384,476	
Vanguard Target Retirement 2030 Fund	1,255,639		1,143,443	
Vanguard Target Retirement 2035 Fund	1,289,532		1,019,085	
Vanguard Target Retirement 2040 Fund	1,196,867		1,000,575	
Vanguard Target Retirement 2045 Fund	920,693		848,268	
Vanguard Target Retirement 2050 Fund	615,782		488,048	
Vanguard Target Retirement 2055 Fund	24,603		4,378	
Vanguard Target Retirement Income	320,820		209,150	
Vanguard Wellesley Income Fund Investor Shares	4,750,462		4,118,064	
Vanguard Wellington Fund Investor Shares	11,858,887	*	11,699,749	*
Vanguard Windsor Fund Investor Shares	14,406,483	*	15,712,906	*
	94,377,186		92,945,327	
Berkshire Hathaway Stock Fund	3,638,627		3,776,676	
Washington Post Stock Fund	1,839,692		2,130,867	
Total investments	99,855,505		98,852,870	
Receivables:				
Employer contributions	70,514		79,869	
Participant contributions	153,761		191,567	
Total receivables	224,275		271,436	
Net assets available for benefits	$ 100,079,780		$ 99,124,306	

* Represents 5% or more of net assets available for benefits.

The accompanying notes are an integral part of these financial statements.

THE SAVINGS AND RETIREMENT PLAN FOR AFFILIATED POST COMPANIES

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2011	2010
Investment income:		
Interest and dividend income	$ 1,690,051	$ 1,552,219
Net (depreciation) appreciation in fair value of investments	(1,483,449)	9,419,935
	206,602	10,972,154
Contributions:		
Participant	5,506,354	5,568,062
Employer	2,342,886	2,204,373
Rollovers	314,548	198,581
	8,163,788	7,971,016
Total investment income and contributions	8,370,390	18,943,170
Benefits paid to participants	(7,414,916)	(7,696,769)
Net increase in net assets available for benefits	955,474	11,246,401
Net assets available for benefits:		
Beginning of year	99,124,306	87,877,905
End of year	$ 100,079,780	$ 99,124,306

The accompanying notes are an integral part of these financial statements.

THE SAVINGS AND RETIREMENT PLAN FOR AFFILIATED POST COMPANIES

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF PLAN

The following description of The Savings and Retirement Plan for Affiliated Post Companies (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

General

The Plan is a defined contribution plan permitting eligible employees of certain subsidiaries of The Washington Post Company (Sponsor), including Avenue100 Media Solutions, Cable One, Inc., El Tiempo Latino LLC, Express Publications Company, LLC, Greater Washington Publishing, Post-Newsweek Media, Inc., The Slate Group LLC, and Social Code LLC (formerly part of Slate Group) (the Participating Companies) to participate upon hire. Eligible employees must affirmatively elect to participate in the Plan. Eligible employees who have completed 1,000 or more hours of service in a period of twelve consecutive months (Eligibility Year of Service) are eligible to receive a Company Matching Contribution.

During 2011, the Plan's Administrator adopted amendments to the Plan, which are not expected to affect the Plan's qualified status under ERISA. Substantially all of these amendments and the restatement of the basic Plan provisions became effective in either 2011 or 2010.

The Plan is administered by a Savings Plan Committee (the Plan Administrator), whose members are appointed by the Sponsor's Board of Directors. Vanguard Fiduciary Trust Company (VFTC) is the Plan's trustee.

All investments are participant directed. Upon enrollment in the Plan, a participant may direct employer contributions, if any, to any of the investment options. Employee contributions may be directed to any of the investment options except the Washington Post Stock Fund (only employer contributions may be invested in the Washington Post Stock Fund).

In addition, contributions to the Berkshire Hathaway Stock Fund may not exceed 25% of a participant's own contributions or 25% of the employer contributions to a participant's account. Exchanges into the Berkshire Hathaway Stock Fund from any other fund(s) may be made only if the resulting investment in the Berkshire Hathaway Stock Fund immediately following the exchange is no more than 25% of the participant's total account balance.

Contributions

Each year, participants may contribute a percentage of pre-tax annual eligible compensation to the Plan at rates specified in the Plan. The total pre-tax contribution, however, is subject to dollar limitations set forth by the Internal Revenue Code ($16,500 in 2011 and 2010). Participants may also contribute a percentage of after-tax annual eligible compensation to the Plan at rates established by the Plan Administrator. In 2011 and 2010, the Company Matching Contributions varied across the Plan by Participating Company. Additionally, the Participating Company may at its discretion contribute a supplemental contribution to the Plan. A participant's total pre-tax and after-tax contributions to the Plan are subject to dollar limitations set forth in the Internal Revenue Code (IRC). Contributions are remitted to a trust that is administered by VFTC.

Effective with the first full payroll period on or after August 1, 2012, eligible participants in the Plan at all Participating Companies will receive Company Matching Contributions equal to 100% of their pre-tax and after-tax contributions up to 1% of their base salary.

In order for the Plan to pass certain IRS nondiscrimination testing requirements a discretionary Qualified Non-Elective Contribution ("QNEC") was made by the Company and recorded for the Plan year ended December 31, 2010. These contributions were applied to the participants' accounts in accordance with their investment elections for current contributions. In the absence of such election, the contribution was applied to the participant's account in accordance with the Plan's default investment option. In addition, the Company continues to limit the amount of voluntary contributions for Highly Compensated Employees. Effective June 2010, the Sponsor changed the Plan maximum contribution limit at certain participating companies for Highly Compensated Employees to 9% from 13%.

Participant Accounts

Each participant's account is credited with his/her contributions, the Participating Company contributions, if any, and an allocation of investment earnings (losses). Allocations are based on participant earnings or account balances, as defined.

Vesting

Upon enrollment in the Plan, participants are fully vested at all times in all amounts held in their accounts.

Plan Expenses

The Participating Companies pay for some of the Plan's administrative expenses.

NOTES TO FINANCIAL STATEMENTS

Payment of Benefits

A participant may withdraw at any time employee contributions that do not qualify for tax deferred treatment. Employee tax deferred contributions and certain related earnings may be withdrawn if, in the judgment of the Savings Plan Committee, a participant is suffering a serious financial hardship and other sources of funds are not available to the participant. Upon attainment of age 59½, a participant may withdraw his/her full account. There is no limit to the number of non-hardship withdrawals permitted during the Plan Year.

Accounts of terminated participants may be retained in the Plan until the participant reaches age 65. At age 65, the full account balance must be distributed. The terminated participant may request at any time prior to age 65 to receive a distribution of the total amount in his/her account. If a terminated participant with a deferred account dies prior to receiving the full value of the account, the account balance will be paid to the participant's beneficiary. Account balances of $5,000 or less may not be deferred and are subject to automatic rollover/automatic cash out.

Participants' accounts which are withdrawn upon termination of employment are payable by lump sum.

Plan Termination

Although none of them has expressed any intent to do so, each of the Participating Companies has the right to terminate its participation in the Plan at any time and the Sponsor has the right to terminate the Plan in its entirety at any time, subject to the provisions of ERISA. No such termination would deprive the affected participants of their right to receive the value of their accounts.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

The following accounting policies, which conform with accounting principles generally accepted in the United States of America, have been used consistently in the preparation of the Plan's financial statements:

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

NOTES TO FINANCIAL STATEMENTS

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. The Washington Post Stock Fund and the Berkshire Hathaway Stock Fund are valued at their year-end unit-closing price (comprised of common stock at the year-end market price, plus an uninvested cash portion).

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gains distributions are included in dividend income.

The Plan presents in the Statements of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

Payment of Benefits

Benefits are recorded when paid.

Risks and Uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTES TO FINANCIAL STATEMENTS

Subsequent Events

The Plan has performed an evaluation of subsequent events through September 12, 2012, which is the date the financial statements were available to be issued and has considered any relevant matters in the preparation of the financial statements and footnotes.

On July 31, 2012, The Washington Post Company divested its interest in Avenue 100 Media Solutions. The Savings Plan Committee will continue to administer the Plan and provisions applicable to Avenue 100 Media Solutions participants under the Plan. Employees' employment with Avenue 100 Media Solutions terminated on the date of the sale and consequently, participants were no longer eligible to make contributions to the Plan. Following termination, terminated participants are able to initiate a withdrawal of their entire account balance or maintain their account balance in the Plan pursuant to the provisions in the Plan document.

NOTE 3 – NET (DEPRECIATION) APPRECIATION IN FAIR VALUE OF INVESTMENTS

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) appreciated as follows:

	Year Ended December 31,	
	2011	2010
Registered investment companies	$ (1,012,544)	$ 8,752,398
Common stock	(470,905)	667,537
	$ (1,483,449)	$ 9,419,935

NOTE 4 – RELATED-PARTY TRANSACTIONS

The Plan's investments include shares of registered investment companies (mutual funds) managed by The Vanguard Group, Inc. Due to the relationship between VFTC as Plan Trustee and The Vanguard Group, Inc., investment transactions in registered investment companies managed by The Vanguard Group, Inc. qualify as party-in-interest transactions. Investments of the Plan in the Vanguard registered investment companies are exempt from the prohibited transaction rules of ERISA pursuant to a class exemption issued by the U.S. Department of Labor.

The Plan's investments include shares of the common stock of The Washington Post Company and Berkshire Hathaway, Inc, (Berkshire). Berkshire owns approximately 23% of the common stock of The Washington Post Company. The chairman, chief executive officer and largest stockholder of Berkshire, Mr. Warren Buffett, was a member of The Washington Post Company's Board of Directors until the expiration of his term effective

May 2011. Berkshire Hathaway, Inc. and Mr. Warren Buffett therefore qualify as parties-in-interest. The Washington Post Company also is a party-in-interest. Because of the manner in which such transactions are effected, the Plan Administrator believes that investment transactions by the Plan in the stock of Berkshire and in the stock of The Washington Post Company are not prohibited transactions.

NOTE 5 – TAX STATUS

On November 16, 2011, the Internal Revenue Service made a favorable determination that the Plan, as then designed, was qualified under IRC Section 401(a). Such determination letter did not involve a review of the effect on the Plan of certain amendments adopted in 2011. Although the Plan has been amended since submitting the application for the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan Administrator has concluded that as of December 31, 2011, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits for tax returns filed in the past three years by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6 – INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, VFTC, the Plan Trustee, has certified the following information, which has not been subject to audit by independent auditors, to be accurate and complete:

- Investment balances included in the Statements of Net Assets Available for Benefits at December 31, 2011 and 2010.
- Interest and dividend income and net (depreciation) appreciation in fair value of investments for the years ended December 31, 2011 and 2010 included in the Statements of Changes in Net Assets Available for Benefits and in Note 3.
- Investment balances included in the accompanying Schedule of Assets (held at end of year).

NOTE 7 – FAIR VALUE MEASUREMENTS

A fair value measurement is determined based on the assumptions that a market participant would use in pricing an asset or liability, based on a three-tiered hierarchy that draws a distinction between market participant assumptions based on (i) observable inputs, such as quoted prices in active markets (Level 1); (ii) inputs other than quoted prices in active

markets that are observable either directly or indirectly (Level 2); and (iii) unobservable inputs that require the Plan to use present value and other valuation techniques in the determination of fair value (Level 3). Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measure. The Plan's assessment of the significance of a particular input to fair value measurements requires judgment and may affect the valuation of the assets and liabilities being measured and their placement within the fair value hierarchy.

The Plan's financial assets measured at fair value on a recurring basis as of December 31, 2011 and 2010, were as follows:

	Fair Value Measurement			
	Fair Value at December 31, 2011	Quoted Prices in Active Markets for Identical Items (Level 1)	Fair Value at December 31, 2010	Quoted Prices in Active Markets for Identical Items (Level 1)
Assets:				
Mutual funds	$ 94,377,186	$ 94,377,186	$ 92,945,327	$ 92,945,327
Company stock funds	5,478,319	5,478,319	5,907,543	5,907,543
Total financial assets	$ 99,855,505	$ 99,855,505	$ 98,852,870	$ 98,852,870

For assets that are measured using quoted prices in active markets, the total fair value is the published market price per unit multiplied by the number of units held without consideration of transaction costs.

THE SAVINGS AND RETIREMENT PLAN FOR AFFILIATED POST COMPANIES

Schedule H
Line 4a

Schedule of Delinquent Participant Contributions
For the year ended December 31, 2011

The Savings and Retirement Plan for Affiliated Post Companies, EIN 13-3060083
Attachment to Form 5500, Schedule H, Line 4a:

Participant Contributions Transferred Late to the Plan			Total that Consititute Nonexempt Prohibited Transacations			Total Fully Corrected Under VFCP and PTE 2002-51	Check here if Late Participant Loan Repayments are included:
Amount Withheld	Date Withheld	Date Remitted	Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
$1,547.47	3/9/2011	4/25/2011	$1,547.47				
$1,594.67	3/23/2011	4/25/2011	$1,594.67				
$1,563.85	6/15/2011	10/12/2011	$1,563.85 *				

Notes:

* The correction is pending filing of Form 5330. No restoration of lost earnings are required.

THE SAVINGS AND RETIREMENT PLAN FOR AFFILIATED POST COMPANIES

Schedule H
Line 4i

Schedule of Assets (Held at End of Year)
as of December 31, 2011

The Savings and Retirement Plan for Affiliated Post Companies, EIN 13-3060083
Attachment to Form 5500, Schedule H, line 4i:

	Identity of Issue	Investment Type	Cost**	Current Value
*	Sequoia Fund	Registered Investment Company		$ 3,555,487
*	Vanguard 500 Index Fund Investor Shares	Registered Investment Company		14,236,014
*	Vanguard Federal Money Market Fund	Registered Investment Company		8,747,810
*	Vanguard Growth Index Fund Investor Shares	Registered Investment Company		4,766,368
*	Vanguard Mid-Cap Index Fund Investor Shares	Registered Investment Company		6,984,738
*	Vanguard Prime Money Market Fund	Registered Investment Company		5,671,287
*	Vanguard Short-Term Investment-Grade Fund Investor Shares	Registered Investment Company		5,226,490
*	Vanguard Small-Cap Value Index Fund	Registered Investment Company		3,749,004
*	Vanguard Target Retirement 2005 Fund	Registered Investment Company		46,816
*	Vanguard Target Retirement 2010 Fund	Registered Investment Company		149,205
*	Vanguard Target Retirement 2015 Fund	Registered Investment Company		959,827
*	Vanguard Target Retirement 2020 Fund	Registered Investment Company		2,222,427
*	Vanguard Target Retirement 2025 Fund	Registered Investment Company		1,421,945
*	Vanguard Target Retirement 2030 Fund	Registered Investment Company		1,255,639
*	Vanguard Target Retirement 2035 Fund	Registered Investment Company		1,289,532
*	Vanguard Target Retirement 2040 Fund	Registered Investment Company		1,196,867
*	Vanguard Target Retirement 2045 Fund	Registered Investment Company		920,693
*	Vanguard Target Retirement 2050 Fund	Registered Investment Company		615,782
*	Vanguard Target Retirement 2055 Fund	Registered Investment Company		24,603
*	Vanguard Target Retirement Income	Registered Investment Company		320,820
*	Vanguard Wellesley Income Fund Investor Shares	Registered Investment Company		4,750,462
*	Vanguard Wellington Fund Investor Shares	Registered Investment Company		11,858,887
*	Vanguard Windsor Fund Investor Shares	Registered Investment Company		14,406,483
*	Berkshire Hathaway Stock Fund	Company Stock Fund		3,638,627
*	Washington Post Stock Fund	Company Stock Fund		1,839,692
	Total			$ 99,855,505

* Party-in-interest
** Cost is not required for participant directed investments.

This schedule was prepared based on information certified by Vanguard Fiduciary Trust Company, the Plan Trustee.

THE SAVINGS AND RETIREMENT PLAN FOR AFFILIATED POST COMPANIES

Schedule H
Line 4i

Schedule of Assets (Held at End of Year)
as of December 31, 2011

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	Total			$ 99,855,505

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** Cost is not required for participant directed investments.

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THE SAVINGS AND RETIREMENT PLAN FOR AFFILIATED POST COMPANIES

Schedule H
Line 4a

Schedule of Delinquent Participant Contributions
For the year ended December 31, 2011

The Savings and Retirement Plan for Affiliated Post Companies, EIN 13-3060083
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Notes:

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