

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 <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF EVENING POST PUBLISHING COMPANY AND AFFILIATED COMPANIES	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td><u>001</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>01/01/1955</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan	<u>01/01/1955</u>		
1b Three-digit plan number (PN) ►	<u>001</u>						
1c Effective date of plan	<u>01/01/1955</u>						
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) EVENING POST PUBLISHING COMPANY 134 COLUMBUS STREET CHARLESTON, SC 29403	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td><u>57-0160880</u></td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td><u>843-937-5636</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> <td><u>511110</u></td> </tr> </table>	2b Employer Identification Number (EIN)	<u>57-0160880</u>	2c Sponsor's telephone number	<u>843-937-5636</u>	2d Business code (see instructions)	<u>511110</u>
2b Employer Identification Number (EIN)	<u>57-0160880</u>						
2c Sponsor's telephone number	<u>843-937-5636</u>						
2d Business code (see instructions)	<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.

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/12/2012</u>	<u>PAUL SHARRY</u>
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") EVENING POST PUBLISHING COMPANY 134 COLUMBUS STREET CHARLESTON, SC 29403	3b Administrator's EIN 57-0160880 3c Administrator's telephone number 843-937-5636
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1796
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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	910
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	791
d Subtotal. Add lines 6a , 6b , and 6c	6d	1701
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	8
f Total. Add lines 6d and 6e	6f	1709
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	27

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G

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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		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 <u>RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF EVENING POST PUBLISHING COMPANY AND AFFILIATED COMPANIES</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EVENING POST PUBLISHING COMPANY</u>	D Employer Identification Number (EIN) <u>57-0160880</u>	

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

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>13-5581829</u>	<u>65978</u>	<u>GAC578</u>	<u>1709</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 85778448**5** Current value of plan's interest under this contract in separate accounts at year end **5****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** 1137585**c** Additions: (1) Contributions deposited during the year **7c(1)** 10300000(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 263(4) Transferred from separate account **7c(4)** 11909803(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 22210066**d** Total of balance and additions (add **b** and **c(6)**) **7d** 23347651**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 5069186(2) Administration charge made by carrier **7e(2)** 107484(3) Transferred to separate account **7e(3)** 17195078(4) Other (specify below) **7e(4)** 513084

▶ RISK CHARGES AND PLAN EXPENSES

(5) Total deductions **7e(5)** 22884832**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 462819

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

A Name of plan <u>RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF EVENING POST PUBLISHING COMPANY AND AFFILIATED COMPANIES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>EVENING POST PUBLISHING COMPANY</u>	D Employer Identification Number (EIN) <u>57-0160880</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>
2	Assets:
a	Market value 2a <u>86348319</u>
b	Actuarial value 2b <u>82877407</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>462</u> <u>46703963</u>
b	For terminated vested participants 3b <u>788</u> <u>18782106</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>585831</u>
(2)	Vested benefits 3c(2) <u>44542871</u>
(3)	Total active 3c(3) <u>1008</u> <u>45128702</u>
d	Total 3d <u>2258</u> <u>110614771</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.33 %</u>
6	Target normal cost 6 <u>600000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/25/2012</u>
Signature of actuary	Date
<u>RANDALL W. DAVIS</u>	<u>11-07542</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON PENNSYLVANIA INC.</u>	<u>704-620-6480</u>
Firm name	Telephone number (including area code)
<u>150 N COLLEGE STREET</u> <u>SUITE 3050</u> <u>CHARLOTTE, NC 28202</u>	
Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

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)	836697	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	690000	0
9	Amount remaining (line 7 minus line 8)	146697	0
10	Interest on line 9 using prior year's actual return of <u>10.70</u> %	15697	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		4310404
b	Interest on (a) using prior year's effective rate of <u>6.70</u> % except as otherwise provided (see instructions)		288797
c	Total available at beginning of current plan year to add to prefunding balance		4599201
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	162394	0

Part III		Funding percentages	
14	Funding target attainment percentage	14	74.77 %
15	Adjusted funding target attainment percentage	15	74.77 %
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	76.47 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2011	1150000				
07/15/2011	1150000				
09/02/2011	1350000				
01/19/2012	1150000				
09/14/2012	2250000				
			Totals ▶	18(b)	7050000
				18(c)	

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
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 6643416
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If 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
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
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 eligible for (and is using) 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	
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	600000	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	27899758	5841545	
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	6441545	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			
36 Additional cash requirement (line 34 minus line 35)	36	6441545	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	6643416	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	201871	
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 a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF EVENING POST PUBLISHING COMPANY AND AFFILIATED COMPANIES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EVENING POST PUBLISHING COMPANY</u>	D Employer Identification Number (EIN) <u>57-0160880</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

TOWERS WATSON

150 N COLLEGE STREET
SUITE 3050
CHARLOTTE, NC 28202

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	RETAINED BY EMPLOYER	146873	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIXON HUGHES GOODMAN LLP

525 EAST BAY STREET
#100
CHARLESTON, SC 29403

56-0747981

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	RETAINED BY EMPLOYER	9500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METROPOLITAN LIFE INSURANCE COMPANY

200 PARK AVENUE
12TH FLOOR
NEW YORK, NY 10166

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 28 23	RETAINED BY EMPLOYER	486665	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

a Name:	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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF EVENING POST PUBLISHING COMPANY AND AFFILIATED COMPANIES</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EVENING POST PUBLISHING COMPANY</u>	D Employer Identification Number (EIN) <u>57-0160880</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METROPOLITAN INDEX FUND MI VIA SAIL</u>			
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>13-5581829-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8600573</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METROPOLITAN BROADMARKET FUND SA 41</u>			
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>13-5581829-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12951805</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METROPOLITAN SEPARATE ACCOUNT 135</u>			
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>13-5581829-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12917999</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METROPOLITAN SEPARATE ACCOUNT 263</u>			
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>13-5581829-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12906307</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METROPOLITAN SEPARATE ACCOUNT 294</u>			
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>13-5581829-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8438524</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METROPOLITAN SEPARATE ACCOUNT 237</u>			
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>13-5581829-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4233064</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METROPOLITAN SEPARATE ACCOUNT 377</u>			
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>13-5581829-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12962115</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: METROPOLITAN SEPARATE ACCOUNT 417**b** Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4266482
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a Name of MTIA, CCT, PSA, or 103-12 IE: METROPOLITAN SEPARATE ACCOUNT 518**b** Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4286507
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a Name of MTIA, CCT, PSA, or 103-12 IE: METROPOLITAN SEPARATE ACCOUNT 519**b** Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4215072
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF EVENING POST PUBLISHING COMPANY AND AFFILIATED COMPANIES</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EVENING POST PUBLISHING COMPANY</u>		D Employer Identification Number (EIN) <u>57-0160880</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	316700	796846
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	5743455	7413316
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6375355	3335323
	(2) U.S. Government securities.....	1c(2)	25132826	24147182
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		16501
	(B) All other.....	1c(3)(B)	20092984	26154885
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	154771	143516
	(B) Common	1c(4)(B)	32180796	32858591
	(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)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	-2023	-2411

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	89994864	94863749

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	11151998	9085300
k Total liabilities (add all amounts in lines 1g through 1j)	1k	11151998	9085300

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	78842866	85778449
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	10300000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10300000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	263	
(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)		263
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3276208	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3276208

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-3310874	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-3310874
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2040745
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12306342

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5069186	
(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)		5069186
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)	215405	
(2) Contract administrator fees	2i(2)	107484	
(3) Investment advisory and management fees	2i(3)	355772	
(4) Other	2i(4)	297679	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		976340
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6045526

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6260816
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: DIXON HUGHES GOODMAN LLP

(2) EIN: 56-0747981

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.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....	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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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 <u>01/01/2011</u> and ending <u>12/31/2011</u>					
A Name of plan <u>RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF EVENING POST PUBLISHING COMPANY AND AFFILIATED COMPANIES</u>				B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EVENING POST PUBLISHING COMPANY</u>				D Employer Identification Number (EIN) <u>57-0160880</u>	
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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-5581829</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	<u>19</u>
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2011 v.012611	

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: 41% Investment-Grade Debt: 58% High-Yield Debt: _____% Real Estate: _____% Other: 1%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify): _____

**Retirement Plan and Trust for Employees
of Evening Post Publishing Company and
Affiliated Companies**

Financial Statements
and
Supplemental Schedules
as of December 31, 2011 and 2010
and for the Years Then Ended

(with Independent Auditors' Report thereon)

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
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Independent Auditors' Report

To the Participants and Retirement Committee of
Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Charleston, South Carolina

We were engaged to audit the financial statements of the Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies (the "Plan") as of December 31, 2011 and 2010 and for the years then ended, as listed in the accompanying contents. 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by the Metropolitan Life Insurance and Annuity Company, the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2011 and 2010 and for the years then ended, that the information provided to the plan administrator by the custodian 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 purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the custodian, 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 ERISA.

Dixon Hughes Goodman LLP

September 21, 2012
Charleston, South Carolina

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Statements of Net Assets Available for Benefits
December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
<u>Assets</u>		
Investments at fair value (See Notes 5, 6, 7)	\$ 86,241,268	\$ 79,980,452
Receivables:		
Employer contributions	<u>3,400,000</u>	<u>6,850,000</u>
Net assets available for benefits	<u><u>\$ 89,641,268</u></u>	<u><u>\$ 86,830,452</u></u>

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

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ -	\$ 6,114,835
Interest and dividends	2,041,008	2,022,249
	<u>2,041,008</u>	<u>8,137,084</u>
Contributions:		
Employer	6,850,000	8,972,592
Total additions	<u>8,891,008</u>	<u>17,109,676</u>
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	34,666	-
Benefits paid to participants	5,151,076	4,810,016
Administrative expenses	894,450	1,082,026
Total deductions	<u>6,080,192</u>	<u>5,892,042</u>
Net change	2,810,816	11,217,634
Net assets available for benefits:		
Beginning of year	86,830,452	75,612,818
End of year	<u>\$ 89,641,268</u>	<u>\$ 86,830,452</u>

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

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Notes to the Financial Statements
December 31, 2011 and 2010

1. Description of Plan

The following description of the Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a noncontributory defined benefit pension plan covering substantially all employees of the Company. The Retirement Committee of the Board of Directors of the Company controls and manages the operation and administration of the Plan. Metropolitan Life Insurance and Annuity Company (the “Custodian”) serves as the custodian of the Plan, and together with several investment managers, manages the Plan’s investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2008, the Plan was frozen and eligibility into the Plan was closed to any new participants.

Pension Benefits

Participants with five years of continuous service, as defined by the Plan, are entitled to pension benefits upon retirement. If employees terminate before rendering five years of continuous service, they forfeit the right to receive pension benefits upon retirement. Pension benefits are provided to participants under several types of retirement options based upon years of continuous service and age. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities.

Death and Disability Benefits

In the event of a vested employee’s death, his or her designated beneficiary will be entitled to receive a survivor benefit equal to fifty percent of the participant’s accrued benefit according to the Plan provisions. The survivor benefit commences on the earliest date that the deceased participant could have elected to receive retirement benefits. If a participant with 10 or more years of service becomes disabled, he or she may elect disability retirement. Disabled participants are eligible for early retirement when the benefits under the Plan Sponsor’s long-term disability insurance expire.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“GAAP”).

Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates and assumptions.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for a discussion of fair value measurements.

The assets of the Plan are invested in accounts maintained by Metropolitan Life Insurance and Annuity Company. A portion of assets are invested in pooled separate accounts which are multiple employer funds and are segregated at market value as determined by the Custodian in accordance with accepted practices, laws and regulations.

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Notes to the Financial Statements
December 31, 2011 and 2010

Assets are also maintained in an immediate participation guaranteed funds contract which is valued at contract value, which approximates fair value, by the Custodian in its general account. The contract value represents contributions made by the Company under contract plus interest at the per annum contract rate less benefits paid to participants, contract administration fees and other direct expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded upon distribution.

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Expenses relating to specific participant transactions are charged directly to the participant's account.

Subsequent Events

The Plan has evaluated subsequent events through September 21, 2012, the date the financial statements were available to be issued.

3. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in the amount as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2011 and 2010.

Although it has not expressed any intentions to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation for the highest five years of consecutive calendar years of pensionable pay during the ten year period ending on the earlier of the participant's termination date or retirement date. The accumulated plan benefits for active employees are based upon their average compensation during the year ending on the date as of which benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective. During 2011, no amendments to the Plan became effective.

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Notes to the Financial Statements
December 31, 2011 and 2010

The significant actuarial assumptions used in the valuations as of January 01, 2011 and 2010 were:

Actuarial cost method	Projected unit credit method
Discount rate	5.54% and 5.9%, respectively
Assumed return on investments	8.5%
Mortality rate	RP-2000 Table with projections to 2010 for healthy participants; PBGC Disabled Mortality Table for disabled participants.
Retirement age	Age 65 or age on actuarial value date, if greater

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.

The actuarial present value of accumulated plan benefits was as follows:

	<u>January 1, 2011</u>
Vested benefits:	
Participants currently receiving benefits	\$ 47,664,493
Other participants	<u>71,962,393</u>
Total vested benefits	119,626,886
Non-vested benefits	<u>673,759</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 120,300,645</u></u>

The actuarial present value of accumulated plan benefits increased as follows:

	<u>January 1, 2011</u>
Actuarial present value of accumulated plan benefits, January 1, 2010	\$ 112,827,895
Increase (decrease) attributable to:	
Actuarial (gains)/losses	111,012
Decrease in the discount period	6,517,392
Benefits paid	(4,795,968)
Change in actuarial assumptions	<u>5,640,314</u>
Actuarial present value of accumulated plan benefits, January 1, 2011	<u><u>\$ 120,300,645</u></u>

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Notes to the Financial Statements
December 31, 2011 and 2010

5. Unaudited Information Certified by Custodian

The accompanying financial statements include the following unaudited information as of December 31, 2011 and 2010 and for the years then ended, which was obtained from data prepared and certified to be complete and accurate by the Plan's custodian:

	<u>2011</u>	<u>2010</u>
Investments	\$ 86,241,268	\$ 79,980,452
Interest and dividends	\$ 2,041,008	\$ 2,022,249
Net (depreciation) appreciation in fair value of investments	\$ (34,666)	\$ 6,114,835

The certification mentioned above includes all investment information discussed in Notes 6 and 7.

*All investments are certified at fair value.

6. Investments

The following table presents investments that represent 5 percent or more of the Plan's net assets:

	<u>December 31,</u>	
	<u>2011</u>	<u>2010</u>
MetLife Intermediate Duration Alliance Bond Fund	\$ 12,917,999	\$ 11,420,284
State Street Research Growth Equity Fund	12,906,307	11,442,940
State Street Research Broad Market Fund	12,951,805	11,434,797
MetLife Metropolitan Index Fund MI VIA SA #11	8,600,573	8,227,144
MetLife Separate Account #294	8,438,524	8,396,482
MetLife Separate Account #377	12,962,115	11,430,262

During the years ended December 31, 2011 and 2010, the Plan's investments in pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by (\$34,666) and \$6,114,835, respectively.

7. Fair Value Measurements

Fair value as defined under GAAP is an exit price, representing 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. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

- Level 1: Observable inputs such as quoted prices in active markets.
- Level 2: Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3: Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Notes to the Financial Statements
December 31, 2011 and 2010

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Level 2 investment securities include pooled separate accounts for which quoted prices are not available in active markets for identical instruments. Pooled separate accounts are valued at the closing net asset value (NAV) of the units held by the Plan at year end based on information certified by the custodian.

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of December 31, 2011 and 2010.

Fair Value as of December 31, 2011				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts (a)	\$ -	\$ 85,778,448	\$ -	\$ 85,778,448
Guaranteed investment contract (b)	-	-	462,820	462,820
Total investments	<u>\$ -</u>	<u>\$ 85,778,448</u>	<u>\$ 462,820</u>	<u>\$ 86,241,268</u>

Fair Value as of December 31, 2010				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts (a)	\$ -	\$ 78,842,867	\$ -	\$ 78,842,867
Guaranteed investment contract (b)	-	-	1,137,585	1,137,585
Total investments	<u>\$ -</u>	<u>\$ 78,842,867</u>	<u>\$ 1,137,585</u>	<u>\$ 79,980,452</u>

(a) Represents investment in pooled separate accounts with Metropolitan Life Insurance. The contract amount is valued at contract value, which approximates fair value, by the Custodian. The contract value represents contributions made by the Company under contract plus interest at the per annum contract rate less benefits paid to participants, contract administration fees and other direct expenses. The investment seeks to achieve the return of the underlying funds. There are no unfunded commitments, redemption frequency is allowed daily, and there is no redemption notice period.

(b) Represents investment in a guaranteed investment contract with Metropolitan Life Insurance. The contract amount is valued at contract value, which approximates fair value, by the Custodian in its general account. The contract value represents contributions made by the Company under contract plus interest at the per annum contract rate less benefits paid to participants, contract administration fees and other direct expenses. There are no unfunded commitments, redemption frequency is allowed daily, and there is no redemption notice period (see Note 8).

Due to significant unobservable inputs included in the valuation model for the guaranteed investment contract, the resulting fair value of this security is classified as Level 3. The fair value of the guaranteed investment contract was estimated by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer (see Note 8).

The Plan recognizes transfers between the levels as of the actual date of the event or change in circumstances that caused the transfer. Gross transfers between the levels were not significant for the years ended December 31, 2011 and 2010.

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Notes to the Financial Statements
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The following table illustrates the activity of Level 3 assets measured at fair value on a recurring basis:

	December 31,	
	2011	2010
Fair value, beginning of year	\$ 1,137,585	\$ 689,742
Realized gains (losses)	263	316
Purchases	10,300,000	6,522,592
Sales	(5,151,076)	(4,810,016)
Issuances	11,909,803	14,455,893
Settlements	(17,733,755)	(15,720,942)
Fair value, end of year	<u>\$ 462,820</u>	<u>\$ 1,137,585</u>

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation/depreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

8. Investment Contract with Insurance Company

The Company maintains an Immediate Participation Guarantee contract with Metropolitan Life Insurance and Annuity Company ("MetLife"). Funds are invested with MetLife in pooled separate accounts. An investment committee monitors the performance of the funds and directs the investments on a quarterly basis.

The funds are used to pay monthly benefits to retired participants, who have been issued a guaranteed annuity by MetLife at the time of retirement. Funds are not withdrawn to purchase the annuity, rather funds remain in the pooled separate accounts and MetLife requires the Company to maintain a minimum balance requirement ("MBR") in order to meet the contract liabilities created by the annuity guarantees. The MBR is calculated by determining the present day value of the annuity, and then recognizing the value of the fund assets. Generally, fixed income is recognized at 100% and equities at 75% of market value.

9. Exempt Party-In-Interest Transactions

Certain Plan investments are shares of pooled separate accounts and insurance contracts managed by Metropolitan Life Insurance and Annuity Company. Metropolitan Life Insurance and Annuity Company is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included as a reduction of the return on each fund. Fees paid to the custodian by the Plan for administrative services were \$486,665 for the year ended December 31, 2011.

10. Tax Status

The Internal Revenue Service (the "IRS") has determined and informed the Company by a letter dated December 17, 2002, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable provisions of the IRC. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Notes to the Financial Statements
December 31, 2011 and 2010

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) 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, 2011, 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. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

11. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

12. Plan Termination

In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

On December 31, 2008 (Freeze Date), the Plan was amended to freeze participants' plan benefits. Upon freezing the Plan, all participants with less than 5 years of service, who remained in service, were able to continue working towards their five years in order to become fully vested in their accrued retirement benefits. However, only the years of service and compensation earned prior to December 31, 2008 will be considered for calculation of the retirement benefit. New employees since the Freeze Date will not be eligible to participate in the Plan.

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Notes to the Financial Statements
December 31, 2011 and 2010

13. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2011 and 2010 financial statements to Schedule H of Form 5500:

	December 31,	
	2011	2010
Net assets available for benefits per the financial statements	\$ 89,641,268	\$ 86,830,452
Contribution receivable not reflected on Form 5500	(3,400,000)	(6,850,000)
Immediate participation guarantee funds not reflected on Form 5500	(462,820)	(1,137,585)
Other	1	(1)
Net assets available for benefits per Form 5500	<u>\$ 85,778,449</u>	<u>\$ 78,842,866</u>

The following is a reconciliation of increases per the financial statements for the year ended December 31, 2011 and 2010 to Schedule H of Form 5500.

	December 31,	
	2011	2010
Increase in net assets per the financial statements	\$ 2,810,816	\$ 11,217,634
Deduct current year employer contribution receivable	(3,400,000)	(6,850,000)
Add prior year employer contribution receivable	6,850,000	4,400,000
Other	-	2
Net income per Form 5500	<u>\$ 6,260,816</u>	<u>\$ 8,767,636</u>

14. Subsequent Events

Effective June 2012, the Evening Post Publishing Company sold Brian College Station Newspaper, and these employees will be classified as vested terminated for the year ended 2012.

Supplemental Schedules

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Form 5500, Schedule H, Line 4i--Schedule of Assets (Held at End of Year)
December 31, 2011

EIN: 57-0160880

Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
*	MetLife Intermediate Duration Alliance Bond Fund #135	Pooled separate account		\$ 12,917,999
*	MetLife Separate Account #263	Pooled separate account		12,906,307
*	MetLife Separate Account #41	Pooled separate account		12,951,805
*	MetLife Metropolitan Index Fund MI VIA SA #11	Pooled separate account		8,600,573
*	MetLife Separate Account #294	Pooled separate account		8,438,524
*	MetLife Separate Account #237	Pooled separate account		4,233,064
*	MetLife Separate Account #377	Pooled separate account		12,962,115
*	MetLife Separate Account #417	Pooled separate account		4,266,482
*	MetLife Separate Account #518	Pooled separate account		4,286,507
*	MetLife Separate Account #519	Pooled separate account		4,215,072
*	MetLife Immediate Participation Guaranteed Funds Contract	Insurance contract		462,820
				<u>\$ 86,241,268</u>

*Party-in interest

**Cost information not provided by custodian.

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Form 5500, Schedule H, Line 4j--Schedule of Reportable Transactions
For the Year Ended December 31, 2011

EIN: 57-0160880

Plan No. 001

(a) Identity of party involved (b) Description of Security	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Series In Same Security</i>							
Sales:							
Metlife- Insurance Contract	\$ -	\$ 22,264,264	\$ -	\$ -	\$ 22,264,264	\$ -	\$ -
MetLife Separate Account #377	\$ -	\$ 1,718,014	\$ -	\$ -	\$ 1,718,014	\$ -	\$ -
MetLife Separate Account #41	\$ -	\$ 1,695,459	\$ -	\$ -	\$ 1,695,459	\$ -	\$ -
Purchases:							
Metlife- Insurance Contract	\$ 22,209,803	\$ -	\$ -	\$ -	\$ 22,209,803	\$ 22,209,803	\$ -
MetLife Separate Account #377	\$ 2,336,262	\$ -	\$ -	\$ -	\$ 2,336,262	\$ 2,336,262	\$ -
MetLife Separate Account #41	\$ 2,351,404	\$ -	\$ -	\$ -	\$ 2,351,404	\$ 2,351,404	\$ -

Retirement Plan for Employees of Evening Post
 EIN: 57-0160880 PN: 001
 Schedule SB, line 32 - Schedule of Amortization Bases

	Date of Base Creation	Initial Amount	Amortization Installment	Remaining Period	PV of Future Installments
Shortfall Amortization Bases					
2008 Shortfall	1/1/2008	21,630,089	3,617,792	4	13,699,562
2009 Shortfall	1/1/2009	(7,724,676)	(1,370,734)	5	(6,372,261)
2010 Shortfall	1/1/2010	10,933,467	1,840,015	6	9,908,887
2011 Shortfall	1/1/2011	10,663,570	1,754,472	7	10,663,570
Total Shortfall Amortization Installments			5,841,545		27,899,758
Waiver Amortization Bases					
Total Waiver Amortization Installments			0		0
Total Amortization Installments			5,841,545		27,899,758
Total Amortization Installments reflecting minimum of 0 on Total Shortfall Installments			5,841,545		

Retirement Plan for Employees of Evening Post
EIN: 57-0160880 PN: 001
Schedule SB, line 26 - Schedule of Active Participant Data*

		Completed Years of Service									
		<1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
15 to 24	Count	0	6	0	0	0	0	0	0	0	0
	Average Annual Accrued Benefit										
25 to 29	Count	0	75	5	0	0	0	0	0	0	0
	Average Annual Accrued Benefit		1,018								
30 to 34	Count	0	50	52	5	0	0	0	0	0	0
	Average Annual Accrued Benefit		1,397	3,442							
35 to 39	Count	0	48	35	23	6	0	0	0	0	0
	Average Annual Accrued Benefit		1,692	4,114	6,458						
40 to 44	Count	0	36	56	29	18	7	0	0	0	0
	Average Annual Accrued Benefit		1,756	5,498	9,611						
45 to 49	Count	0	26	47	34	29	16	6	0	0	0
	Average Annual Accrued Benefit		1,993	7,215	7,666	14,696					
50 to 54	Count	0	22	56	33	11	33	19	7	0	0
	Average Annual Accrued Benefit		3,445	6,787	9,949		17,938				
55 to 59	Count	0	19	29	23	16	15	15	15	3	0
	Average Annual Accrued Benefit			7,126	10,885						
60 to 64	Count	0	6	19	15	7	7	4	3	2	0
	Average Annual Accrued Benefit										
65 to 69	Count	0	1	4	3	1	0	2	0	0	0
	Average Annual Accrued Benefit										
70 & up	Count	0	2	3	3	0	1	0	0	0	0
	Average Annual Accrued Benefit										

* The plan is "hard frozen" and the average accrued benefits shown are in lieu of compensation.

Retirement Plan for Employees of Evening Post
EIN: 57-0160880 PN: 001
Schedule SB, line 24 - Change in Actuarial Assumptions

- The assumed plan-related expenses expected to be paid from plan assets during the plan year and added to target normal cost were changed from \$500,000 for plan year 2010 to \$600,000 for plan year 2011.

Retirement Plan for Employees of Evening Post
EIN: 57-0160880 PN: 001
Schedule SB, Part V - Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on December 18, 2009 and effective January 1, 2010.

Covered Employees	All employees excluding bargaining and leased employees. Employees who are not participants as of December 31, 2008 will not be covered under the Plan.
Participation Date	<p><u>Employees hired prior to October 1, 1990:</u> First day of the month coincident with or next following completion of three consecutive months of service during which at least 83 1/3 hours were worked each month and attainment of age 21.</p> <p><u>Employees hired on or after October 1, 1990:</u> First day of the month coincident with or next following completion of 1,000 hours during the 12-month period from hire date and attainment of age 21.</p> <p>Only employees satisfying participation requirements as of December 31, 2008 shall become participants under the Plan.</p>

Definitions

Vesting service	Effective January 1, 1991, one year for each 1,000-hour plan year of employment. Prior to that date, years and months of service from date service begins. Service commencement dates vary by division as set forth in Exhibit A in the plan document. For employees in sold division, service with a successor corporation is credited for vesting purposes.
Pension service	<p>Effective January 1, 1991, one year for each 1,000-hour plan year of employment. Prior to that date, years and months of service from date service begins. Service commencement dates vary by division as set forth in Exhibit A in the plan document.</p> <p>Effective December 31, 2008, in no event shall a participant earn pension service for hours of service after December 31, 2008.</p>
Pensionable pay	W-2 earnings, plus 401(k) deferrals. Effective December 31, 2008, no pay earned or paid after December 31, 2008 will be considered.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date
Average pay	<p>The lesser of (i) and (ii):</p> <p>(i) Pensionable pay (excluding any amount in excess of the Social Security Wage Base in effect at the beginning of the plan year) averaged over the three full consecutive plan years ending coincident with or before retirement, termination or death.</p> <p>(ii) Covered Compensation.</p>

Retirement Plan for Employees of Evening Post
EIN: 57-0160880 PN: 001
Schedule SB, Part V - Summary of Plan Provisions

Covered compensation	Average of the Social Security Wage Bases over the 35 year period ending with the year in which a participant reaches his Social Security retirement age or December 31, 2008, if earlier.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 or the fifth anniversary of participation date, if later
Monthly pension benefit	As of any date, one-twelfth of 2.0% of average earnings for up to 35 years of pension service, less .359% of average pay for up to 35 years of pension service.
Monthly preretirement spouse benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service
Postponed retirement	Retirement after NRD
Disability retirement	Retirement after completing fifteen years of vesting service if totally and permanently disabled.
Deferred vested	Termination for reasons other than death or retirement after completing five years of vesting service
Preretirement spouse benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 5/12 of 1% for each month commencement of payment precedes NRD.
Postponed retirement	Monthly pension benefit determined as of actual retirement date
Disability retirement	If covered by the Long Term Disability Plan, a monthly pension benefit determined assuming participant had remained in service to NRD with pensionable pay continuing at the same rate as in effect at disability. Disability benefits are payable upon cessation of payments under the LTD plan. If not covered by the LTD plan, the accrued monthly pension benefit determined as of and with payments commencing as of the date payments under the short term disability plan cease.
Termination with deferred vested benefits	Monthly pension benefit determined as of termination date. Participants who have earned at least ten years of vesting service may elect to receive payments after reaching age 55. Benefits are reduced in the same manner as for early retirement.

Retirement Plan for Employees of Evening Post
EIN: 57-0160880 PN: 001
Schedule SB, Part V - Summary of Plan Provisions

Death with preretirement spouse benefit	Monthly preretirement spouse benefit is payable. Effective January 1, 2010, benefits of actuarial value less than \$1,000 are automatically cashed out, and, for benefits of actuarial value between \$1,000 and \$5,000, a lump sum option is available.
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Other Plan Provisions

Forms of payment	Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% or 100% joint and survivor annuity, a ten-year certain and life annuity, or, effective January 1, 2010, a small lump sum option (\$1,000 to \$5,000).
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Statutory increases in the maximum pay limit that became effective after 2002 are not recognized by the plan. The maximum pay recognized in calendar years 2002 and later is \$200,000.

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Retirement Plan for Employees of Evening Post
EIN: 57-0160880 PN: 001
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

Economic Assumptions

Interest rate basis:

- | | |
|---------------------|-----------------------------|
| ▶ Applicable month | September 2010 ¹ |
| ▶ Yield curve basis | Segment Rates |

Interest rates:

- | | |
|---------------------------|-------|
| ▶ First segment rate | 3.78% |
| ▶ Second segment rate | 6.31% |
| ▶ Third segment rate | 6.57% |
| ▶ Effective interest rate | 6.33% |

Annual rates of increase

- | | |
|--|-----|
| ▶ Salaries ² | N/A |
| ▶ Future Social Security wage bases ² | N/A |
| ▶ Statutory limits on compensation ³ | N/A |

¹ Based on bond yields through August 2010

² Accruals frozen in plan effective December 31, 2008

³ Statutory limits on compensation remain at \$200,000 for calendar years 2002 and later years

Retirement Plan for Employees of Evening Post
EIN: 57-0160880 PN: 001
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant. Effective 12/31/2008 any employee who had not become a participant as of this date will not become a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- ▶ Healthy and Disabled Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2026 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar *or amount adjustments*, projected to 2018 using Scale AA).

Termination

Rates varying by age and service (representative rates):

<u>Age</u>	<u>Years of Service</u>		
	<u>≤1</u>	<u>3</u>	<u>≥5</u>
25	.288	.222	.250
40	.196	.138	.102
50	.156	.106	.056

Disability

None

Retirement

Rates varying by eligible retirement ages

<u>Age</u>	<u>Rate</u>
55	.01000
56	.01010
57	.01020
58	.01031
59	.01042
60	.02105
61	.03226
62	.15000
63	.05000
64	.10000
65	1.00000

Retirement Plan for Employees of Evening Post
EIN: 57-0160880 PN: 001
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Form of payment	Life annuity if single and 50% J&S if married
Deferred benefits	Assumed to commence at age 62 with 10 years of service
Percent married	60% of males; 60% of females
Spouse age	Wife three years younger than husband.
Covered pay	Not applicable (accruals frozen as of December 31, 2008)
Administrative expense	Expenses of \$600,000 are assumed during 2011
Special at-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect a life annuity, if single, and 50% joint and survivor annuity, if married.
Cash flow	
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2010 plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a bias to produce an actuarial value of assets that is below the market value of assets.</p>

Retirement Plan for Employees of Evening Post
EIN: 57-0160880 PN: 001
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed documentation provided by Evening Post Publishing Company and, based on that review, is not aware of any significant benefits required to be valued that were not.
Change in assumptions and methods since prior valuation	<p>The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2009 to September 2010.</p> <p>The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.</p> <p>The assumed plan-related expenses added to the target normal cost were changed from \$500,000 for plan year 2010 to \$600,000 for plan year 2011.</p>

Retirement Plan for Employees of Evening Post

EIN: 57-0160880 PN: 001

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

<u>Age</u>	<u>Retirement Rate</u>	<u>Weighting</u>	<u>Age x Weight</u>
55	1.00%	0.0100	0.55
56	1.01%	0.0100	0.56
57	1.02%	0.0100	0.57
58	1.03%	0.0100	0.58
59	1.04%	0.0100	0.59
60	2.11%	0.0200	1.20
61	3.23%	0.0300	1.83
62	15.00%	0.1350	8.37
63	5.00%	0.0382	2.41
64	10.00%	0.0727	4.65
65	100.00%	0.6540	42.51
		1.0000	63.83

Average Retirement Age :

64

Retirement Plan for Employees of Evening Post
EIN: 57-0160880 PN: 001
Schedule SB, line 19 - Discounted Employer Contributions

Plan Year period:
Interest Rate Percent Used to Compute Interest Charge
Effective Interest Rate

1/1/2011 through 12/31/2011
11.33000%
6.33000%

	Date Made	Plan Year Begin	Contribution Amount	Discounting Period	Discounted Contribution Amount
Contribution allocated toward minimum required	4/15/2011	1/1/2011	1,150,000	0.28493	1,130,063
Contribution allocated toward minimum required	7/15/2011	1/1/2011	1,150,000	0.53425	1,112,902
Contribution allocated toward minimum required	9/2/2011	1/1/2011	1,350,000	0.66849	1,295,730
Contribution allocated toward minimum required	1/19/2012	1/1/2011	1,150,000	1.04932	1,077,827
Contribution allocated toward minimum required	9/14/2012	1/1/2011	2,250,000	1.70137	2,026,894
Total allocated toward minimum required contribution			7,050,000		6,643,416

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Form 5500, Schedule H, Line 4j--Schedule of Reportable Transactions
For the Year Ended December 31, 2011

EIN: 57-0160880

Plan No. 001

(a) Identity of party involved (b) Description of Security	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Tranaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Series In Same Security</i>							
Sales:							
Metlife- Insurance Contract	\$ -	\$ 22,264,264	\$ -	\$ -	\$ 22,264,264	\$ -	\$ -
MetLife Separate Account #377	\$ -	\$ 1,718,014	\$ -	\$ -	\$ 1,718,014	\$ -	\$ -
MetLife Separate Account #41	\$ -	\$ 1,695,459	\$ -	\$ -	\$ 1,695,459	\$ -	\$ -
Purchases:							
Metlife- Insurance Contract	\$ 22,209,803	\$ -	\$ -	\$ -	\$ 22,209,803	\$ 22,209,803	\$ -
MetLife Separate Account #377	\$ 2,336,262	\$ -	\$ -	\$ -	\$ 2,336,262	\$ 2,336,262	\$ -
MetLife Separate Account #41	\$ 2,351,404	\$ -	\$ -	\$ -	\$ 2,351,404	\$ 2,351,404	\$ -

Retirement Plan and Trust for Employees of Evening Post Publishing Company and Affiliated Companies
Form 5500, Schedule H, Line 4i--Schedule of Assets (Held at End of Year)
December 31, 2011

EIN: 57-0160880

Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
*	MetLife Intermediate Duration Alliance Bond Fund #135	Pooled separate account		\$ 12,917,999
*	MetLife Separate Account #263	Pooled separate account		12,906,307
*	MetLife Separate Account #41	Pooled separate account		12,951,805
*	MetLife Metropolitan Index Fund MI VIA SA #11	Pooled separate account		8,600,573
*	MetLife Separate Account #294	Pooled separate account		8,438,524
*	MetLife Separate Account #237	Pooled separate account		4,233,064
*	MetLife Separate Account #377	Pooled separate account		12,962,115
*	MetLife Separate Account #417	Pooled separate account		4,266,482
*	MetLife Separate Account #518	Pooled separate account		4,286,507
*	MetLife Separate Account #519	Pooled separate account		4,215,072
*	MetLife Immediate Participation Guaranteed Funds Contract	Insurance contract		462,820
				<u>\$ 86,241,268</u>

*Party-in interest

**Cost information not provided by custodian.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ Round off amounts to nearest dollar.

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

A Name of plan RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF EVENING POST PUBLISHING COMPANY AND AFFILIATED COMPANIES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EVENING POST PUBLISHING COMPANY	D Employer Identification Number (EIN) 57-0160880	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a		86348319
b Actuarial value	2b		82877407
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	462	46703963
b For terminated vested participants	3b	788	18782106
c For active participants:			
(1) Non-vested benefits	3c(1)		585831
(2) Vested benefits	3c(2)		44542871
(3) Total active	3c(3)	1008	45128702
d Total	3d	2258	110614771
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		6.33 %
6 Target normal cost	6		600000

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	09/25/2012 Date
RANDALL W. DAVIS Type or print name of actuary		11-07542 Most recent enrollment number
TOWERS WATSON PENNSYLVANIA INC. Firm name		704-620-6480 Telephone number (including area code)
150 N COLLEGE STREET SUITE 3050 CHARLOTTE, NC 28202 Address of the firm		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

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)	836697	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	690000	0
9	Amount remaining (line 7 minus line 8)	146697	0
10	Interest on line 9 using prior year's actual return of <u>10.70</u> %	15697	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		4310404
b	Interest on (a) using prior year's effective rate of <u>6.70</u> % except as otherwise provided (see instructions)		288797
c	Total available at beginning of current plan year to add to prefunding balance.....		4599201
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	162394	0

Part III Funding percentages

14	Funding target attainment percentage.....	14	74.77 %
15	Adjusted funding target attainment percentage.....	15	74.77 %
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	76.47 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2011	1150000				
07/15/2011	1150000				
09/02/2011	1350000				
01/19/2012	1150000				
09/14/2012	2250000				
			Totals ►	18(b)	7050000
					18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	6643416

20 Quarterly contributions and liquidity shortfalls:

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

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

C If 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: 3.78%	2nd segment: 6.31%	3rd segment: 6.57 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 64
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 eligible for (and is using) 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	
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	600000
b Excess assets, if applicable, but not greater than 31a		31b	
32 Amortization installments:		Outstanding Balance	
a Net shortfall amortization installment		27899758	5841545
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	6441545
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36		6441545
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		6643416
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	201871
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 a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		