

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>10/01/2013</u> and ending <u>12/31/2013</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 <u>PENSION PLAN FOR THE WASHINGTON POST AND COMPANIES</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/2013</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/2013</u>					
1b Three-digit plan number (PN) ▶	<u>001</u>								
1c Effective date of plan <u>10/01/2013</u>									
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>NASH HOLDINGS LLC</u> <u>P.O. BOX 94314</u> <u>SEATTLE, WA 98124</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>90-1012631</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>206-812-8772</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>551112</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>90-1012631</u>		2c Sponsor's telephone number <u>206-812-8772</u>		2d Business code (see instructions) <u>551112</u>			
2b Employer Identification Number (EIN) <u>90-1012631</u>									
2c Sponsor's telephone number <u>206-812-8772</u>									
2d Business code (see instructions) <u>551112</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.	10/15/2014	VERNON E. YARNELL, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	PAUL DAUBER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address ADMIN COMMITTEE FOR THE PENSION PLAN FOR THE WASH POST AND CO. VERNON E. YARNELL, JR. P.O. BOX 94314 SEATTLE, WA 98124		3b Administrator's EIN 90-1012631
		3c Administrator's telephone number 206-812-8776
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	2019
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	2052
b Retired or separated participants receiving benefits	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	42
d Subtotal. Add lines 6a , 6b , and 6c	6d	2095
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	2095
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	10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ 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	
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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 12/31/2013	
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 PENSION PLAN FOR THE WASHINGTON POST AND COMPANIES	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NASH HOLDINGS LLC	D Employer Identification Number (EIN) 90-1012631
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 _____ Day _____ Year _____	
2	Assets:	
	a Market value	2a 263156406
	b Actuarial value	2b 263156406
3	Funding target/participant count breakdown:	(1) Number of participants (2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a 0 0
	b For terminated vested participants	3b 0 0
	c For active participants:	
	(1) Non-vested benefits	3c(1) 8227883
	(2) Vested benefits	3c(2) 107515491
	(3) Total active	3c(3) 1840 115743374
	d Total	3d 1840 115743374
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 2917262

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		07/31/2014
	Signature of actuary	Date
MICHAEL B. HALVERSON	Type or print name of actuary	14-04759
		Most recent enrollment number
TOWERS WATSON DELAWARE INC.	Firm name	703-258-8000
		Telephone number (including area code)
901 N. GLEBE ROAD ARLINGTON, VA 22203-8215	Address of the firm	

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)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of _____% except as otherwise provided (see instructions)		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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)	754037	0

Part III	Funding Percentages		
14	Funding target attainment percentage	14	226.71 %
15	Adjusted funding target attainment percentage	15	227.36 %
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	%
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
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a
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
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	Yes ☐ No ☒
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	Yes ☐ No ☐
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
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	2917262	
b Excess assets, if applicable, but not greater than line 31a	31b	2917262	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	0	0	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 12/31/2013

A Name of plan <u>PENSION PLAN FOR THE WASHINGTON POST AND 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>NASH HOLDINGS LLC</u>	D Employer Identification Number (EIN) <u>90-1012631</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

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

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

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

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

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

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

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

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

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

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

(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)

THE BANK OF NEW YORK MELLON

13-5160382

(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?
19 21 50 52 59	NONE	10820	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

RUANE, CUNNIFF & GOLDFARB INC.

13-2628641

(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?
28 50	NONE	248111	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST MANHATTAN CO.

13-1957714

(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?
28 50	NONE	28019	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)

BUCK CONSULTANTS, LLC

13-3954297

(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 15 38 50	NONE	23119	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALSTON & BIRD LLP

58-0137615

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	68940	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE VANGUARD GROUP, INC.

23-1945930

(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?
15 50	NONE	115190	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:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 12/31/2013					
A Name of plan PENSION PLAN FOR THE WASHINGTON POST AND COMPANIES				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NASH HOLDINGS LLC				D Employer Identification Number (EIN) 90-1012631	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE US GOV'T STIF					
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON					
c EIN-PN 13-6154008-012		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28267778	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) <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> 2013 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2013 or fiscal plan year beginning <u>10/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>PENSION PLAN FOR THE WASHINGTON POST AND 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>NASH HOLDINGS LLC</u>	D Employer Identification Number (EIN) <u>90-1012631</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		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		124368
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		14055730
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		754214
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		304525701
	(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)		28267778
	(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)		

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	0	34772791

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		233753
i Acquisition indebtedness	1i		
j Other liabilities	1j		796208
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	1029961

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	0	346697830
---	-----------	---	-----------

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	164	
(C) Corporate debt instruments	2b(1)(C)	720	
(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)		884
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	20312	
(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)		20312
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	93028	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	92937	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		91
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	7815246	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		7815246

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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		22587216
d Total income. Add all income amounts in column (b) and enter total	2d		30423749

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	40036	
(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)		40036
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)	222179	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	276130	
(4) Other	2i(4)	21200	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		519509
j Total expenses. Add all expense amounts in column (b) and enter total	2j		559545

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		29864204
l Transfers of assets:			
(1) To this plan	2l(1)		317652282
(2) From this plan	2l(2)		818656

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:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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		5000000
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.			

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)
THE RETIREMENT PLAN FOR GRAHAM HOLDINGS COMPANY	53-0182885	009

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 12/31/2013

A Name of plan <u>PENSION PLAN FOR THE WASHINGTON POST AND 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>NASH HOLDINGS LLC</u>	D Employer Identification Number (EIN) <u>90-1012631</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>13-6154008</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>0</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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/ PN: 001**

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

Calculation of Weighted Average Retirement Age

Retirement Age	Assumed Rate			Assumed Proportion of Population			Participants At Beginning	Participants Retiring [{(2a) x (3a)} + {(2b) x (3b)} + {(2c) x (3c)}] x (4)	(1)*(5) (6)
	Exempt	Cash Balance	Guild and Craft	Exempt	Cash Balance	Guild and Craft			
(1)	(2a)	(2b)	(2c)	(3a)	(3b)	(3c)	(4)	(5)	(6)
55	5.00%	13.60%	5.00%	27.00%	40.00%	33.00%	2,052.00	173.19	9,525.38
56	5.00%	13.80%	5.00%	27.00%	40.00%	33.00%	1,878.81	160.07	8,964.18
57	5.00%	14.00%	5.00%	27.00%	40.00%	33.00%	1,718.74	147.81	8,425.25
58	5.00%	14.20%	5.00%	27.00%	40.00%	33.00%	1,570.93	136.36	7,908.67
59	5.00%	14.40%	5.00%	27.00%	40.00%	33.00%	1,434.57	125.67	7,414.43
60	5.00%	14.60%	5.00%	27.00%	40.00%	33.00%	1,308.90	115.71	6,942.41
61	15.00%	14.80%	15.00%	27.00%	40.00%	33.00%	1,193.19	178.02	10,859.50
62	15.00%	15.00%	15.00%	27.00%	40.00%	33.00%	1,015.17	152.28	9,441.07
63	10.00%	15.00%	10.00%	27.00%	40.00%	33.00%	862.89	103.55	6,523.48
64	10.00%	15.00%	10.00%	27.00%	40.00%	33.00%	759.35	91.12	5,831.78
65	100.00%	100.00%	100.00%	27.00%	40.00%	33.00%	668.23	668.23	43,434.63
								2,052.00	125,270.78
125,270.78 /	2,052	=	61						

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

Schedule SB, line 26 – Schedule of Active Participant Data

Number and total compensation^{1,2} distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ³										Total
	0	1	2	3	4	5-9	10-14	15-19	20-24	25 & Over	
Under 25		5	9	5	2	1					22
		-	-	-	-	-					887,250
25-29		19	32	26	22	48	1				148
		-	1,807,520	1,410,369	1,138,867	2,451,073	-				7,751,327
30-34		9	26	36	19	80	30				200
		-	1,589,576	2,284,153	1,222,636	5,072,792	2,311,200				13,175,167
35-39	2	12	14	18	24	64	54	15			203
	-	-	-	-	1,816,974	4,787,520	4,168,423	-			14,967,593
40-44	2	13	12	15	8	69	84	43	8		254
	-	-	-	-	-	5,199,333	7,193,707	3,139,429	-		19,867,583
45-49	1	14	9	5	18	69	91	41	26	23	297
	-	-	-	-	-	4,771,126	7,286,949	3,754,402	1,997,734	1,780,902	22,857,955
50-54	3	11	17	9	9	52	86	37	40	71	335
	-	-	-	-	-	3,000,262	7,624,429	3,296,047	3,915,239	4,951,774	25,970,858
55-59	2	11	6	8	3	25	47	28	25	74	229
	-	-	-	-	-	1,312,506	3,473,438	2,455,011	2,216,534	6,255,577	17,600,828
60-64	1	2	4	6	2	15	26	9	15	24	104
	-	-	-	-	-	-	1,867,941	-	-	1,926,877	6,504,867
65-69		1	2	1	4	7	11		2	12	40
		-	-	-	-	-	-		-	-	2,622,184
70 & over		1					2	1	3	1	8
		-					-	-	-	-	-
Total	11	98	131	129	111	430	432	174	119	205	1,840
	-	5,913,030	8,109,934	7,886,097	7,407,564	27,719,497	34,720,291	14,703,945	9,844,193	16,162,547	132,475,300

Census data as of January 1, 2013

¹ Compensation for the Craft component is excluded

² Compensation totals may not reconcile due to rounding

³ Ages and service totals for purposes of determining category are based on exact (not rounded) values

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

CASH BALANCE COMPONENT

Schedule SB, line 26 – Schedule of Active Participant Data

Number and total account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ⁴										Total
	0	1	2	3	4	5-9	10-14	15-19	20-24	25 & Over	
Under 25		5	8	5	1	1					20
		-	-	-	-	-					22,774
25-29		14	31	24	11	12	1				93
		-	52,783	62,550	-	-	-				238,695
30-34		5	26	29	11	25	9				105
		-	48,072	93,377	-	219,595	-				506,273
35-39		3	10	17	16	11	22	1			80
		-	-	-	-	-	347,381	-			695,060
40-44		1	11	10	2	14	28	5			71
		-	-	-	-	-	487,473	-			810,359
45-49		2	8	5	11	5	36	7		1	75
		-	-	-	-	-	867,237	-		-	1,233,881
50-54		4	14	7	2	12	27	2			68
		-	-	-	-	-	695,719	-			895,010
55-59	1	1	6	7	1	5	20	2	1		44
	-	-	-	-	-	-	354,434	-	-		588,664
60-64		1	3	3	1	3	7		1	2	21
		-	-	-	-	-	-	-	-	-	157,635
65-69			1	1	2	3	4				11
			-	-	-	-	-				-
70 & over							1				1
							-				-
Total	1	36	118	108	58	91	155	17	2	3	589
	-	45,720	242,333	336,090	299,998	703,826	3,027,039	-	-	-	5,248,733

Census data as of January 1, 2013

⁴ Ages and service totals for purposes of determining category are based on exact (not rounded) values

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

SECURE RETIREMENT ACCOUNT COMPONENT

Schedule SB, line 26 – Schedule of Active Participant Data

Number and total account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ⁵										Total
	0	1	2	3	4	5-9	10-14	15-19	20-24	25 & Over	
Under 25		3	3	2	2						10
		-	-	-	-						-
25-29		9	15	8	8	16	1				57
		-	-	-	-	-	-				35,417
30-34		6	12	13	11	38	16				96
		-	-	-	-	32,158	-				78,150
35-39		10	7	11	12	37	34	10			121
		-	-	-	-	59,429	40,545	-			149,110
40-44		12	5	8	5	33	58	19	5		145
		-	-	-	-	43,633	74,657	-	-		181,260
45-49		11	5	2	11	32	55	20	16	20	172
		-	-	-	-	50,849	61,625	35,083	-	29,891	225,372
50-54	1	8	8	7	7	34	54	12	24	45	200
	-	-	-	-	-	40,430	63,983	-	46,943	70,014	275,539
55-59		9	4	6	2	9	31	16	9	43	129
		-	-	-	-	-	35,315	-	-	95,360	208,055
60-64			1	3	2	6	14	2	6	8	42
			-	-	-	-	-	-	-	-	50,638
65-69			1	1	3	5	7			4	21
			-	-	-	-	-			-	19,242
70 & over		1					1	1	2		5
		-					-	-	-		-
Total	1	69	61	61	63	210	271	80	62	120	998
	-	46,868	38,854	41,668	60,952	258,141	312,185	141,350	108,238	220,019	1,228,394

Census data as of January 1, 2013

⁵ Ages and service totals for purposes of determining category are based on exact (not rounded) values

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

EXEMPT COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Exempt Component

Effective Date

1/1/1974 as last amended effective 10/1/2011.

Plan Year

12 months beginning January 1.

Plan Membership (Closed Group)

All employees who are hired, rehired, or transferred into the Exempt component before 9/1/2009 participate in this Exempt Component Plan. Employees hired, rehired, or transferred from company affiliates except the corporate office on or after 9/1/2009 accrue benefits under the Cash Balance component's plan provisions. Rehires or transfers from the corporate office continue to accrue under this component. Participants who are rehired or transferred from the Guild component continue to accrue under this component.

Employee

Any person in a position normally providing at least 1,000 hours of service per year, or who completes 1,000 hours during the year beginning on employment date or during any plan year, and who is (a) not represented by a union, or if represented, is represented by a union with a collective bargaining agreement that provides for participation in the Plan, and (b) not a participant in any other qualified pension plan to which the Company contributes.

Service

One year for each plan year with at least 1,000 hours of service with the Company or an Affiliate and as a Circulation Dealer or Agent immediately preceding or following Company employment.

Break in Service

Subject to ERISA break-in-service rules.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

EXEMPT COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Credited Service

- a. Service from the later of date of hire or the Effective Date, plus
- b. Up to 5 years of Service prior to the Effective Date, but excluding any periods of participation in The Washington Post Company Profit Sharing Plan, The Washington Post Company Circulation Dealer Profit Sharing Incentive Plan, or any qualified retirement plan of an Affiliate, plus
- c. Up to 10 years of Service worked as a Salaried Foreman in the Craft Union Plan, plus
- d. Any period of approved leave of absence not exceeding two years, and periods of absence due to military service if the Participant returns to active employment at the end of such leave or period of absence.
- e. Periods of long-term disability up to the earlier of age 65 or when the participant commences his/her benefit if requirements are met as defined.

Eligibility for Participation

All Participants before 1/1/1993 remain Participants. On and after 1/1/1993, an Employee hired before 9/1/2009 becomes a Participant after completing 1 year of service. Employees hired, rehired, or transferred on or after 9/1/2009 are excluded from participation.

Final Average Earnings

Highest average base pay during any 60 consecutive months of employment.

Final Average Compensation

Average monthly base pay during final 3 years of employment, but not greater than monthly covered compensation, as defined in the Tax Reform Act of 1986.

Normal Retirement (for terminations after 6/1/2003):

Eligibility

First of month coincident with or next following 65th birthday.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

EXEMPT COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Monthly Benefit

The greater of:

- (1) The sum of:
 - (a) 1.75% of Final Average Earnings times years of Credited Service, minus
 - (b) Final Average Compensation times years of Credited Service times
 - (i) 0.60%, if date of birth is prior to 1/1/1938
 - (ii) 0.57%, if date of birth is on or after 1/1/1938, but prior to 1/1/1955
 - (iii) 0.54%, if date of birth is on or after 1/1/1955.

This offset cannot exceed 0.875% of the lesser of Final Average Earnings and Final Average Compensation, times years of Credited Service, minus

- (c) Amount of monthly benefit based on service prior to 11/19/1974 to which Employee is entitled under any other retirement plan to which the Company contributed.
- (2) The sum of:
 - (a) Accrued benefit at 12/31/1993, plus
 - (b) Accrual under (1) after 12/31/1993

Annual Cash Pension Supplement

\$200 times years of Credited Service.

Late Retirement:

Eligibility

Termination after age 65.

Monthly Benefit

Determined like normal retirement benefit.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

EXEMPT COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Early Retirement (for terminations after 6/1/2003):

Eligibility

Age 55 and 10 years continuous service with age plus vesting service less than 90.

Monthly Benefit

For eligible vested terminations, normal retirement benefit actuarially reduced for early payment.

For active employees, Early Retirement Factors (ERFs) as defined below:

Age	ERF
55	0.40
56	0.43
57	0.47
58	0.74
59	0.78
60	0.82
61	0.86
62	0.90
63	0.94
64	0.98
65+	1.00

Annual Cash Pension Supplement

\$200 times years of Credited Service times appropriate ERF.

Rule of 90 Early Retirement:

Eligibility

Early retirement on and after 6/1/2003 with age plus vesting service equal to at least 90.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

EXEMPT COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Monthly Benefit

Determined as for early retirement, but with early retirement reduction factor applied only to the offset portion of the benefit.

Annual Cash Pension Supplement:

Determined as for Normal Retirement, with no early retirement reduction factor applied.

Pre-Age 65 Supplement:

Eligibility

Retirement from active service after age 55 with 10 years of vesting service.

Monthly Benefit

\$250, payable to participant or surviving spouse until month preceding participant's 65th birthday.

Vested Benefit Upon Termination:

Eligibility

Termination after 5 years of service.

Monthly Benefit

Deferred to age 65 or early retirement, determined like normal or early retirement, but with actuarial early retirement reductions at all ages.

Normal Form of Payment

Unmarried at Retirement	Life annuity.
Married at Retirement	50% joint and survivor annuity, actuarially equivalent to life annuity.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

EXEMPT COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Optional Forms of Payment

- (1) Life annuity.
- (2) 10-year certain and life annuity.
- (3) 25%, 50%, 75%, or 100% joint and survivor annuity.
- (4) Social Security Level Income annuity.
- (5) Any other form of annuity made available by the Retirement Board.

Pre-Retirement Spouse Income:

Eligibility

Death while eligible for normal, early, or deferred vested retirement, and survived by spouse.

Benefit

Determined as though participant:

- (1) Separated from service on his date of death or earlier actual separation date,
- (2) Survived to age 55, or actual date of death, if later,
- (3) Retired on such date under 50% joint and survivor annuity,
- (4) Then immediately died.

Contributions

All contributions to support the Plan are made by the Company.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

ROBINSON COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Robinson Component

Effective Date

6/15/1956 as last amended effective 10/1/2009.

Year of Service

Each plan year in which 1,000 hours are worked.

Credited Service

Completed calendar years before 1/1/1976 plus Years of Service after 1/1/1976, plus fractional first and last years (if after 1/1/1976), based on hours worked.

Eligibility for Participation

January 1 or July 1 on or after age 21 and working 1,000 hours in year following date of hire or any following plan year.

Average Final Compensation (AFC)

Highest consecutive 60-month of basic compensation calculated at Normal Retirement Date, as if continued to be employed at basic compensation rate until that date.

Normal Retirement Date

Age 65.

Normal Retirement:

Eligibility

Retirement on Normal Retirement Date.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

ROBINSON COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Benefit

The greater of:

- (1) 1.25% of AFC multiplied by Credited Service.
- (2) 1.50% of AFC multiplied by Credited Service (max. 10 years) plus 1.00% of AFC multiplied by Credited Service in excess of 10 years (max. 22.5 excess years). If hired before 7/1/1980, minimum benefit equals 32.5% of AFC.
- (3) The sum of:
 - (a) Accrued benefit at 12/31/1993, plus
 - (b) Benefit earned after 12/31/1993 under the formula in (2).

Annual Cash Pension Supplement

\$150 times years of Credited Service.

Early Retirement

Participant may elect to receive an immediate benefit at withdrawal before normal retirement which is actuarially equivalent to the Vested Benefit payable at 65.

For participants who leave employment after 12/31/2001 after attaining age 60 and who elect benefits in the form of an annuity, the benefits will be reduced 5% per year for each year early retirement date precedes Normal Retirement Date.

For participants who retire after attaining age 62 or completing 30 years of service, no actuarial reduction is applied to the Cash Pension Supplement.

For participants who leave employment after 12/31/2004 after attaining age 58 and attained age plus years of service total 90 or more, no actuarial reduction is applied to monthly retirement payments.

Late Retirement:

Eligibility

Retirement deferred past Normal Retirement Date.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

ROBINSON COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Benefit

Equals benefit payable at Normal Retirement Date, based on Credited Service and AFC at actual retirement date.

Vested Benefit:

Eligibility

Termination after 5 Years of Service.

Benefit

Deferred pension payable at Normal Retirement Date equal to Normal Retirement Benefit assuming employee works until normal retirement at compensation at date of termination, multiplied by the ratio of actual Credited Service to projected Credited Service at Normal Retirement Date.

Alternative Vested Benefit

May elect to receive the Vested Benefit prior to Normal Retirement Date as a one-time lump sum payment or an immediate or deferred annuity. Note an annuity contract may be purchased.

Disability Benefits:

Eligibility

Disabled as defined by Social Security and, after waiting period, receiving Social Security disability benefits.

Benefit

Deferred pension payable beginning at Normal Retirement Date, determined as if employment continued to that date and using AFC calculated at time of disability. If participant recovers, the participant must return to service under Plan or be considered terminated.

Normal Form of Payment

Unmarried at retirement	10-year certain and life annuity.
Married at retirement	50% joint and survivor annuity, actuarially equivalent to 10-year certain and life annuity.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

ROBINSON COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Optional Forms of Payment

- (1) Life annuity.
- (2) 10-year certain and life annuity.
- (3) 50%, 75%, or 100% joint and survivor annuity.
- (4) Lump sum payment.
- (5) Any other form of annuity made available by the Retirement Board.

Death Benefits before Benefit Commencement (before or after termination of employment):

Single Participants

Lump sum payment equal to Vested Benefit less actuarial value of any distributions previously made and any life insurance proceeds paid.

Married Participants

Death Benefit described above or, if larger in value, a survivor annuity payable to spouse equal to the benefit spouse would have received had payment of a 50% joint and survivor annuity commenced on the day preceding death.

Contributions

Effective 7/1/1969, all contributions to the Plan are made by the Company. Employee contributions made prior to 7/1/1969 were refunded during 1985 to all participants who were active participants at 1/1/1983. Interest at 8.00% per annum was credited between 1/1/1976 and date of payment.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

CASH BALANCE COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Cash Balance Component

Effective Date

1/1/1999 as last amended effective 1/1/2012.

Plan Year

12 months beginning January 1.

Eligibility Date

First of the month coincident with or next following the date the employee has completed a year of eligibility service and is an eligible employee, or, if later, 1/1/1999.

Eligibility Service

One year for the first 12 months after the eligibility service date with at least 1,000 hours of service. If less than 1,000 hours earned in the first 12 months after the eligibility service date, 1 year of eligibility service will be earned for the first Plan Year with 1,000 hours of service.

Eligibility Service Date

Exempt*	Original hire date.
Express	7/1/2002.
Gazette (Post-Newsweek Media)	3/9/1992 (2/8/1996 for Comprint).
Guild*	Original hire date.
All Others	Original hire date.

*If first hired, rehired, or transferred to the Post from another Company after August 31, 2009.

Eligible Employee

A regular full-time or part-time employee of a participating employer, working in a non-union position or a position that is covered by a collective bargaining agreement that provides for participation in the program.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

CASH BALANCE COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Cash Balance Hours of Service

Employees earn 45 Cash Balance Hours of Service for each week in which they are paid, or entitled to payment, for at least 1 hour of work for a Cash Balance Employer, participating Company, or an Affiliate. Service prior to the date the employee became a Washington Post Company employee is excluded.

Vesting Service

One year for every Plan Year after the vesting service date with at least 1,000 Cash Balance Hours of Service. For less than 1,000 hours in any Plan Year, divide number of Cash Balance Hours of Service by 1,000 to get partial year of vesting service.

Vesting Service Date

Express	7/1/2003.
Gazette (Post-Newsweek Media)	3/9/1992 (2/8/1996 for Comprint).
Guild	Original hire date.
All Others	Original hire date.

Credited Service

The number of years of Vesting Service earned as of the beginning of the Plan Year.

Benefit Accrual Service Date:

Express	7/1/2003.
Gazette (Post-Newsweek Media)	1/1/1999.
All Others	Original hire date.

Applicable Percentage of Compensation:

Pay credits equal a percentage of eligible compensation. Percentage determined by years of credited service.

Years of Service	Percent of Pay
0 – 4	2.25%
5 – 9	2.75
10-19	3.25
20+	3.75

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

CASH BALANCE COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Eligible Compensation

Regular base salary paid during a plan year, plus any earnings deferred for the purpose of contributing to a Section 401(k) or Section 125 plan. Eligible compensation does not include additional payments such as overtime earnings, bonuses, and severance payments.

For full-time sales employees, sales commissions (varies among CB employers) received during a plan year are included in Compensation for that year.

Normal Retirement:

Eligibility

Age 65.

Account Balance

Effective 1/1/2012, account balances are credited with a pay credit and an interest credit on a quarterly basis.

At the end of each plan quarter during active service, the employee's account balance will be credited with an amount equal to the applicable percentage of compensation for that quarter.

At the end of each plan quarter prior to retirement, the account balance of each member will be increased by an interest credit equal to the appropriate quarterly interest rate times the account balance at the beginning of the quarter.

Appropriate Interest Rate

Each plan year, the interest will be calculated on a quarterly basis to be:

- (1) The average of the interest rates on 1-year Treasury Constant Maturities during the month of August of the preceding Plan Year, plus
- (2) 100 basis points, total not to exceed 10%.

Effective January 1, 2010, for years 2010 and 2011, the interest rate cannot be less than 1.41%.

Effective January 1, 2012, the interest rate cannot be less than 1.41% and is evaluated quarterly.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

CASH BALANCE COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Annual Benefit

A single life annuity actuarially equivalent to the member's account balance determined using the Applicable Interest Rate and Mortality Table.

Early Retirement:

Eligibility

Attainment of age 65 while active or 3 vesting years.

Benefit

Accrued benefit payable immediately or deferred to age 65.

Late Retirement:

Eligibility

Age 65 and working at least 40 hours per month.

Benefit

Accrued benefit payable upon actual retirement.

Disability Retirement:

Eligibility

3 vesting years.

Benefit

Same as normal termination benefit, with the option to have an actuarially equivalent annuity benefit commence at any time.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

CASH BALANCE COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Vesting:

Eligibility

Attainment of age 65 while active or 3 vesting years. In addition, employees who were active at their companies' Applicable Date are eligible for a Vesting Benefit.

Benefit

Accrued benefit payable on or after termination.

Pre-Retirement Death Benefit:

Eligibility

Death before retirement of vested member.

Benefit Payable to Spouse

Single life annuity beginning on or after the member's termination and actuarially equivalent to the greater of:

- (1) The member's account balance, or
- (2) An annuity that is actuarially equivalent to the member's account balance.

Benefit Payable to Designated Beneficiary other than Surviving Spouse

Lump sum cash payment equal to the member's account balance at date of death.

Normal Form of Payment

Unmarried at Retirement	Life annuity.
Married at Retirement	50% joint and survivor annuity.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

CASH BALANCE COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Optional Forms of Payment

- (1) Life annuity.
- (2) 10-year certain and life annuity.
- (3) 50% joint and survivor annuity for a non-spouse beneficiary.
- (4) 75% or 100% joint and survivor annuity for surviving spouse or other designated beneficiary.
- (5) Account balance as a lump sum cash payment.

If a member selects a contingent annuitant option and the spouse or beneficiary dies before the member begins receiving benefits, then the member will receive the payments as a single life annuity.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

SECURE RETIREMENT ACCOUNT COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Secure Retirement Account Component

Effective Date

8/1/2012

Plan Year

12 months beginning January 1.

Eligibility Date

First of the month coincident with or next following the date the employee has completed a year of eligibility service and is an eligible employee, or, if later, 1/1/1999.

Eligibility Service Date

Exempt	Original hire date.
Express	7/1/2002.
Gazette (Post-Newsweek Media)	3/9/1992 (2/8/1996 for Comprint).
All Others	Original hire date.

Eligibility Service

One year for the first 12 months after the eligibility service date with at least 1,000 hours of service. If less than 1,000 hours earned in the first 12 months after the eligibility service date, 1 year of eligibility service will be earned for the first Plan Year with 1,000 hours of service.

Eligible Employee

An employee who has completed one year of Eligibility Service, working at a participating employer specified in the table below and meeting the applicable criteria for that employer, working in a non-union position or a position that is covered by a collective bargaining agreement that provides for participation in the SRA component.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

SECURE RETIREMENT ACCOUNT COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Participating Employers:

- | | |
|--|--|
| • WP Company LLC | |
| • The Washington Post Company | |
| • Washingtonpost.Newsweek Interactive Company, LLC | Regular full-time or part-time employee (not a temporary, call-in or vacation relief employee). |
| • Express Publications Company, LLC | Regular full-time or part-time employee (not a temporary, call-in or vacation relief employee). |
| • Robinson Terminal Warehouse Corporation | Effective 8/1/2012. Regular full-time or part-time employee (not a temporary, call-in or vacation relief employee or an intern). |
| • Gazette (Post-Newsweek Media) | Effective 8/1/2012. Regular full-time or part-time employee (not a temporary, call-in or vacation relief employee). |
| • Greater Washington Publishing, Inc. | Effective 8/1/2012. Regular full-time or part-time employee (not a temporary, call-in or vacation relief employee). |
| • El Tiempo Latino LLC | Effective 8/1/2012. Regular full-time or part-time employee (not a temporary, call-in or vacation relief employee). |

Cash Balance Hours of Service

Employees earn 45 Cash Balance Hours of Service for each week in which they are paid, or entitled to payment, for at least 1 hour of work for a Cash Balance Employer, participating Company, or an Affiliate. Service prior to the date the employee became a Washington Post Company employee is excluded.

Vesting Service

One year for every Plan Year after the vesting service date with at least 1,000 Cash Balance Hours of Service. For less than 1,000 hours in any Plan Year, divide number of Cash Balance Hours of Service by 1,000 to get partial year of vesting service.

Vesting Service Date

Express
Gazette (Post-Newsweek Media)
All Others

7/1/2003.
3/9/1992 (2/8/1996 for Comprint).
Original hire date.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

SECURE RETIREMENT ACCOUNT COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Credited Service

A Year of Credited Service means a Plan Year beginning on or after January 1, 2012 during which an Employee works at least 1,000 hours.

Benefit Accrual Service Date

8/1/2012

Eligible Compensation

Eligible Compensation includes base pay, vacation, holiday and sick leave payments and sales commissions (paid within a month after termination), before deferrals under any 401(k), cafeteria section 125 or dependent care section 129 benefit plans are subtracted. It excludes overtime earnings, fees, bonuses, severance, and relocation payments.

Applicable Percentage of Compensation

Pay credits equal a percentage of eligible compensation multiplied by a multiplier. Percentage is determined by years of credited service. The multiplier differs between employers. In the event that a participant is subject to more than one multiplier during a calendar quarter, the pay credit earned during such quarter shall be determined by using the highest multiplier that applies to the participant during such quarter.

Percentage

Years of Service	Percent of Pay
0 – 4	1.10%
5 – 9	1.35
10-19	1.55
20+	1.75

Pay credits for 2012 are based on eligible compensation for the period August 1, 2012 – December 31, 2012.

Multiplier

WP Company LLC, The Washington Post Company (Hired, Rehired or Transferred After 8/31/2009)	2
WP Company LLC, The Washington Post Company (All Other Eligible Employees)	4.2
Robinson Terminal Warehouse Corporation	3

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

SECURE RETIREMENT ACCOUNT COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Washingtonpost.Newsweek Interactive Company, LLC, Greater Washington Publishing, Inc., Express Publications Company, LLC, and El Tiempo Latino LLC	2
Gazette (Post-Newsweek Media)	1

Normal Retirement:

Eligibility

Age 65.

Account Balance

Account balances are credited with a pay credit and an interest credit on a quarterly basis.

At the end of each plan quarter during active service, the participant's account balance for SRA will be credited with an amount equal to the applicable percentage (multiplied by a multiplier) of compensation for that quarter.

At the end of each plan quarter prior to retirement, the account balance of each member will be increased by an interest credit equal to the appropriate quarterly interest rate times the account balance for SRA at the beginning of the quarter.

Appropriate Interest Rate

Each plan year, the interest will be calculated on a quarterly basis to be:

- (1) The average of the interest rates on 1-year Treasury Constant Maturities during the month of August of the preceding plan year, plus
- (2) 100 basis points, total not to exceed 10%.

The interest rate cannot be less than 1.41% and is evaluated quarterly.

Annual Benefit

A single life annuity actuarially equivalent to the member's account balance determined using the Applicable Interest Rate and Mortality Table.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

SECURE RETIREMENT ACCOUNT COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Early Retirement:

Eligibility

Attainment of age 65 while active or 3 vesting years.

Benefit

Accrued benefit payable immediately or deferred to age 65.

Late Retirement:

Eligibility

Age 65 and working at least 40 hours per month.

Benefit

Accrued benefit payable upon actual retirement.

Disability Retirement:

Eligibility

3 vesting years.

Benefit

Same as normal termination benefit, with the option to have an actuarially equivalent annuity benefit commence at any time.

Vesting:

Eligibility

Attainment of age 65 while active or 3 vesting years.

In addition, employees who were active at their companies' Applicable Date are eligible for a Vesting Benefit.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

SECURE RETIREMENT ACCOUNT COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Benefit

Accrued benefit payable on or after termination.

Pre-Retirement Death Benefit:

Eligibility

Death before retirement of vested member.

Benefit Payable to Spouse

Single life annuity beginning on or after the member's termination and actuarially equivalent to the greater of:

- (1) The member's account balance, or
- (2) An annuity that is actuarially equivalent to the member's account balance.

Benefit Payable to Designated Beneficiary other than Surviving Spouse

Lump sum cash payment equal to the member's account balance at date of death.

Normal Form of Payment

Unmarried at Retirement	Life annuity.
Married at Retirement	50% joint and survivor annuity.

Optional Forms of Payment:

- (1) Life annuity.
- (2) 10-year certain and life annuity.
- (3) 50% joint and survivor annuity for a non-spouse beneficiary.
- (4) 75% or 100% joint and survivor annuity for surviving spouse or other designated beneficiary.
- (5) Account balance as a lump sum cash payment.

If a member selects a contingent annuitant option and the spouse or beneficiary dies before the member begins receiving benefits, then the member will receive the payments as a single life annuity.

**THE RETIREMENT PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 53-0182885/PN: 001**

GUILD COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Guild Component

Effective Date

4/1/1974 as last amended effective 10/1/2011.

Plan Year

12 months beginning January 1.

Plan Membership (Closed Group)

All employees who are hired, rehired, or transferred into the Guild before 9/1/2009 participate in this Plan. Employees hired, rehired, or transferred from company affiliates except the corporate office on or after 9/1/2009 accrue benefits under the Cash Balance component's plan provisions. Rehires or transfers from the corporate office continue to accrue under this component.

Continuous Service (before 4/1/1975)

Full-time employment with the Employer or as a Circulation Dealer for the Employer.

Continuous Service (after 4/1/1975)

One year for each plan year with at least 1,000 hours of service.

Break in Service

Subject to ERISA break-in-service rules.

Credited Past Service

All complete years of "continuous service" under the collective bargaining agreement prior to 4/1/1974.

Credited Future Service

All "continuous service" on and after 4/1/1974 under the collective bargaining agreement, plus part year credit for first year of participation if less than 1,000 hours if hours divided by days of employment exceeds 1,000/365. Credit for 9 months from 4/1/1976 to 12/31/1976 based on 750 hours.

**THE RETIREMENT PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 53-0182885/PN: 001**

GUILD COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Eligibility for Participation

All Participants before 1/1/1993 remain Participants. On and after 1/1/1993, an Employee hired before 9/1/2009 becomes a Participant after completing 1 year of service. Employees hired on or after 9/1/2009 are excluded from participation.

Average Monthly Earnings

Highest average base pay during any 60 consecutive months of employment.

Average Monthly Compensation

Average monthly base pay during final 3 years of employment, but not greater than monthly covered compensation, as defined in the Tax Reform Act of 1986.

Normal Retirement (for terminations on or after 11/8/2002):

Eligibility

First of month coincident with or next following 65th birthday.

Monthly Benefit:

For Service after 4/1/1974

The greater of:

- (1) The sum of:
 - (a) 1.75% of Average Monthly Earnings times years of Credited Future Service, minus
 - (b) Average Monthly Compensation times years of Credited Future, times
 - (i) 0.62%, if date of birth is prior to 1/1/1938
 - (ii) 0.59%, if date of birth is on or after 1/1/1938, but prior to 1/1/1955
 - (iii) 0.56%, if date of birth is on or after 1/1/1955.

This offset cannot exceed 0.875% of the lesser of Average Monthly Earnings and Average Monthly Compensation, times years of Credited Future Service.

- (2) The sum of:
 - (a) Accrued benefit at 12/31/1994, plus
 - (b) Accrual under (1) after 12/31/1994.

**THE RETIREMENT PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 53-0182885/PN: 001**

GUILD COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

For Service before 4/1/1974

0.08% of Average Monthly Earnings times years of Credited Past Service.

Annual Cash Pension Supplement

\$210 times years of Credited Service.

Late Retirement:

Eligibility

Termination after age 65.

Monthly Benefit

Determined like normal retirement benefit.

Early Retirement:

Eligibility

Age 55 and 10 years continuous service.

Monthly Benefit

Determined like normal retirement benefit, but reduced for early payment. Persons commencing prior to age 60 are actuarially equivalent to normal retirement benefit. Those commencing at or after age 60 are reduced 4% per year early retirement date precedes normal retirement date.

Vesting:

Eligibility

Termination after 5 years continuous service.

Monthly Benefit

Deferred to 65 or early retirement, determined like normal or early retirement.

**THE RETIREMENT PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 53-0182885/PN: 001**

GUILD COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Pre-Age 65 Supplement:

Eligibility

Retirement from active service after age 55 with 10 years of vesting service.

Monthly Benefit

\$250 payable to participant or surviving spouse until month before participant's 65th birthday.

Normal Form of Payment

Unmarried at Retirement 5-year certain and life annuity.

Married at Retirement 50% joint and survivor annuity, actuarially equivalent to life annuity.

Optional Forms of Payment

- (1) Life annuity.
- (2) 5, 10, 15 or 20-year certain and life annuity.
- (3) 25%, 50%, 75%, or 100% joint and survivor annuity.
- (4) Social Security Level Income annuity.
- (5) Any other form of annuity made available by the Retirement Board.

Pre-Retirement Spouse Income:

Eligibility

Death while eligible for normal, early, or deferred vested retirement, and survived by spouse.

Benefit

Determined as though participant:

- (1) Separated from service on his date of death or earlier actual separation date,
- (2) Survived to age 55, or actual date of death, if later,
- (3) Retired on such date under 50% joint and survivor annuity,
- (4) Then immediately died.

**THE RETIREMENT PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 53-0182885/PN: 001**

GUILD COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Contributions

All contributions to support the Plan are made by the Company.

**THE RETIREMENT PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 53-0182885/PN: 001**

CRAFT COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Craft Component

Effective Date

1/1/1976, as last amended effective 7/1/2009.

Plan Year

12 months beginning January 1.

Eligible Employee

An employee who is employed by the Company in the operations of the daily and Sunday newspapers published in Washington, DC, and who is included in a unit of employees covered by a collective bargaining agreement between a Union and the Company.

Union

Refers to the following unions and any of their successors or assigns:

- (1) Electricians International Brotherhood of Electrical Workers, Local 26
- (2) General Workers & Paper Handlers Graphics Communications Union, Local No. 449
- (3) Machinists International Association of Machinists and Aerospace Workers, AFL-CIO, District Lodge 12, Washington Lodge 193
- (4) Photoengravers Graphics Communications International Union, Local 285
- (5) Building Services Service Employees' International Union, Local 82
- (6) Carpenters & Operating Engineers International Union of Operating Engineers, Local 99, ALI-CIO
- (7) Mailers & Mailroom Helpers Mailer's Union No. 29 of Washington, DC

Service

One year for each plan year during which employee works as least 1,000 hours.

Credited Service

One year for each plan year after 1975 with at least 1,750 hours of service. For Plan years other than first or final years of employment, during which employee works at least 1,000 hours, but less than 1,750

**THE RETIREMENT PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 53-0182885/PN: 001**

CRAFT COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

hours, employee receives a fraction of a year equal to hours worked divided by 1,750. If employee works less than 1,000 hours in the Plan year of hire or termination, employee receives fractional year of credited service if hours divided by days of employment exceeds 1,000/365.

Participation

First day of month following completion of 1,000 hours in initial 12 month period of service, or, if less than 1,000 hours in initial 12 month period, January 1 following completion of 1,000 hours within a Plan year.

Normal Retirement:

Eligibility

First day of the month during which the employee attains age 65.

Monthly Benefit

Normal Retirement Benefits are equal to Credited Service multiplied by:

Electricians	\$53.66
General Workers	\$50.25 (\$6.80 prior to 4/24/2005)
Paper Handlers	\$51.17 (\$7.72 prior to 4/24/2005)
Machinists	\$50.73
Photoengravers	\$40.75 (\$9.86 prior to 4/1/2004)
Building Services	\$20.00
Carpenters & Operating Engineers	\$15.00 (\$10.14 prior to 6/1/2006)
Mailers	\$20.33
Mailroom Helpers	\$24.58

Late Retirement:

Eligibility

Termination after age 65.

Monthly Benefit

Determined like normal retirement benefit.

Early Retirement:

Eligibility

**THE RETIREMENT PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 53-0182885/PN: 001**

CRAFT COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Age 55

Monthly Benefit

Determined like Normal Retirement benefit but actuarially reduced for early payment.

Vesting:

Eligibility

Termination prior to age 55 with 5 or more Years of Service.

Monthly Benefit

Deferred to age 65, or Early Retirement, determined like normal or early retirement.

Pre-Retirement Spouse Income:

Eligibility

Death while eligible for normal, early, or deferred vested retirement, and survived by spouse.

Monthly Benefit

Determined as though participant:

- (1) Separated from service on his date of death or earlier actual separation date,
- (2) Survived to age 55, or actual date of death, if later,
- (3) Retired on such date under 50% joint and survivor annuity,
- (4) Then immediately died.

Lump Sum Death Benefit for Photoengravers:

Eligibility

Age 55.

**THE RETIREMENT PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 53-0182885/PN: 001**

CRAFT COMPONENT

Schedule SB, Part V – Summary of Plan Provisions

Benefit

\$493 times Years of Service, with service limited to 10 years, less sum of all normal or early retirement benefit payments received.

Normal Form of Payment

Unmarried at Retirement Life Annuity.

Married at Retirement 50% joint and survivor annuity, actuarially equivalent to life annuity.

Optional Forms of Payment

- (1) Life annuity.
- (2) 50%, 75%, or 100% joint and survivor annuity.
- (3) 10-year certain and life annuity.

Early Supplement for Photoengravers:

Eligibility

Age 55, and employed at 2/11/2004.

Benefit

Annual cash supplement of \$100 per year of Credited Service, multiplied by appropriate Early Retirement Factor, until age 65.

Early Supplement for General Workers & Paper Handlers:

Eligibility

General Workers and Paper Handlers who elect an annuity and commence benefits prior to age 65 and before 1/1/2017. The sum of their attained age plus service must be at least 85 if they continued to work for the next 7.5 years.

Benefit

Annual cash supplement of \$50 per Years of Credited Service (max. 30 years), reduced to reflect optional form elected.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

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

1

Economic Assumptions – All Components

Interest rate basis

- Applicable month January
- Interest rate basis 3-Segment Rates

Interest rates

	Reflecting Corridors	Not Reflecting Corridors
● First segment rate	4.94%	1.62%
● Second segment rate	6.15%	4.40%
● Third segment rate	6.76%	5.45%
● Effective interest rate	6.33%	4.74%

Annual rates of increase

- Compensation: 4.00%
- Future Social Security wage bases 3.00%
- Statutory limits on compensation N/A

Interest crediting rate for account-based benefits, compounded quarterly

Year	Rate
2014	1.41%
2015	1.93%
2016	2.47%
2017 and after	3.00%

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

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

2

PBGC variable premium interest rates

● First segment rate	1.00%
● Second segment rate	3.57%
● Third segment rate	4.77%

Administrative expenses

The amount included this year for plan-related expenses is \$102,686, which is a quarter's worth of expected administrative expenses. The method for determining assumed administrative expenses is based on the average of non-PBGC administrative expenses for the prior three years of the prior plan, plus the expected PBGC premium for the year.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

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

Demographic Assumptions – All Components

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, with generational projection using Scale AA mortality improvement) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, with generational projection using Scale AA mortality improvement).
Timing of payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

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

Demographic Assumptions – Exempt Component

Termination Rates vary by age and gender.

Percentage leaving during the year		
Attained Age	Males	Females
20	14.19%	19.31%
25	10.89	14.19
30	7.50	10.89
35	4.86	7.50
40	3.00	4.86
45	2.21	3.00
50	1.64	2.21
54	1.14	1.79

Retirement For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants are assumed to retire by age and service are shown below. Rates are increased for employees with age plus service greater than or equal to 90.

Percentage retiring during the year						
Attained Age	Years of Service					
	< 10	10-25	26	27	28	29
55	0.0%	5.0%	5.0%	5.0%	5.0%	5.0%
56	0.0	5.0	5.0	5.0	5.0	5.0
57	0.0	5.0	5.0	5.0	5.0	5.0
58	0.0	5.0	5.0	5.0	5.0	5.0
59	0.0	5.0	5.0	5.0	5.0	5.0
60	0.0	5.0	5.0	5.0	5.0	5.0
61	0.0	15.0	15.0	15.0	15.0	16.5
62	0.0	15.0	15.0	15.0	20.0	20.0
63	0.0	10.0	10.0	15.0	15.0	15.0
64	0.0	10.0	15.0	15.0	15.0	15.0
65+	100.0	100.0	100.0	100.0	100.0	100.0

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

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

Attained Age	Percentage retiring during the year					
	Years of Service					
	30	31	32	33	34	35+
55	5.0%	5.0%	5.0%	5.0%	5.0%	7.0%
56	5.0	5.0	5.0	5.0	7.5	7.5
57	5.0	5.0	5.0	8.0	8.0	8.0
58	5.0	5.0	8.5	8.5	8.5	8.5
59	5.0	9.0	9.0	9.0	9.0	9.0
60	9.5	9.5	9.5	9.5	9.5	9.5
61	16.5	16.5	16.5	16.5	16.5	16.5
62	20.0	20.0	20.0	20.0	20.0	20.0
63	15.0	15.0	15.0	15.0	15.0	15.0
64	15.0	15.0	15.0	15.0	15.0	15.0
65+	100.0	100.0	100.0	100.0	100.0	100.0

When a plan is in at-risk status, Funding Target and Target Normal Cost must be measured reflecting certain mandated assumptions. Specifically, participants eligible to retire within the next 11 years must be assumed to retire immediately when first eligible (but not before the end of the current year), and all participants must be assumed to elect the most valuable form of payment available when they begin receiving benefits.

Disability None.

Benefit commencement date

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55 (age 65 if less than 10 years of vesting service).
- Deferred vested benefit Age 65. For early retirement window participants who are not yet in pay status, benefit commencement is assumed to occur at the age when first eligible for unreduced benefits.
- Retirement benefit Upon termination of employment.

Form of payment

Form	Male	Female
Single Life	35%	75%
50% Joint and Survivor	55	25
100% Joint and Survivor	10	0

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

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

Percent married	80% of participants.
Spouse age	Wives are assumed to be three years younger than their husbands.

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

Retirement For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants are assumed to retire by age are shown below.

Percentage retiring during the year		
Age	Rate Before Rule of 90 Eligibility	Rate After Rule of 90 Eligibility
55	4.0%	5.0%
56	4.0	5.0
57	4.0	5.0
58	4.0	5.0
59	4.0	5.0
60	4.0	5.0
61	4.0	5.5
62	10.0	10.0
63	7.0	8.5
64	7.0	8.5
65+	100.0	100.0

Disability None.

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit Immediately.
- Retirement benefit Upon termination of employment.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

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

Form of payment

100% of retiring participants are assumed to elect lump sum payments of their pensions.

Lump sum payouts are valued as annuities rather than lump sums, using the substitution of annuity form under IRS Regulation 1.430(d)-1(f)(4) with the 2013 IRS Applicable Mortality Table and 3-tier interest rates of 1.13% for payments made in years 1 through 5, 3.71% for payments made in years 6 through 20, and 4.52% for all payments made thereafter (August 2012 lookback).

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

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

Demographic Assumptions – Cash Balance and Secure Retirement Account Components

**Retirement and
Termination**

The retirement and withdrawal rates are combined and vary by age and service.

Percentage retiring during the year		
Years of Service		
Attained Age	< 3	3+
20	33.0%	25.0%
25	31.8	25.0
30	28.6	22.0
35	25.8	17.0
40	23.2	15.0
45	22.0	13.8
50	22.0	13.0
55	23.8	13.6
60	25.0	14.6
61	25.0	14.8
62-64	25.0	15.0
65+	100.0	100.0

Disability

None.

**Form of payment/
Commencement date**

Active employees who terminate employment are assumed to elect to receive their account balance as a lump sum payment in lieu of an annuity. Payment of lump sums to deferred vested participants and active employees who terminate from active status are assumed to occur with the following timing:

Deferral Period	Active Participants	Deferred Vested Participants (Balance > \$5,000)	Deferred Vested Participants (Balance < \$5,000)
Immediate	75%	45%	100%
1 year	25	35	0
2 years	0	15	0
3 years	0	5	0

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

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

Demographic Assumptions – Guild Component

Termination Rates vary by age.

Percentage leaving during the year	
Age	Rate
20	7.94%
25	7.72
30	7.22
35	6.27
40	5.15
45	3.97
50	2.56
54	1.23

Retirement For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants are assumed to retire by age are shown below.

Percentage retiring during the year	
Age	Rate
55 – 60	5%
61 – 62	15
63 – 64	10
65+	100

When a plan is in at-risk status, Funding Target and Target Normal Cost must be measured reflecting certain mandated assumptions. Specifically, participants eligible to retire within the next 11 years must be assumed to retire immediately when first eligible (but not before the end of the current year), and all participants must be assumed to elect the most valuable form of payment available when they begin receiving benefits.

Disability None.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

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

Benefit commencement date

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit The later of age 65 or termination of employment. For early retirement window participants who are not yet in pay status, benefit commencement is assumed to occur at the age when first eligible for unreduced benefits
- Retirement benefit Upon termination of employment.

Form of payment

Form	Male	Female
Single Life	30%	65%
50% Joint and Survivor	60	25
100% Joint and Survivor	5	5
5-Year Certain and Life	5	5

Percent married

80% of male participants and 50% of female participants.

Spouse age

Wives are assumed to be three years younger than their husbands.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

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

Demographic Assumptions – Craft Component

Termination Rates vary by age and gender.

Percentage leaving during the year		
Age	Male	Female
20	14.19%	19.31%
25	10.89	14.19
30	7.50	10.89
35	4.86	7.50
40	3.00	4.86
45	2.21	3.00
50	1.64	2.21
54	1.14	1.79

Retirement Retirement rates for active participants:

Percentage retiring during the year	
Age	Rate
55 – 60	5%
61 – 62	15
63 – 64	10
65+	100

Disability None.

Benefit commencement date

- Preretirement death benefit The later of death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit The later of age 65 or termination of employment. For early retirement window participants who are not yet in pay status, benefit commencement is assumed to occur at the age when first eligible for unreduced benefits.
- Retirement benefit Upon termination of employment.

Form of payment

Form	Male	Female
Single Life	60%	75%
50% Joint and Survivor	30	25
100% Joint and Survivor	10	0

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

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

Percent married	80% of participants.
Spouse age	Wives are assumed to be three years younger than their husbands.

**PENSION PLAN FOR
THE WASHINGTON POST AND COMPANIES
EIN: 90-1012631/PN: 001**

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

Methods – All Components

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 2012 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 significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the plan provisions with The Washington Post and, based on that review, is not aware of any significant benefits required to be valued that were not valued.



BNY MELLON

TRDNHH NHHG10000000 5500 FINAL 151313

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR
REVALUED COST - SUMMARY REPORT
31 DECEMBER 2013

2013-12-31 CYCLE 4 15:13:17 RUN DATE: 07-APR-14

NHH G100000
TOTAL CONSOLIDATION
CONSOLIDATION

PAGE: 1
M1102ES

<u>DESCRIPTION</u>	<u>COST</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
GENERAL INVESTMENTS			
U. S. GOVERNMENT SECURITIES	14,055,729.61	14,055,729.61	0.00
CORPORATE DEBT INSTRUMENTS - PREFERRED	755,059.47	754,214.08	845.39-
CORPORATE STOCK - COMMON	296,710,668.78	304,525,701.15	7,815,032.37
TOTAL GENERAL INVESTMENTS	<u>311,521,457.86</u>	<u>319,335,644.84</u>	<u>7,814,186.98</u>
CERTAIN INVESTMENT ARRANGEMENTS			
COMMON/COLLECTIVE TRUST	28,267,777.89	28,267,777.89	0.00
TOTAL CERTAIN INVESTMENT ARRANGEMENTS	<u>28,267,777.89</u>	<u>28,267,777.89</u>	<u>0.00</u>
NET CHANGE UNREALIZED CURRENCY GAIN/LOSS			
PENDING SALES			1,058.70
TOTAL NET CHANGE UNREALIZED CURRENCY GAIN/LOSS	<u></u>	<u></u>	<u>1,058.70</u>
GRAND TOTALS	339,789,235.75	347,603,422.73	7,815,245.68



BNY MELLON

TRDNHH NHHG10000000 5500

FINAL 151313

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR

2013-12-31 CYCLE 4 15:13:17 RUN DATE: 07-APR-14

NHH G100000
TOTAL CONSOLIDATION
CONSOLIDATION

REVALUED COST
31 DECEMBER 2013

PAGE: 1
M1102E

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
<u>U. S. GOVERNMENT SECURITIES</u>					
2,555,960.0000	U S TREASURY BILL 0.000% 02/20/2014 DD 08/22/13	2,555,508.36	99.9823	2,555,508.36	0.00
11,501,820.0000	U S TREASURY BILL 0.000% 03/13/2014 DD 09/12/13	11,500,221.25	99.9860	11,500,221.25	0.00
TOTAL U. S. GOVERNMENT SECURITIES		14,055,729.61		14,055,729.61	0.00
<u>CORPORATE DEBT INSTRUMENTS - PREFERRED</u>					
319,500.0000	AMERICAN EXPRESS CO 5.500% 09/12/2016 DD 09/12/06	355,900.64	111.2280	355,373.46	527.18-
383,390.0000	BP CAPITAL MARKETS PLC 3.875% 03/10/2015 DD 03/10/09	399,158.83	104.0300	398,840.62	318.21-
TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED		755,059.47		754,214.08	845.39-
<u>CORPORATE STOCK - COMMON</u>					
24,460.0000	ADVANCE AUTO PARTS INC	2,674,945.60	110.6800	2,707,232.80	32,287.20
29,390.0000	AMEREN CORP	1,062,448.50	36.1600	1,062,742.40	293.90
12,780.0000	BAXTER INTERNATIONAL INC	874,024.20	69.5500	888,849.00	14,824.80
70,230.0000	BROWN & BROWN INC	2,137,098.90	31.3900	2,204,519.70	67,420.80
25,560.0000	CVS CAREMARK CORP	1,790,733.60	71.5700	1,829,329.20	38,595.60
10,530.0000	CANADIAN NATURAL RESOURCES LTD	349,174.80	33.8400	356,335.20	7,160.40



BNY MELLON

TRDNHH NHHG10000000 5500

FINAL 151313

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR

2013-12-31 CYCLE 4 15:13:17 RUN DATE: 07-APR-14

NHH G100000
TOTAL CONSOLIDATION
CONSOLIDATION

REVALUED COST
31 DECEMBER 2013

PAGE: 2
M1102E

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
25,560.0000	COMCAST CORP	1,302,026.40	51.9650	1,328,225.40	26,199.00
12,780.0000	CONOCOPHILLIPS	893,066.40	70.6500	902,907.00	9,840.60
10,220.0000	DEVON ENERGY CORP	622,806.80	61.8700	632,311.40	9,504.60
337,450.0000	FASTENAL CO	15,394,469.00	47.5100	16,032,249.50	637,780.50
31,950.0000	GENERAL ELECTRIC CO	874,152.00	28.0300	895,558.50	21,406.50
23,910.0000	GOLDMAN SACHS GROUP INC/THE	4,188,075.60	177.2600	4,238,286.60	50,211.00
7,360.0000	GOOGLE INC	8,100,563.20	1,120.7100	8,248,425.60	147,862.40
63,160.0000	IDEXX LABORATORIES INC	6,645,063.60	106.3700	6,718,329.20	73,265.60
32,180.0000	INTERNATIONAL BUSINESS MACHINE	5,793,043.60	187.5700	6,036,002.60	242,959.00
30,140.0000	JACOBS ENGINEERING GROUP INC	1,844,568.00	62.9900	1,898,518.60	53,950.60
10,860.0000	JOHNSON & JOHNSON	1,000,097.40	91.5900	994,667.40	5,430.00-
3,190.0000	LINEAR TECHNOLOGY CORP	142,912.00	45.5500	145,304.50	2,392.50
10,220.0000	MCDONALD'S CORP	986,332.20	97.0300	991,646.60	5,314.40
35,780.0000	MICROSOFT CORP	1,316,704.00	37.4100	1,338,529.80	21,825.80
43,320.0000	MOHAWK INDUSTRIES INC	6,127,180.80	148.9000	6,450,348.00	323,167.20
54,970.0000	OMNICOM GROUP INC	3,929,255.60	74.3700	4,088,118.90	158,863.30
30,200.0000	PRAXAIR INC	3,851,708.00	130.0300	3,926,906.00	75,198.00
54,790.0000	PRECISION CASTPARTS CORP	14,675,501.50	269.3000	14,754,947.00	79,445.50



BNY MELLON

TRDNHH NHHG10000000 5500

FINAL 151313

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR

2013-12-31 CYCLE 4 15:13:17 RUN DATE: 07-APR-14

NHH G100000
TOTAL CONSOLIDATION
CONSOLIDATION

REVALUED COST
31 DECEMBER 2013

PAGE: 3
M1102E

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
16,610.0000	PROCTER & GAMBLE CO/THE	1,359,362.40	81.4100	1,352,220.10	7,142.30-
91,870.0000	RITCHIE BROS AUCTIONEERS INC	2,067,075.00	22.9300	2,106,579.10	39,504.10
18,660.0000	SUNTRUST BANKS INC	679,037.40	36.8100	686,874.60	7,837.20
31,950.0000	SYMANTEC CORP	719,194.50	23.5800	753,381.00	34,186.50
447,230.0000	TJX COS INC	27,947,402.70	63.7300	28,501,967.90	554,565.20
7,670.0000	3M CO	1,048,642.40	140.2500	1,075,717.50	27,075.10
35,050.0000	TIFFANY & CO	3,176,231.00	92.7800	3,251,939.00	75,708.00
55,670.0000	TRIMBLE NAVIGATION LTD	1,886,099.60	34.7000	1,931,749.00	45,649.40
8,950.0000	UNITED TECHNOLOGIES CORP	990,407.00	113.8000	1,018,510.00	28,103.00
67,150.0000	WAL-MART STORES INC	5,199,424.50	78.6900	5,284,033.50	84,609.00
34,030.0000	WATERS CORP	3,388,707.40	100.0000	3,403,000.00	14,292.60
29,390.0000	WELLS FARGO & CO	1,321,374.40	45.4000	1,334,306.00	12,931.60
15,550.0000	WEST PHARMACEUTICAL SERVICES I	768,170.00	49.0600	762,883.00	5,287.00-
72,020.0000	WORLD FUEL SERVICES CORP	3,064,451.00	43.1600	3,108,383.20	43,932.20
8,950.0000	BEIERSDORF AG NPV	893,651.52	101.4722	908,176.53	14,525.01
557,110.0000	PIRELLI & C SPA	9,253,406.57	17.3346	9,657,285.14	403,878.57
1,283,370.0000	QINETIQ GROUP ORD GBP0.01 (WI)	4,460,272.86	3.5940	4,612,511.99	152,239.13
1,410.0000	ADMIRAL GROUP ORD GBP0.001	29,471.39	21.6968	30,592.60	1,121.21



BNY MELLON

TRDNHH NHHG10000000 5500

FINAL 151313

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR

2013-12-31 CYCLE 4 15:13:17 RUN DATE: 07-APR-14

NHH G100000
TOTAL CONSOLIDATION
CONSOLIDATION

REVALUED COST
31 DECEMBER 2013

PAGE: 4
M1102E

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
15,340.0000	RECKITT BENCKISER GROUP PLC ORD GBP0.10	1,171,134.45	79.3840	1,217,751.52	46,617.07
660,550.0000	ROLLS-ROYCE HLDGS PLC ORD GBP0.20	13,428,495.99	21.1171	13,948,958.20	520,462.21
295,650.0000	HISCOX ORD GBP0.6179778	3,336,395.47	11.5109	3,403,208.68	66,813.21
67,080.0000	CRODA INTL ORD 10P	2,633,024.16	40.6940	2,729,757.72	96,733.56
25,560.0000	DIAGEO ORD 28 101/108P	814,980.60	33.1250	846,675.00	31,694.40
126,890.0000	IMI ORD GBP0.25	3,056,896.21	25.2578	3,204,963.83	148,067.62
28,850.0000	PERRIGO CO PLC	4,487,617.50	153.4600	4,427,321.00	60,296.50-
82,840.0000	NOVOZYMES A/S	3,497,139.06	42.2784	3,502,350.52	5,211.46
21,730.0000	AMERICAN WATER WORKS CO INC	908,314.00	42.2600	918,309.80	9,995.80
10,860.0000	ANHEUSER-BUSCH INBEV NV ADR	1,122,598.20	106.4600	1,156,155.60	33,557.40
25,560.0000	APPROACH RESOURCES INC	487,940.40	19.3000	493,308.00	5,367.60
25,560.0000	BANK OF NEW YORK MELLON CORP/T	865,972.80	34.9400	893,066.40	27,093.60
170.0000	BERKSHIRE HATHAWAY INC	29,852,000.00	177,900.0000	30,243,000.00	391,000.00
150.0000	BERKSHIRE HATHAWAY INC	17,340.00	118.5600	17,784.00	444.00
51,120.0000	DANONE ADR	713,379.60	14.4190	737,099.28	23,719.68
15,080.0000	MONDELEZ INTERNATIONAL INC	522,823.60	35.3000	532,324.00	9,500.40



BNY MELLON

TRDNHH NHHG10000000 5500

FINAL 151313

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR

2013-12-31 CYCLE 4 15:13:17 RUN DATE: 07-APR-14

NHH G100000
TOTAL CONSOLIDATION
CONSOLIDATION

REVALUED COST
31 DECEMBER 2013

PAGE: 5
M1102E

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
27,160.0000	NESTLE SA ADR	1,961,766.80	73.4240	1,994,195.84	32,429.04
82,670.0000	O'REILLY AUTOMOTIVE INC	10,644,589.20	128.7100	10,640,455.70	4,133.50-
14,060.0000	PHILIP MORRIS INTERNATIONAL IN	1,202,411.20	87.1300	1,225,047.80	22,636.60
42,270.0000	SIRONA DENTAL SYSTEMS INC	2,906,907.90	70.2000	2,967,354.00	60,446.10
476,920.0000	VALEANT PHARMACEUTICALS INTERN	53,415,040.00	117.4000	55,990,408.00	2,575,368.00
22,390.0000	VISA INC	4,835,568.30	222.6800	4,985,805.20	150,236.90
TOTAL CORPORATE STOCK - COMMON		296,710,668.78		304,525,701.15	7,815,032.37
<u>COMMON/COLLECTIVE TRUST</u>					
28,267,777.8900	COLLECTIVE US GOV'T STIF 20 BPS	28,267,777.89	1.0000	28,267,777.89	0.00
TOTAL COMMON/COLLECTIVE TRUST		28,267,777.89		28,267,777.89	0.00
GRAND TOTAL		339,789,235.75		347,603,422.73	487,334.39 C 7,326,852.59 I 7,814,186.98

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration 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 2013 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2013 or fiscal plan year beginning <u>10/01/2013</u> and ending <u>12/31/2013</u>	
► 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 Pension Plan for The Washington Post And Companies	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 Nash Holdings LLC	D Employer Identification Number (EIN) 90-1012631
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>10</u> Day <u>1</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a		263,156,406
b Actuarial value	2b		263,156,406
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	0	0
b For terminated vested participants	3b	0	0
c For active participants:			
(1) Non-vested benefits	3c(1)		8,227,883
(2) Vested benefits	3c(2)		107,515,491
(3) Total active	3c(3)	1,840	115,743,374
d Total	3d	1,840	115,743,374
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	2,917,262	

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	 Date
Michael B. Halverson Type or print name of actuary		14-04759 Most recent enrollment number
Towers Watson Delaware Inc. Firm name		(703) 258-8000 Telephone number (including area code)
901 N. Glebe Road Arlington VA 22203-8215 Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of _____ % except as otherwise provided (see instructions)		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	754,037	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	226.71 %
15 Adjusted funding target attainment percentage	15	227.36 %
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	%
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
Totals ►			18(b)	0	18(c)
					0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
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	2,917,262	
b Excess assets, if applicable, but not greater than line 31a	31b	2,917,262	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment		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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Pension Plan for The Washington Post And Companies
EIN: 90-1012631/PN: 001

Schedule SB, Statement by Enrolled Actuary

Plan Sponsor	Nash Holdings LLC
EIN/PN	90-1012631/PN:001
Plan Name	Pension Plan for The Washington Post And Companies
Valuation Date	January 1, 2013
Enrolled Actuary	Michael B. Halverson
Enrollment Number	14-04759

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

This plan is a new plan as a result of the sale of WP Company LLC, which publishes The Washington Post, and five other entities to Nash Holdings LLC (Buyer) from Graham Holdings Company (formerly the Washington Post Company) (Seller). This new plan received the plan assets and plan liabilities that were spun off from The Retirement Plan of the Washington Post Companies (EIN:53-0182885/PN:009).

Pension Plan for The Washington Post And Companies
EIN: 90-1012631/PN: 001

Schedule SB, line 7 – Explanation of Discrepancy in Prior Year
Funding Standard Carryover Balance or Prefunding Balance

This plan is a new plan as a result of the sale of WP Company LLC, which publishes The Washington Post, and five other entities to Nash Holdings LLC (Buyer) from Graham Holdings Company (formerly the Washington Post Company) (Seller). This new plan received the plan assets and plan liabilities that were spun off from The Retirement Plan of the Washington Post Companies (EIN:53-0182885/PN:009).

A proportional share of the funding standard carryover balance from the predecessor plan was transferred to this plan. The target normal cost of this plan was calculated from the spin off date (October 1, 2013) to the plan year-end (December 31, 2013). The funding surplus at January 1, 2013 of the market value of assets exceeding funding target represents the pro-rata portion of the predecessor plan's assets and funding target as of January 1, 2013.