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), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LANDMARK PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1948

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
LANDMARK MEDIA ENTERPRISES, LLC

DOMINION ENTERPRISES
NORFOLK, VA 23510

150 GRANBY STREET, 18TH FLOOR
NORFOLK, VA 23510

2b Employer Identification Number (EIN)
26-2850324

2c Sponsor's telephone number
757-351-8801

2d Business code (see instructions)
323100

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.	10/13/2010	TERESA BLEVINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	TERESA BLEVINS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

TERESA F. BLEVINS

DOMINION ENTERPRISES, 150 GRANBY ST
NORFOLK, VA 23510

3b Administrator's EIN
26-2850324

3c Administrator's telephone number
757-351-8801

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**	9504
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**	3594
b	Retired or separated participants receiving benefits	**6b**	1924
c	Other retired or separated participants entitled to future benefits	**6c**	3793
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	9311
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	51
f	Total. Add lines **6d** and **6e**	**6f**	9362
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1G 1I 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
LANDMARK PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LANDMARK MEDIA ENTERPRISES, LLC

D Employer Identification Number (EIN)
26-2850324

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	1182788	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTURE, LLC

20-0456218

(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	NONE	1026079	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WACHOVIA BANK, NA

56-1354495

(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?
21	NONE	101877	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BDO SEIDMAN

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	48651	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	26800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
LANDMARK PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LANDMARK MEDIA ENTERPRISES, LLC

D Employer Identification Number (EIN)
26-2850324

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		164
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2993152	1586159
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1248219	5113094
(2) U.S. Government securities	1c(2)	343005143	312830620
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	61713164	

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	408959678	319530037
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	408959678	319530037

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)	27875	
	(B) U.S. Government securities	2b(1)(B)	7737372	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7765247
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	714690614	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	753601185	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-38910571

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-43182871	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-43182871
(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		7050
d Total income. Add all **income** amounts in column (b) and enter total	2d		-74321145
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12355462	
(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)		12355462
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)	1258238	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1026079	
(4) Other	2i(4)	468717	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2753034
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		15108496
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-89429641
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KPMG (2) EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ... [X] **Yes** [ ] **No** **Amount:**

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
LANDMARK PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LANDMARK MEDIA ENTERPRISES, LLC

D Employer Identification Number (EIN)
26-2850324

Part I Distributions

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

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

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

EIN(s): 56-1354495

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **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 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(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: 84% High-Yield Debt: _____% Real Estate: _____% Other: 16%

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

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

LANDMARK PENSION PLAN

Financial Statements (Modified Cash Basis)
and Supplemental Schedules

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

LANDMARK PENSION PLAN

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KPMG LLP
2100 Dominion Tower
999 Waterside Drive
Norfolk, VA 23510-3310

Independent Auditors' Report

The Plan Administrator
Landmark Pension Plan:

We were engaged to audit the financial statements (modified cash basis) and supplemental schedules of Landmark Pension Plan (the Plan) as of and for the years ended December 31, 2009 and 2008, as listed in the accompanying table of contents. These financial statements (modified cash basis) and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 4 to the financial statements (modified cash basis), which was certified by Wachovia Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements (modified cash basis) and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements (modified cash basis) and supplemental schedules taken as a whole. The form and content of the information included in the financial statements (modified cash basis) and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As described in note 2, these financial statements (modified cash basis) and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

As explained in note 3, investments amounting to $0 and $61,713,164 (0% and 15% of net assets available for benefits) as of December 31, 2009 and 2008, respectively, have been valued at estimated fair value as determined by management. Management's estimates are based on information provided by the fund managers or the general partners.

As described in note 8, as of June 30, 2008, the Plan was amended for the cessation of benefit accruals and termination of the Plan. As a result, the Plan's financial statements (modified cash basis) are reflected on a liquidation basis.

KPMG LLP

October 12, 2010

KPMG LLP is a Delaware Limited liability partnership,
the U.S. member firm of KPMG International Cooperative
("KPMG International"), a Swiss entity

LANDMARK PENSION PLAN

Statements of Net Assets Available for Benefits (Modified Cash Basis)

December 31, 2009 and 2008

	2009	2008
Assets (note 4):		
Cash	$ 164	—
Investments, at fair value or estimated fair value (notes 3, 7 and 9):		
Money market fund	5,113,094	1,248,219
U.S. Treasury bills	203,921,330	30,842,050
U.S. government securities	108,909,290	312,163,093
Diversified hedge fund	—	61,713,164
Total investments	317,943,714	405,966,526
Accrued interest and dividend income	1,586,159	2,993,152
Total assets	319,530,037	408,959,678
Net assets available for benefits (notes 5 and 8)	$ 319,530,037	408,959,678

See accompanying notes to financial statements (modified cash basis).

LANDMARK PENSION PLAN

Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)

Years ended December 31, 2009 and 2008

	2009	2008
Additions (notes 4, 7, 9 and 10):		
Interest and dividends	$ 7,765,247	5,950,631
Net (depreciation) appreciation in fair value or estimated fair value of investments	(82,093,442)	53,528,971
Transfer from another qualified plan	—	20,606,130
Net additions	(74,328,195)	80,085,732
Deductions:		
Benefits paid to participants	12,393,312	13,630,391
Administrative expenses paid:		
Trustee fees (note 7)	101,877	104,869
Actuarial fees	1,182,788	729,290
PBGC premiums	323,758	285,762
Investment management fees (note 7)	1,026,079	791,915
Other	73,632	91,883
Total deductions	15,101,446	15,634,110
Net (decrease) increase (note 11)	(89,429,641)	64,451,622
Net assets available for benefits:		
Beginning of year	408,959,678	344,508,056
End of year	$ 319,530,037	408,959,678

See accompanying notes to financial statements (modified cash basis).

(1) Plan Description

The following brief description of the Landmark Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

(a) General

The Plan is a defined benefit pension plan, which covers employees of the participating subsidiaries of Landmark Media Enterprises, LLC and its affiliates, as defined (the Company), who are twenty-one years old and who have completed one year of service. The Company was formed on September 12, 2008 upon the dissolution of Landmark Communications, Inc. (LCI) (note 8). The Plan is administered by employees of the Company who were appointed by the board of directors of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). As described in note 8, the Plan was amended in June 2008 to cease accrual of benefits and a process to terminate the Plan commenced. The termination is expected to be substantially complete in 2010.

(b) Pension Benefits

Employees with five or more years of service were entitled to annual pension benefits, as defined, beginning at normal retirement age, which is the later of age 65 or the fifth anniversary of participation in the Plan. The Plan allowed for early retirement at age 55 if 10 consecutive years of service were completed. Employees could elect to receive their pension benefits in the form of a life annuity or a joint and survivor annuity, payable monthly.

(c) Funding

The policy of the Company was to fund the aggregate pension cost accrued and a portion of the supplementary cost for prior service liability as determined by its consulting actuaries, AON. Employer contributions are not less than the minimum funding standards set forth in ERISA. Based on the actuarial valuation as of January 1, 2009 and 2008, no contributions were required for minimum funding purposes for the 2009 and 2008 plan years.

(d) Eligibility and Vesting

All employees of the Company who worked 1,000 hours a year or more were eligible to participate. A year of eligibility service meant the 12-consecutive month period, beginning with the date of hire during which the employee works at least 1,000 hours or, if not satisfied, the 12-consecutive month period beginning on January 1 following the date of hire during which the employee works at least 1,000 hours. Service before age 21 does not count towards eligibility or vesting service. Employees vested in the Plan after five years of eligible service. Beginning January 1, 2008, participation in the Plan was closed to all employees. Effective February 1, 2008, the vested percentage of each active participant was 100%.

(e) Long-Term Disability Benefits

In the event that a participant incurred a permanent disability, as defined by the Plan, such participant's disability benefits are paid by the Plan subject to the limitation that the amount of disability benefit paid shall not exceed the participant's projected normal retirement benefit. After June 30, 2008, the Plan no longer pays disability benefits.

(f) Trustee

The Plan's investments are held by the plan trustee, Wachovia Bank, N.A. (Wachovia). On October 3, 2008, Wachovia was acquired by Wells Fargo & Company. The transaction did not have an effect on the Plan.

(2) Summary of Significant Accounting Policies

(a) Use of Estimates

The preparation of modified cash basis financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Significant estimates include those associated with the valuation of certain investments, especially those investments that are not traded on the securities exchanges. Actual results may differ from those estimates.

(b) Basis of Accounting

The accounting records of the Plan are maintained on a cash basis except for the recording of investments at fair value, receivables relating to investments sold for which the proceeds have not yet been received and payables relating to investments purchased for which the purchase price amounts have not yet been disbursed and recording of investment income when earned. Consequently, certain revenue and the related assets are recognized when received rather than when earned, and certain expenses are recognized when paid rather than when the obligation is incurred. Accordingly, the financial statements (modified cash basis) are not intended to present the net assets available for benefits and changes therein in conformity with U.S. generally accepted accounting principles.

In conjunction with the decision made to terminate the Plan (note 8), the measurement of the Plan's assets and liabilities was changed to the liquidation basis of accounting.

(c) Investment Valuation and Income Recognition

Plan investments are stated at fair value or estimated fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 3 for discussion of fair value measurements.

The Plan presents in the accompanying statements of changes in net assets available for benefits (modified cash basis) the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those

investments. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded when earned.

The Plan's investments, as described above, are exposed to various risks such as interest rate, market, and credit risks. Such risks, and the resulting investment security values, may be influenced by changes in economic conditions and market perceptions and expectations. Accordingly, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

(d) Risks and Uncertainties

Contributions to the Plan, if any, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, employee compensation and demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements (modified cash basis).

Recent market conditions have resulted in an unusually high degree of volatility and increased the risks associated with certain investments held by the Plan, which could impact the value of investments after the date of these financial statements (modified cash basis).

(e) Payment of Benefits

Benefit payments are recorded when paid.

(f) Administrative Expenses

Certain administrative expenses are paid by the Plan as reflected in the accompanying statements of changes in net assets available for benefits. The remainder is paid by the Company.

(3) Fair Value Measurements

Financial Accounting Standards Board Accounting Standards Codification Topic 820, *Fair Value Measurements and Disclosures* (ASC 820), establishes a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;

- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2009 and 2008.

Money Market Fund – Valued at the closing price reported on the active market on which the fund is traded.

U.S. Treasury Bills – Valued at an estimated price at which a dealer would pay for the security at year-end using observable market-based inputs.

U.S. Government Securities – Valued at an estimated price at which a dealer would pay for a security at year-end using observable market-based inputs.

Diversified Hedge Fund – Valued at the net asset value (NAV) of shares held by the Plan at year-end, based on the value of the underlying assets as determined by the investment manager. The investment manager generally values the underlying assets using the most recent information available from the general partner of the underlying fund and using other information judged to be a reliable indicator of fair value changes. The investments are using NAV as a practical expedient for fair value. In conjunction with the adoption of ASC 820, the Plan also adopted the measurement provisions of Accounting Standards Update 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, but deferred the disclosure provisions to 2009. The Plan's investment in the hedge fund was sold during 2009 and no further investment in hedge funds is planned.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of:

	December 31, 2009			
	Investments at estimated fair value			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 5,113,094	—	—	5,113,094
U.S. Treasury bills	203,921,330	—	—	203,921,330
U.S. government securities	108,909,290	—	—	108,909,290
Total investments	$ 317,943,714	—	—	317,943,714

	December 31, 2008			
	Investments at estimated fair value			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 1,248,219	—	—	1,248,219
U.S. Treasury bills	30,842,050	—	—	30,842,050
U.S. government securities	312,163,093	—	—	312,163,093
Diversified hedge fund	—	—	61,713,164	61,713,164
Total investments	$ 344,253,362	—	61,713,164	405,966,526

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009.

Balance, beginning of year	$ 61,713,164
Realized gains (losses) – net	126,240
Purchases, sales, issuances and settlements – net	(61,839,404)
Balance, end of year	$ —

(Continued)

(4) Information Certified by Plan Trustee

The plan administrator has elected the alternative method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the information certified by Wachovia was not audited by the independent auditors except for comparing such information to the related information included in the accompanying financial statements (modified cash basis) and supplemental schedules. A summary of the Plan's financial information, which has been certified by Wachovia, is presented as follows:

	2009		2008	
	Net assets available for benefits	Changes in net assets available for benefits	Net assets available for benefits	Changes in net assets available for benefits
Information certified by Wachovia:				
Cash and cash overdraft	$ 164	—	—	—
Money market fund	5,113,094	—	1,248,219	—
U.S. Treasury bills	203,921,330	—	30,842,050	—
U.S. government securities	108,909,290	—	312,163,093	—
Interest and dividends	—	7,765,247	—	5,950,631
Net (depreciation) appreciation in fair value of investments	—	(82,219,682)	—	89,727,122
Accrued interest and dividend income	1,586,159	—	2,993,152	—
	$ 319,530,037	(74,454,435)	347,246,514	95,677,753

The above information, the investment fair values reflected in note 3, the information in note 9 and schedules 1 and 2, was certified as complete and accurate by Wachovia.

(5) Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their years of credited service. The accumulated plan benefits for active employees equal the sum of benefits earned for each credited year of service prior to and including the accrual date.

After June 30, 2008, no future participants will enter the Plan and no current participants will accrue future benefits (note 8). Since pension accruals are now frozen and the Plan is terminating, withdrawal rates, disability rates, and early retirement rates are no longer considered. The present value of accumulated plan benefits is calculated using reasonable lump-sum assumptions as of December 31, 2008 and 2009.

The more significant assumptions underlying the actuarial computations are as follows:

	December 31	
	2009	**2008**
Interest rate	3.21%/5.19%/5.67%	5.0%
Disability	N/A	N/A
Mortality table	RP-2000 IRS PPA@2010 Combined Unisex 50/50 Table	RP-2000 IRS PPA@2009 Combined Unisex 50/50 Table
Retirement age	N/A	N/A
Compensation inflation rate	N/A	N/A

The actuarial present value of accumulated plan benefits consists of the following:

		December 31	
		2009	**2008**
Vested benefits:			
Participants currently receiving payments	$	118,953,060	112,491,536
Other participants		165,992,144	187,241,307
Total vested benefits		284,945,204	299,732,843
Nonvested benefits		—	—
Total actuarial present value of accumulated plan benefits	$	284,945,204	299,732,843

The changes in actuarial present value of accumulated plan benefits are summarized as follows:

		December 31	
		2009	**2008**
Actuarial present value of accumulated plan benefits, as of the beginning of the year	$	299,732,843	204,333,258
(Decrease) increase during the year attributable to:			
Benefits accumulated		—	2,788,918
Benefits paid		(12,355,462)	(13,630,391)
Interest		14,677,756	14,969,745
Merger of the Capital Gazette Plan (note 10)		—	16,210,778
Change in actuarial assumptions		(17,109,933)	75,060,535
Net (decrease) increase		(14,787,639)	95,399,585
Actuarial present value of accumulated plan benefits, as of the end of the year	$	284,945,204	299,732,843

(Continued)

(6) Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated December 5, 2002 that the Plan and related trust as then designed was in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Investments of the Plan may generate unrelated business taxable income, which is recorded as an expense when paid. See note 8 for discussion regarding the termination of the Plan.

(7) Related-Party Transactions

Wachovia is the trustee for the Plan, and as such, transactions involving the investments sponsored by Wachovia or its affiliates qualify as party in interest. The Plan paid $101,877 and $104,869 during 2009 and 2008, respectively, to Wachovia for trustee services. The Investiture Alternative Fund, Ltd. is operated by Investure LLC one of the fund's investment advisors, and as a result, any transactions qualify as party in interest. Fees paid to Investure LLC were $1,026,079 and $612,211 during 2009 and 2008, respectively. Transactions related to investments managed by Cardinal Capital Management and 1607 Partners qualify as party in interest as they relate to the Plan's investments. Fees paid to Cardinal Capital Management were $0 and $81,590 during 2009 and 2008, respectively. Fees paid to 1607 Partners were $0 and $98,114 in 2009 and 2008, respectively.

(8) Plan Termination

In January 2008, the Company decided to explore strategic alternatives, including the sale of all its businesses. On September 12, 2008, The Weather Channel Companies (TWCC) were acquired by NBC Universal and two private equity firms. Effective with the sale of TWCC, LCI and the remaining business units of LCI were contributed to the Company, and the Company became the Plan sponsor.

As of June 30, 2008, the Company amended the Plan to provide for the cessation of benefit accruals under the Plan and termination of the Plan subject to regulatory approval. In connection with the termination, the Plan revised the mix of its investments to primarily U.S. government securities and treasury bills.

On December 18, 2008, Form 5310 (Application for Determination for Terminating Plan) and Form 500 (Standard Termination Notice) were filed with the IRS and the Pension Benefit Guaranty Corporation (PBGC), respectively. The Company received a favorable IRS determination letter dated January 26, 2010, which approved the termination of the Plan. As a result of the approval from the PBGC and the IRS, the assets held by the trustee for the Plan will be allocated, as prescribed by ERISA and its related regulations, to or for the benefit of the participants to the extent such assets are sufficient. Certain benefits under the Plan are insured by the PBGC. Some benefits may be fully or partially provided for by the existing assets and the PBGC guarantee, while others may not be provided for at all. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC. There is a statutory ceiling, which is adjusted periodically on the amount of an

individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2008, that ceiling is $4,312 per month. The order of priority of benefits to be paid shall be: (a) benefits payable under the Plan as an annuity; (b) benefits payable under the Plan, subject to guarantee by the PBGC; (c) all other nonforfeitable benefits payable under the Plan not subject to guarantee by the PBGC; and (d) all other benefits payable under the Plan.

Beginning in April 2010, the Company commenced the payment of benefits to participants. All benefits payable under the plan are expected to be distributed in 2010. Once all benefits earned have been distributed, and the PBGC has completed its audit over the termination of the Plan, the remaining assets will be distributed on a pro rata basis to plan participants.

(9) Investments

The following presents the fair value of investments that represent 5% or more of the Plan's net assets.

	December 31	
	2009	**2008**
Investure Alternative Fund, LTD, Class A-3, 47,393 shares	$ —	61,713,164
U.S. Treasury Bills DTD 3/12/2009 mat 3/11/2010	203,921,330	—
U.S. Treasury Bond Bills DTD 7/31/2008 mat 7/30/2009	—	20,842,050
U.S. Treasury Bond Stripped DTD 2/15/2008 mat 2/15/2038	11,283,824	42,982,975
U.S. Treasury DTD 2/15/2008 4.375% mat 2/15/2038	79,248,000	232,516,368

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) appreciated in value by $(82,093,442) and $53,528,971, respectively, as follows:

Net (depreciation) appreciation in fair value of investments:

	Year ended December 31	
	2009	**2008**
U.S. government securities	$ (82,219,682)	94,872,624
Common stocks	—	(2,895,769)
Common/collective trust fund	—	116,137
Common stock fund	—	(2,781,309)
Private equity fund	—	674,941
Mutual funds	—	(2,249,733)
Diversified hedge fund	126,240	(34,207,920)
	$ (82,093,442)	53,528,971

(10) Plan Transfers

Effective January 1, 2008, the Capital Gazette Communications, Inc. and Affiliates Joint Employees Profit and Retirement Plan (the Capital Gazette Plan) was merged into the Plan. Assets totaling $20,606,130 and the related obligations of $16,210,778 were transferred into the Plan.

(11) Reconciliation to Form 5500

The following difference is noted between the 2008 financial statements and the 2008 Form 5500:

Change in net assets available for benefits per the financial statements	$	64,451,622
Capital Gazette transfer in per the financial statements		(20,606,130)
Adjustment to 2007 Form 5500 for Capital Gazette assets transferred in		(1,264,218)
Change in net assets available for benefits per the Form 5500	$	42,581,274

(12) Subsequent Events

The Company has evaluated subsequent events through October 12, 2010, the date the financial statements (modified cash basis) were issued, and determined that no significant subsequent events have occurred requiring adjustments to the financial statements (modified cash basis) or disclosures.

Schedule 1

LANDMARK PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2009

Identity of issuer, borrower, or similar party	Description of investment	Cost	Current value
U.S. Treasury bills:			
U.S. Treasury	U.S. Treasury Bond Bills DTD 3/12/2009 mat 03/11/2010 $204,000,000 par value	$ 203,921,330	203,921,330
			203,921,330
U.S. government securities:			
U.S. government	U.S. Treasury Note DTD 2/15/2000 6.500% mat 02/15/2010 $6,500,000 par value	6,928,108	6,547,255
U.S. government	U.S. Treasury Bond Stripped Prin pymt 9.125% mat 05/15/2018 $6,100,000 par value	3,986,263	4,444,765
U.S. government	U.S. Treasury Bond Stripped Strip DTD 03/24/1995 mat 08/15/2023 $5,800,000 par value	2,834,197	3,080,670
U.S. government	U.S. Treasury Bond Stripped Strip DTD 08/24/1998 mat 08/15/2028 $5,600,000 par value	2,124,095	2,274,664
U.S. government	U.S. Treasury Bond Stripped Strip DTD 02/15/2001 mat 02/15/2031 $5,600,000 par value	1,904,090	2,030,112
U.S. government	U.S. Treasury Bond Stripped Strip DTD 02/15/2008 mat 02/15/2038 $42,950,000 par value	10,992,202	11,283,824
U.S. government	U.S. Treasury DTD 02/15/2008 4.375% mat 02/15/2038 $82,550,000 par value	79,225,202	79,248,000
			108,909,290
Evergreen treasury money market *	5,113,094 Class I shares	5,113,094	5,113,094
			$ 317,943,714

* Denotes party in interest.

Note: All information was certified as complete and accurate by Wachovia Bank, N.A., the Plan's trustee.

See accompanying independent auditors' report.

LANDMARK PENSION PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2009

Description of asset	Number of shares	Purchase price	Selling price	Cost of the asset	Current value of asset on transaction date	Net gain or (loss)
Treasury bills:						
U.S. Treasury Bills DTD 07/31/2008 – 07/30/2009	20,000	$ —	1,999,659	1,984,957	1,999,680	14,702
U.S. Treasury Bills DTD 09/25/2008 – 09/24/2009	400,000	39,885,122	—	39,885,122	39,869,200	—
U.S. Treasury Bills DTD 11/20/2008 – 11/19/2009	400,000	39,807,167	—	39,807,167	39,799,200	—
U.S. Treasury Bills DTD 03/12/2009 – 03/11/2010	190,000	18,967,987	—	18,967,987	18,967,130	—
	400,000	39,972,018	—	39,972,018	39,970,800	—
	400,000	39,996,053	—	39,996,053	39,994,800	—
	1,050,000	104,985,271	—	104,985,271	104,980,050	—
Money market funds:						
Evergreen Treasury Money Market*	263,529,664	$ 263,529,664	—	263,529,664	263,529,664	—
Evergreen Treasury Money Market*	259,664,789	—	259,664,789	259,664,789	259,664,789	—
Evergreen Inst Money Market*	64,838,446	64,838,446	—	64,838,446	64,838,446	—
Evergreen Inst Money Market*	64,838,446	—	64,838,446	64,838,446	64,838,446	—
Money Market Fund – Deposit Account	89,851,406	89,851,406	—	89,851,406	89,851,406	—
Money Market Fund – Deposit Account	89,851,406	—	89,851,406	89,851,406	89,851,406	—
U.S. government securities:						
U.S. Treas. DTD 4.375% 02/15/2008 – 02/15/2038	85,000	$ —	9,667,388	8,157,653	9,805,515	1,509,735
	200,000	—	20,399,920	19,194,477	20,381,200	1,205,443
	100,000	—	10,179,648	9,597,238	10,190,600	582,410
	110,000	—	11,225,112	10,556,962	11,209,660	668,150
	100,000	—	10,245,273	9,597,238	10,226,600	648,035
	315,500	—	32,323,835	30,279,287	32,264,923	2,044,548
Diversified hedge fund:						
Investure Alternative Fund, LTD. Share Class A-3	47,393	$ —	61,839,404	50,042,164	61,713,164	11,797,240

* Denotes party in interest.

Note: The above information was certified as complete and accurate by Wachovia Bank, N.A., the Plan's trustee.

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U.S. Treasury Bills DTD 09/25/2008 – 09/24/2009	400,000	39,885,122	—	39,885,122	39,869,200	—
U.S. Treasury Bills DTD 11/20/2008 – 11/19/2009	400,000	39,807,167	—	39,807,167	39,799,200	—
U.S. Treasury Bills DTD 03/12/2009 – 03/11/2010	190,000	18,967,987	—	18,967,987	18,967,130	—
	400,000	39,972,018	—	39,972,018	39,970,800	—
	400,000	39,996,053	—	39,996,053	39,994,800	—
	1,050,000	104,985,271	—	104,985,271	104,980,050	—
Money market funds:						
Evergreen Treasury Money Market*	263,529,664	$ 263,529,664	—	263,529,664	263,529,664	—
Evergreen Treasury Money Market*	259,664,789	—	259,664,789	259,664,789	259,664,789	—
Evergreen Inst Money Market*	64,838,446	64,838,446	—	64,838,446	64,838,446	—
Evergreen Inst Money Market*	64,838,446	—	64,838,446	64,838,446	64,838,446	—
Money Market Fund – Deposit Account	89,851,406	89,851,406	—	89,851,406	89,851,406	—
Money Market Fund – Deposit Account	89,851,406	—	89,851,406	89,851,406	89,851,406	—
U.S. government securities:						
U.S. Treas. DTD 4.375% 02/15/2008 – 02/15/2038	85,000	$ —	9,667,388	8,157,653	9,805,515	1,509,735
	200,000	—	20,399,920	19,194,477	20,381,200	1,205,443
	100,000	—	10,179,648	9,597,238	10,190,600	582,410
	110,000	—	11,225,112	10,556,962	11,209,660	668,150
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