

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 <div style="text-align: center; font-size: 24pt;">2009</div>
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</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>LANDMARK RETIREMENT PLUS PLAN</u>	1b Three-digit plan number (PN) ►	<u>002</u>	
	1c Effective date of plan	<u>07/01/1985</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>LANDMARK MEDIA ENTERPRISES, LLC</u> <u>DOMINION ENTERPRISES 150 GRANBY ST.</u> <u>NORFOLK, VA 23510</u>	2b Employer Identification Number (EIN) <u>26-2850324</u>	2c Sponsor's telephone number <u>757-351-8801</u>	2d Business code (see instructions) <u>323100</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2010</u>	<u>TERESA BLEVINS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2010</u>	<u>TERESA BLEVINS</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TERESA F. BLEVINS LANDMARK MEDIA ENTERPRISES, LLC DOMINION ENTERPRISES, 150 GRANBY ST NORFOLK, VA 23510	3b Administrator's EIN 26-2850324 3c Administrator's telephone number 757-351-8801
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	5247
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	3621
b Retired or separated participants receiving benefits.....	6b	51
c Other retired or separated participants entitled to future benefits.....	6c	1018
d Subtotal. Add lines 6a , 6b , and 6c	6d	4690
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	10
f Total. Add lines 6d and 6e	6f	4700
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	4508
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	187
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

a Pension Schedules

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

b General Schedules

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider 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>	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 RETIREMENT PLUS PLAN	B Three-digit plan number (PN) ▶ 002
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)

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 26 37 52	NONE	62388	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 RETIREMENT PLUS PLAN	B Three-digit plan number (PN) ►	002
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
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	77197	151727
(2) Participant contributions	1b(2)	162153	312246
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	3977687	3628585
(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)	140714644	165135351
(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	144931681	169227909

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	144931681	169227909
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4296261	
(B) Participants	2a(1)(B)	10257332	
(C) Others (including rollovers)	2a(1)(C)	227899	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		14781492
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	195245	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		195245
(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)	3554472	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3554472
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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)		24134623
c Other income.....	2c		11645
d Total income. Add all income amounts in column (b) and enter total.....	2d		42677477

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18329112	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	493	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		18329605
f Corrective distributions (see instructions)	2f		259
g Certain deemed distributions of participant loans (see instructions).....	2g		2060
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	49325	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		49325
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		18381249

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		24296228
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KPMG, LLP

(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.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		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?		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.		X	

- 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)

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 <u>LANDMARK RETIREMENT PLUS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LANDMARK MEDIA ENTERPRISES, LLC</u>	D Employer Identification Number (EIN) <u>26-2850324</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
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>23-2186884</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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

Independent Auditors' Report

The Plan Administrator
Landmark Retirement Plus Plan:

We were engaged to audit the financial statements and supplemental schedule of the Landmark Retirement Plus 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 and supplemental schedule 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 3 to the financial statements, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of 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 and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, 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.

KPMG LLP

October 12, 2010



**LANDMARK
RETIREMENT PLUS PLAN**

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

**LANDMARK
RETIREMENT PLUS PLAN**

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KPMG LLP
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999 Waterside Drive
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KPMG LLP

October 12, 2010

**LANDMARK
RETIREMENT PLUS PLAN**

Statements of Assets Available for Benefits

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Mutual funds, at fair value (notes 3, 4, 6, and 8)	\$ 165,135,351	140,714,644
Participant loans (notes 3 and 6)	3,628,585	3,977,687
Receivables:		
Participant contributions	312,246	162,153
Employer contributions	<u>151,727</u>	<u>77,197</u>
Total assets available for benefits	<u>\$ 169,227,909</u>	<u>144,931,681</u>

See accompanying notes to financial statements.

**LANDMARK
RETIREMENT PLUS PLAN**

Statements of Changes in Assets Available for Benefits

Years ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Investment income (notes 3 and 6):		
Net appreciation (depreciation) in fair value of mutual funds	\$ 24,134,623	(66,257,809)
Interest and dividends	<u>3,749,717</u>	<u>6,557,352</u>
Total investment income (loss)	27,884,340	(59,700,457)
Contributions:		
Participant	10,485,231	20,234,905
Employer	4,296,261	8,172,903
Assets transferred in (note 9)	—	29,709,045
Other additions	11,645	27,549
Distributions to participants	(18,331,431)	(29,108,546)
Assets transferred out (note 9)	—	(74,716,532)
Loan and other fees (note 6)	<u>(49,818)</u>	<u>(62,818)</u>
	<u>(3,588,112)</u>	<u>(45,743,494)</u>
Net increase (decrease)	24,296,228	(105,443,951)
Assets available for benefits:		
Beginning of year	<u>144,931,681</u>	<u>250,375,632</u>
End of year	<u>\$ 169,227,909</u>	<u>144,931,681</u>

See accompanying notes to financial statements.

**LANDMARK
RETIREMENT PLUS PLAN**

Notes to Financial Statements

December 31, 2009 and 2008

(1) Plan Description

The following description of the Landmark Retirement Plus Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a 401(k) savings plan covering employees of Landmark Media Enterprises, LLC and its affiliates, as defined (the Plan Sponsor or the Company). The Company was formed on September 12, 2008 upon the disposition of Landmark Communications, Inc. (LCI) in conjunction with the sale of The Weather Channel companies (TWCC) (note 9). Prior to the disposition of LCI, LCI was the Plan Sponsor. The Plan is administered by employees of the Company who were appointed by the board of directors of the Company.

The Plan was adopted and became effective July 1, 1985. It was then amended and restated January 1, 2002, January 1, 2005, January 1, 2007, September 12, 2008, and again December 31, 2008. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). As of January 1, 2008, the Plan Sponsor operates the Plan under the Pension Protection Act (PPA) safe harbor features.

(b) Eligibility

The Plan allows employees who are scheduled to work 30 hours or more per week and have attained the age of 21 to participate after completing 30 days of employment. In addition, part-time employees who complete 1,000 hours of service during any calendar year and have attained age 21 are eligible to join the Plan 30 days after they have met this 1,000-hour requirement.

(c) Contributions

As of January 1, 2008, employees may elect to contribute from 0.50% to 50% (or from 0.50% to 15% if a highly compensated employee) of their annual compensation on a pretax basis, subject to current Internal Revenue Service (IRS) limitations of \$16,500 and \$15,500 in 2009 and 2008, respectively. The Plan Sponsor makes a matching contribution to participant accounts equal to 100% of the amount of payroll deferral contributions up to 1% of compensation, plus 50% of payroll deferral contributions on the next 5% of compensation.

Newly eligible employees are automatically enrolled in the Plan and are defaulted to contribute 3% of their eligible compensation, unless the participant specifically elects not to participate. In absence of a participant election, contributions are invested in the Vanguard LifeStrategy Moderate Growth Fund but can be moved by the participant at any time.

Each year after the first year of participation, a participant's deferral rate is increased by 1% until the Plan's 6% automatic savings limit is reached. This automatic savings rate increase generally occurs on the first payroll date of each year.

**LANDMARK
RETIREMENT PLUS PLAN**

Notes to Financial Statements

December 31, 2009 and 2008

In addition to regular contributions, participants who are at least age 50 or will attain age 50 during the year and are contributing the maximum allowable under the Plan are eligible to make contributions over and above the limits stated above. For 2009 and 2008, participants could contribute up to an extra \$5,500 and \$5,000, respectively. Landmark does not provide matching contributions on catch-up contributions.

(d) Participant Accounts

Each participant's account is credited with the participant's and Company's contributions and allocations of the related earnings (losses). Allocations are based on the participant's elective deferrals or the ratio of the participant's account balance to the plan total, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(e) Investment Options

A participant may direct contributions in increments of 1% to any of nine mutual fund investment options. Participants may change their investment options at any time.

(f) Loans to Participants

Subject to the plan administrator's consent, Vanguard Fiduciary Trust Company (VFTC or the Plan trustee) is empowered to lend to participants the lesser of \$50,000, reduced by the participant's highest outstanding loan balance during the preceding 12 months, or 50% of the participant's vested account balance, in amounts greater than \$1,000. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing commercial rates as determined by the plan administrator (notes ranged from 5.75% – 10.50% at December 31, 2009 and from 4.00% to 10.50% at December 31, 2008). All loans must be fully repaid within five years from the date the loan is made, except loans used to purchase a primary residence, which must be fully repaid prior to the earlier of the participant's normal retirement date or a period of years, not to exceed 25 years, from the date of the loan.

(g) Vesting and Forfeitures

Participants are immediately vested in their voluntary contributions and actual earnings thereon. Historically, participants are vested in Company contributions and earnings thereon after completing two years of vesting service. Effective with the September 12, 2008 and December 31, 2008 amendments to the Plan, employees of the Company and its affiliates who were hired before December 31, 2008 are fully vested in the employer contribution portion of their account. Employees who are hired after December 31, 2008 must complete two (2) or more years of service for vesting purposes. A year of service is defined as any year in which a participant worked 1,000 hours. Participant balances also become fully vested in the event of death, disability, or the attainment of age 65, regardless of the number of years of plan participation.

Forfeitures related to nonvested employer contributions are used to reduce subsequent employer contributions. At December 31, 2009 and 2008, \$128,845 and \$363,963, respectively, in forfeitures are available to be used to reduce future employer contributions. During 2009 and 2008, employer

**LANDMARK
RETIREMENT PLUS PLAN**

Notes to Financial Statements

December 31, 2009 and 2008

contributions were reduced by \$314,035 and \$75,617, respectively, from forfeited nonvested accounts.

(h) Payment of Benefits

Upon death, disability, retirement, or attainment of age 59½, participants or their beneficiaries are entitled to withdraw all or a portion of the vested balance in their account. A participant who discontinues service with the Company for any other reason may elect to receive a single, lump-sum benefit payment equal to the vested portion of his/her account or postpone receipt of benefits until the normal retirement age of 65. If such postponement of benefits is elected, the participant's account balance will be invested in those funds as designated by the participant. In the absence of the participant's election, any lump-sum distribution in excess of \$1,000 must be made as an automatic rollover to an Individual Retirement Account initially invested in the Vanguard Prime Money Market Fund. The Plan also permits withdrawals in the event of financial hardship, subject to certain limitations. Participants can also withdraw for burial or funeral expenses of the participant's deceased parent, spouse, children, or dependents and expenses for the repair or damage to the participant's principal residence that would qualify for a casualty deduction under Section 165 of the Internal Revenue Code (IRC).

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting and present the assets available for benefits and the changes in these assets.

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Such estimates include those regarding fair value. Actual results may differ from those estimates.

(c) Investment Valuation and Income Recognition

Investments in mutual funds are valued for financial statement purposes at fair value based upon their quoted market price on the last trading day of the plan year. Purchases and sales are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income on plan investments is recorded when earned.

The Plan presents in the statements of changes in assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses, and the unrealized appreciation (depreciation) on those investments. Realized gains and losses from security transactions are reported on the average-cost method.

(d) Participant Loans

Participant loans are valued at amortized cost. Interest is recorded on the accrual basis.

**LANDMARK
RETIREMENT PLUS PLAN**

Notes to Financial Statements

December 31, 2009 and 2008

(e) Payment of Benefits

Benefit payments are recorded when paid.

(f) Administrative Expenses

Administrative expenses of the Plan, excluding loan processing fees and other participant account management fees, are paid by the Company and, therefore, are not included in the accompanying statements of changes in assets available for benefits.

(g) Risks and Uncertainties

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 assets available for benefits.

Recent market conditions have resulted in an unusually high degree of volatility associated with certain investments held by the Plan, which could impact the value of investments after the date of these financial statements.

(h) Subsequent Events

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

(3) Financial Reporting

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 VFTC was not audited by the independent auditors except for comparing such information to the related information included in the accompanying financial statements and supplemental schedule. A summary of the Plan's financial information, which has been certified by VFTC, is presented as follows:

	2009		2008	
	Assets available for benefits	Changes in assets available for benefits	Assets available for benefits	Changes in assets available for benefits
Information certified by VFTC:				
Mutual funds	\$ 165,135,351	—	140,714,644	—
Participant loans	3,628,585	—	3,977,687	—
Interest and dividends	—	3,749,717	—	6,557,352
Net appreciation (depreciation) in fair value of mutual funds	—	24,134,623	—	(66,257,809)

**LANDMARK
RETIREMENT PLUS PLAN**

Notes to Financial Statements

December 31, 2009 and 2008

Investment balances in notes 4 and 8 and the supplemental schedule were also certified by VFTC.

(4) Fair Value Measurements

Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements and Disclosures*, 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 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). 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; and
- 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 value 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.

Mutual funds: Valued at fair value based on quotations from national security exchanges.

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

**LANDMARK
RETIREMENT PLUS PLAN**

Notes to Financial Statements

December 31, 2009 and 2008

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

December 31, 2009				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Index funds	\$ 69,186,831	—	—	69,186,831
Growth funds	53,151,602	—	—	53,151,602
Fixed income fund	20,734,259	—	—	20,734,259
Money market fund	22,062,659	—	—	22,062,659
Total mutual funds	<u>\$ 165,135,351</u>	<u>—</u>	<u>—</u>	<u>165,135,351</u>
December 31, 2008				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Index funds	\$ 56,076,962	—	—	56,076,962
Growth funds	40,820,448	—	—	40,820,448
Fixed income fund	18,519,453	—	—	18,519,453
Money market fund	25,297,781	—	—	25,297,781
Total mutual funds	<u>\$ 140,714,644</u>	<u>—</u>	<u>—</u>	<u>140,714,644</u>

(5) Income Tax Status

The Plan received a favorable determination letter dated December 5, 2002, whereby the IRS stated that the Plan and related trust are designed in accordance with the applicable sections of the IRC. The Plan has since been restated and amended; however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

(6) Related-Party Transactions

Certain plan investments are shares of mutual funds managed by Vanguard Funds, an affiliate of VFTC, and therefore, transactions involving these investments qualify as party-in-interest transactions. Transactions involving participant loans also qualify as exempt party-in-interest transactions. Fees paid to Vanguard during 2009 and 2008 were \$49,818 and \$62,818, respectively, as compensation for its duties as trustee and for other services, including administrative expenses for loan transaction fees.

(7) Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the account balances of participants will become immediately vested and in no event will any amounts revert to the Company.

**LANDMARK
RETIREMENT PLUS PLAN**

Notes to Financial Statements

December 31, 2009 and 2008

(8) Investments

The following table presents investments, at fair value, that represents 5% or more of the Plan's assets:

	December 31	
	2009	2008
Vanguard 500 Index Fund	\$ 43,571,690	36,120,397
Vanguard LifeStrategy Growth Fund	19,134,717	15,325,684
Vanguard Prime Money Market Fund	22,062,659	25,297,781
Vanguard Small-Cap Index Fund	15,823,061	11,863,081
Vanguard Wellesley Income Fund	20,734,259	18,519,453
Vanguard Total Bond Market Index Fund	9,792,079	8,093,484
Vanguard International Growth Fund	13,145,151	9,057,230
Vanguard LifeStrategy Moderate Growth Fund	17,278,302	12,920,710

(9) Plan Transfers

On January 1, 2008, the board of directors of LCI approved the merger of the WSI Corporation Savings Plan, Q-Interactive, Inc. 401(k) Plan, Ad Engine, LLC 401(k) Plan, Digital Envoy, Inc. 401(k) Plan, and the Capital-Gazette Communications, Inc. 401(k) Plan into the Plan. All assets totaling \$29,709,045 were transferred from these plans by June 2, 2008.

Effective with the September 12, 2008 sale of TWCC, WSI, and LCI, the remaining business units of LCI were contributed to the Company. As a result of the sale of LCI, TWCC, and WSI, the participant accounts for the respective employees were transferred out of the Plan to a newly formed plan sponsored by the acquired entity.

Schedule

**LANDMARK
RETIREMENT PLUS PLAN**

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

December 31, 2009

Identity of issuer, borrower, lessor, or similar party	Description of investment	Current value
Mutual funds:		
Vanguard Funds*	424,385 shares of Vanguard 500 Index Fund at \$102.67/share	\$ 43,571,690
Vanguard Funds*	773,699 shares of Vanguard International Growth Fund at \$16.99/share	13,145,151
Vanguard Funds*	237,660 shares of Vanguard LifeStrategy Conservative Growth Fund at \$15.12/share	3,593,433
Vanguard Funds*	978,257 shares of Vanguard LifeStrategy Growth Fund at \$19.56	19,134,717
Vanguard Funds*	976,727 shares of Vanguard LifeStrategy Moderate Growth Fund at \$17.69	17,278,302
Vanguard Funds*	22,062,659 shares of Vanguard Prime Money Market Fund at \$1.00	22,062,659
Vanguard Funds*	575,593 shares of Vanguard Small-Cap Index Fund at \$27.49	15,823,061
Vanguard Funds*	946,094 shares of Vanguard Total Bond Market Index Fund at \$10.35	9,792,079
Vanguard Funds*	1,017,882 shares of Vanguard Wellesley Income Fund at \$20.37	20,734,259
		165,135,351
Participant loans*	Interest rates ranging from 5.75% to 10.50% and maturities from January 1, 2009 through December 31, 2033	3,628,585
Total assets		\$ 168,763,936

Note: The above information is certified as complete and accurate by Vanguard Fiduciary Trust Company.

* Party in interest.

See accompanying independent auditors' report.

Schedule

**LANDMARK
RETIREMENT PLUS PLAN**

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