

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</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>DOMINION ENTERPRISES 401(K) EMPLOYEES' SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1991</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/01/1991</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>04/01/1991</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>DOMINION ENTERPRISES</u> <u>150 GRANBY STREET</u> <u>NORFOLK, VA 23510</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>54-1571947</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>757-351-7000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>511110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>54-1571947</u>	2c Sponsor's telephone number <u>757-351-7000</u>	2d Business code (see instructions) <u>511110</u>	
2b Employer Identification Number (EIN) <u>54-1571947</u>					
2c Sponsor's telephone number <u>757-351-7000</u>					
2d Business code (see instructions) <u>511110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/24/2012	TERESA BLEVINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/24/2012	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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ADMINISTRATIVE COMMITTEE 150 GRANBY STREET NORFOLK, VA 23510	3b Administrator's EIN 54-1571947 3c Administrator's telephone number 757-351-7000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	5994
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	3622
b Retired or separated participants receiving benefits.....	6b	11
c Other retired or separated participants entitled to future benefits.....	6c	898
d Subtotal. Add lines 6a , 6b , and 6c	6d	4531
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	4534
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	3379
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	299

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2T 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan DOMINION ENTERPRISES 401(K) EMPLOYEES' SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DOMINION ENTERPRISES		D Employer Identification Number (EIN) 54-1571947

Part I	Service Provider Information (see instructions)
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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 25 37 52	NONE	123489	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

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: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan DOMINION ENTERPRISES 401(K) EMPLOYEES' SAVINGS PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 DOMINION ENTERPRISES	D Employer Identification Number (EIN) 54-1571947	

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)	52396	225140
(2) Participant contributions	1b(2)	88672	393147
(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)	2720675	2883664
(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)	105541192	123020307
(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	108402935	126522258

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	108402935	126522258
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4873917	
(B) Participants	2a(1)(B)	8730351	
(C) Others (including rollovers)	2a(1)(C)	435096	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		14039364

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)	219859	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		219859

(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)	1992780	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1992780

(3) Rents	2b(3)		
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(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)		12282024
c Other income.....	2c		67774
d Total income. Add all income amounts in column (b) and enter total.....	2d		28601801

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15816363	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	60856	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15877219
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	113781	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		113781
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		15991000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12610801
l Transfers of assets:			
(1) To this plan.....	2l(1)		5508522
(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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>DOMINION ENTERPRISES 401(K) EMPLOYEES' SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DOMINION ENTERPRISES</u>	D Employer Identification Number (EIN) <u>54-1571947</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
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

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

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

Schedule R (Form 5500) 2010
v.092308.1

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
Suite 1900
440 Monticello Avenue
Norfolk, VA 23510

Independent Auditors' Report

The Plan Administrator
Dominion Enterprises 401(k)
Employees' Savings Plan:

We were engaged to audit the financial statements and supplemental schedule of Dominion Enterprises 401(k) Employees' Savings Plan (the Plan) as of December 31, 2010 and 2009, 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 4 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 December 31, 2010 and 2009, and for the year ended December 31, 2010 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 14, 2011



**DOMINION ENTERPRISES 401(k)
EMPLOYEES' SAVINGS PLAN**

Financial Statements and Supplemental Schedule

December 31, 2010 and 2009

(With Independent Auditors' Report Thereon)

**DOMINION ENTERPRISES 401(k)
EMPLOYEES' SAVINGS PLAN**

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KPMG LLP
Suite 1900
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Independent Auditors' Report

The Plan Administrator
Dominion Enterprises 401(k)
Employees' Savings Plan:

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KPMG LLP

October 14, 2011

**DOMINION ENTERPRISES 401(k)
EMPLOYEES' SAVINGS PLAN**

Statements of Assets Available for Benefits

December 31, 2010 and 2009

Assets	2010	2009
Mutual funds, at fair value (notes 3, 4, 5, and 7)	\$ 123,020,307	105,541,192
Receivables:		
Participant contributions	225,140	52,396
Employer contributions	393,147	88,672
Notes from participants (notes 4 and 7)	2,883,664	2,720,675
Total receivables	3,501,951	2,861,743
Total assets available for benefits	\$ 126,522,258	108,402,935

See accompanying notes to financial statements.

**DOMINION ENTERPRISES 401(k)
EMPLOYEES' SAVINGS PLAN**

Statement of Changes in Assets Available for Benefits

Years ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Investment income (notes 4 and 7):		
Interest and dividend income	\$ 1,992,780	1,965,962
Net appreciation in fair value of mutual funds	<u>12,282,024</u>	<u>17,392,654</u>
Net investment income	<u>14,274,804</u>	<u>19,358,616</u>
Interest income on notes from Participants	219,859	219,072
Other increases (decreases):		
Participant contributions	9,165,447	10,607,392
Employer contributions	4,873,917	4,989,859
Assets transferred in (note 9)	5,508,522	—
Other additions	67,774	69,459
Benefits paid to participants	(15,816,363)	(14,829,897)
Administrative expenses (note 7)	<u>(174,637)</u>	<u>(137,337)</u>
	<u>3,624,660</u>	<u>699,476</u>
Increase in assets available for benefits	18,119,323	20,277,164
Assets available for benefits:		
Beginning of year	<u>108,402,935</u>	<u>88,125,771</u>
End of year	<u><u>\$ 126,522,258</u></u>	<u><u>108,402,935</u></u>

See accompanying notes to financial statements.

**DOMINION ENTERPRISES 401(k)
EMPLOYEES' SAVINGS PLAN**

Notes to Financial Statements

December 31, 2010 and 2009

(1) Plan Description

The following description of the Dominion Enterprises 401(k) Employees' Savings Plan (the Plan) provides only general information. Participants should refer to the summary plan description or plan document for a more detailed description of the Plan's provisions. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

(a) General

The Plan is a defined contribution plan that was established effective April 1, 1991, covering substantially all employees of Trader Publishing Company, who had completed one year of plan service and are age 21 and older. The Plan was amended and restated effective February 25, 2002. On September 10, 2006, a change in ownership occurred. Trader Publishing Company became Dominion Enterprises (the Company or Plan Sponsor), wholly owned by Landmark Communications, Inc.; and certain businesses became part of Cox Auto Trader, Inc., owned by Cox Enterprises, Inc.; and InterCo Print became owned by Landmark Communications, Inc. and Cox Enterprises, Inc. The Trader Publishing Company 401(k) Employees' Savings Plan was renamed the Dominion Enterprises/Cox Auto Trader 401(k) Employees' Savings Plan and became a multiple employer plan. Both Cox Auto Trader and InterCo Print adopted the Dominion Enterprises/Cox Auto Trader 401(k) Employees' Savings Plan for the benefit of their employees.

Effective January 1, 2007, the Plan was renamed Dominion Enterprises/InterCo Print 401(k) Employees' Savings Plan and InterCo Print remained the only additional adopting employer of the Plan. Also, effective January 1, 2007, the Plan became a safe harbor plan. Once employees are eligible for matching contributions at 21 years of age with 1,000 hours worked in any one plan year, the Company's matching contributions become 100% vested. Any employer contributions made prior to January 1, 2007 are subject to the previous vesting requirements. Additionally, effective January 5, 2007, participant balances of those designated as Cox Enterprises, Inc. employees were transferred from the Plan to Cox Enterprises, Inc. Savings Plus 401(k) Plan.

On September 12, 2008, Landmark Media Enterprises, LLC (LME) was formed upon the disposition of Landmark Communications, Inc. in conjunction with the sale of The Weather Channel Companies. The Company was a wholly owned subsidiary and InterCo Print was owned 50% by LME.

On May 4, 2009, LME purchased the remaining 50% of the InterCo Print business. As a result, this plan is no longer a multiple employer plan and, effective on the same date, the Plan was renamed the Dominion Enterprises 401(k) Employees' Savings Plan.

(b) Eligibility

The Plan allows employees who are part time or full time and have attained the age of 21 to participate the first of the month following their 30th day of employment or the first of the month following attainment of age 21, whichever is later.

**DOMINION ENTERPRISES 401(k)
EMPLOYEES' SAVINGS PLAN**

Notes to Financial Statements

December 31, 2010 and 2009

(c) *Trustee*

The trustee of the Plan is Vanguard Fiduciary Trust Company (VFTC or the Plan trustee), which holds the plan assets and manages the assets under a participant-directed investment arrangement.

(d) *Contributions*

Participants may contribute up to 25% of eligible pretax annual compensation, as defined in the Plan, in a calendar year, subject to certain limitations. Participants may also contribute amounts representing eligible rollover distributions from other qualified plans. Contributions by a participant for a plan year may not exceed certain limits, which are imposed by the Internal Revenue Code (IRC). The maximum contribution amount allowed by the Internal Revenue Service (IRS) was \$16,500 for the years ended December 31, 2010 and 2009. Participants who are at least 50 years old may also defer an additional amount referred to as a catch-up contribution. The limit on catch-up contributions for 2010 and 2009 was \$5,500.

The Company provides a contribution equal to a percentage of each participant's contribution. For the years ended December 31, 2010 and 2009, the Company matched 100% of each participant's pretax contributions not in excess of 4% of the participant's annual compensation.

(e) *Participant Accounts*

Each participant's account is credited with the participant's contribution, the Company's matching contribution, and an allocation of plan earnings (losses). Each participant's account is charged with administrative fees that are not paid by the Plan Sponsor. Allocation of investment earnings and losses is based on the individual participant account balances as defined in the Plan's provisions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

(f) *Investment Options*

Upon enrollment in the Plan, a participant may direct contributions to any of nine investment options. Participants generally may make transfers among options of their existing account balances or redirect future contributions at any time.

(g) *Vesting*

Participants are immediately vested in all employee and rollover contributions plus actual earnings thereon. Subsequent to January 1, 2007, participants become vested in employer matching contributions based on working 1,000 hours in any one plan year and having attained 21 years of age. For employer contributions made prior to January 1, 2007, participants only become 100% vested based on working 1,000 hours in any calendar year for a total of three calendar years.

(h) *Forfeitures*

Forfeitures represent the unvested portion of terminated employees' matching contributions to the Plan. At December 31, 2010 and 2009, forfeited nonvested accounts totaled \$10,275 and \$124,919, respectively. These forfeitures are used to reduce future employer contributions. During 2010 and

**DOMINION ENTERPRISES 401(k)
EMPLOYEES' SAVINGS PLAN**

Notes to Financial Statements

December 31, 2010 and 2009

2009, forfeitures were used to reduce employer contributions in the amount of \$117,367 and \$11,695, respectively.

(i) *Payment of Benefits*

Upon retirement, termination, or financial hardship, as defined in the plan document, a participant may elect to receive a lump-sum payment equivalent to his or her vested balance. Participants may also elect to defer such payments in the form of a purchased annuity or installment payments, as defined in the plan document.

(j) *Notes from Participants*

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, or 50% of their vested account balance. Note terms can range up to 5 years, except for notes used to purchase the principal residence of the participant, which must be fully repaid prior to the earlier of the participant's normal retirement date or within 20 years. The notes are collateralized by the balance in the participant's account and bear interest at a rate determined by the plan administrator (interest rates ranged from 3.25% to 9.00% at December 31, 2010 and 2009). Upon termination of service, the entire outstanding principal and accrued interest shall be immediately due and payable. Principal and interest are paid ratably through payroll deductions.

(2) *Summary of Significant Accounting Policies*

(a) *Basis of Accounting*

The accompanying financial statements of the Plan have been prepared on 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 the plan administrator to make certain estimates and assumptions that affect the reported amounts of assets and liabilities and changes, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Such estimates include those regarding fair value. Actual results could 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.

**DOMINION ENTERPRISES 401(k)
EMPLOYEES' SAVINGS PLAN**

Notes to Financial Statements

December 31, 2010 and 2009

(d) Notes Receivable from Participants

In September 2010, the FASB issued Accounting Standards Update (ASU) No. 2010 – 25, *Plan Accounting – Defined Contribution Pension Plans (Topic 962), Reporting Loans to Participants by Defined Contribution Pension Plans, a consensus of the FASB Emerging Issues Task Force* (Update). This Update requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. The amendments in the Update are to be applied retrospectively to all prior periods presented, effective for fiscal years ending after December 15, 2010. The Plan has reclassified participant loans to notes receivable from participants for financial statement presentation. The Form 5500 will continue to present notes receivable from participants as an investment.

(e) Contributions

Contributions are recorded on the accrual basis.

(f) Payment of Benefits

Benefits are recorded when paid.

(g) Administrative Expenses

Certain administrative expenses relating to participant loans and trustee fees are paid by the Plan. All other administrative expenses of the Plan are paid by the Plan Sponsor.

(h) Risk 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.

**DOMINION ENTERPRISES 401(k)
EMPLOYEES' SAVINGS PLAN**

Notes to Financial Statements

December 31, 2010 and 2009

(3) Fair Value Measurements

Accounting Standards Codification (ASC) 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 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, 2010 and 2009.

Mutual Funds – Valued at fair value based upon quoted market prices.

The method 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 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.

**DOMINION ENTERPRISES 401(k)
EMPLOYEES' SAVINGS PLAN**

Notes to Financial Statements

December 31, 2010 and 2009

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

December 31, 2010				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Index fund	\$ 24,684,216	—	—	24,684,216
Growth fund	41,658,149	—	—	41,658,149
Fixed income fund	43,151,444	—	—	43,151,444
Money market fund	13,526,498	—	—	13,526,498
Total mutual funds	\$ 123,020,307	—	—	123,020,307

December 31, 2009				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Index fund	\$ 17,582,524	—	—	17,582,524
Growth fund	49,875,203	—	—	49,875,203
Fixed income fund	23,397,551	—	—	23,397,551
Money market fund	14,685,914	—	—	14,685,914
Total mutual funds	\$ 105,541,192	—	—	105,541,192

(4) 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:

	2010		2009	
	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	\$ 123,020,307	—	105,541,192	—
Notes from Participant	2,883,664	—	2,720,675	—
Interest and dividends	—	2,212,639	—	2,185,034
Net appreciation in fair value of mutual funds	—	12,282,024	—	17,392,654

**DOMINION ENTERPRISES 401(k)
EMPLOYEES' SAVINGS PLAN**

Notes to Financial Statements

December 31, 2010 and 2009

The investment balances in note 3, the information included in note 5, and the supplemental schedule were also certified by VFTC.

(5) Investments

The following table presents investments, at fair value, that represent 5% or more of the Plan's assets. All investments are participant directed.

	December 31	
	2010	2009
Vanguard 500 Index Fund	\$ 17,986,250	14,446,215
Vanguard Admiral Treasury Money Market Fund	7,752,884	10,419,483
Vanguard Explorer Fund	10,587,967	8,309,632
Vanguard International Growth Fund	13,329,701	10,767,546
Vanguard Morgan Growth Fund	18,656,419	16,099,973
Vanguard Short-Term Investment Growth Fund	8,752,327	8,417,157
Vanguard Wellesley Income Fund	17,219,752	14,980,394
Vanguard Windsor II Fund	15,212,009	14,698,052

(6) Income Tax Status

The Plan received a favorable determination letter dated May 8, 2009, 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 plan document and the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

(7) Related-Party Transactions

Certain plan investments include shares of mutual funds that are 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 2010 and 2009 were \$174,637 and \$137,337, respectively, as compensation for its duties as trustee and for other services, including administrative expenses for transaction fees associated with notes to participants.

**DOMINION ENTERPRISES 401(k)
EMPLOYEES' SAVINGS PLAN**

Notes to Financial Statements

December 31, 2010 and 2009

(8) 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.

(9) Plan Transfer

Effective January 1, 2010, the board of directors approved the transfer of a group of LME employees to the Company. As a result, these employees became participants in the Plan. These employees were immediately vested in the Plan and allowed to rollover their assets from the LME plan to the Plan on the effective date of the transfer. The amount of the assets transferred into the Plan was \$5,508,522.

(10) Subsequent Events

The Company has evaluated subsequent events through October 14, 2011, the date the financial statements were issued, and determined that no significant subsequent events have occurred requiring adjustments to the financial statements or disclosures.

Schedule

**DOMINION ENTERPRISES 401(k)
EMPLOYEES' SAVINGS PLAN**

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

December 31, 2010

Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, pair, or maturity value	Current value
Mutual funds:		
* Vanguard Funds	155,295 shares of Vanguard 500 Index Fund	\$ 17,986,250
* Vanguard Funds	7,752,884 shares of Vanguard Admiral Treasury Money Market Fund	7,752,884
* Vanguard Funds	145,240 shares of Vanguard Explorer Fund	10,587,967
* Vanguard Funds	689,230 shares of Vanguard International Growth Fund	13,329,701
* Vanguard Funds	8,322 shares Vanguard LifeStrategy Conservative Growth Fund	136,150
* Vanguard Funds	27,366 shares Vanguard LifeStrategy Growth Fund	603,682
* Vanguard Funds	9,368 shares Vanguard LifeStrategy Income Fund	131,717
* Vanguard Funds	9,191 shares Vanguard LifeStrategy Moderate Growth Fund	179,870
* Vanguard Funds	1,034,743 shares of Vanguard Morgan Growth Fund	18,656,419
* Vanguard Funds	5,773,614 shares of Vanguard Prime Money Market Fund	5,773,614
* Vanguard Funds	812,658 shares of Vanguard Short-Term Investment Growth Fund	8,752,327
* Vanguard Funds	14,115 shares Vanguard Small-Cap Index Fund Investor Shares	490,501
* Vanguard Funds	330,128 shares of Vanguard Small-Cap Value Index Fund	5,285,343
* Vanguard Funds	86,993 shares Vanguard Total Bond Market Index Fund Investor Shares	922,121
* Vanguard Funds	793,537 shares of Vanguard Wellesley Income Fund	17,219,752
* Vanguard Funds	592,599 shares of Vanguard Windsor II Fund	15,212,009
		<hr/> 123,020,307
* Notes from Participants	Interest rates of 3.25% – 9.00%	2,883,664
Total		<hr/> \$ 125,903,971 <hr/>
* Party in interest		

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

See accompanying independent auditors' report.

Schedule

**DOMINION ENTERPRISES 401(k)
EMPLOYEES' SAVINGS PLAN**

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

December 31, 2010

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		<u>123,020,307</u>
* Notes from Participants	Interest rates of 3.25% – 9.00%	<u>2,883,664</u>
Total		<u><u>\$ 125,903,971</u></u>
* Party in interest		

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

See accompanying independent auditors' report.