

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

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

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>LANDMARK PENSION PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>10/01/1948</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>LANDMARK MEDIA ENTERPRISES, LLC</u> <u>DOMINION ENTERPRISES</u> <u>150 GRANBY STREET, 18TH FLOOR</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>10/12/2012</u>	<u>TERESA BLEVINS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TERESA F. BLEVINS DOMINION ENTERPRISES, 150 GRANBY ST NORFOLK, VA 23510	3b Administrator's EIN 26-2850324 3c Administrator's telephone number 757-351-8801
--	---

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	0
---	----------	---

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	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

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

1A 1G 1I 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>LANDMARK PENSION 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>LANDMARK MEDIA ENTERPRISES, LLC</u>	D Employer Identification Number (EIN) <u>26-2850324</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WILCOX & SAVAGE, P.C.

54-0976999

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	83570	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 38 49 50	NONE	43736	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	32500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

INVESTURE, LLC

20-0456218

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	12000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO BANK, NA

94-1347393

(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?
18 21 25 49 50 63	TRUSTEE	7661	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.	

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>LANDMARK PENSION 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>LANDMARK MEDIA ENTERPRISES, LLC</u>	D Employer Identification Number (EIN) <u>26-2850324</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	96320	139711
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	273414	286190
	(2) U.S. Government securities	1c(2)	26712266	26941964
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

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	27082000	27367865

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	27082000	27367865
---	-----------	----------	----------

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	24321	
(B) U.S. Government securities	2b(1)(B)	528725	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		553046

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(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)	-521691	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-521691
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		31355

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	-434027	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		-434027
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)	167517	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	12000	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		179517
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		-254510

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		285865
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.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☒ Yes ☐ No Amount:

0

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>LANDMARK PENSION 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>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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>94-1347393</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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



LANDMARK PENSION PLAN

Financial Statements (Modified Cash Basis)
and Supplemental Schedules

December 31, 2011 and 2010

(With Independent Auditors' Report Thereon)

LANDMARK PENSION PLAN

Table of Contents

	Page(s)
Independent Auditors' Report	1
Statements of Assets Available for Benefits (Modified Cash Basis) as of December 31, 2011 and 2010	2
Statements of Changes in Assets Available for Benefits (Modified Cash Basis) for the years ended December 31, 2011 and 2010	3
Notes to Financial Statements (Modified Cash Basis)	4 – 11
Supplemental Schedules	
1 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2011	12
2 Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2011	13



KPMG LLP
Suite 1900
440 Monticello Avenue
Norfolk, VA 23510

Independent Auditors' Report

The Plan Administrator
Landmark Pension Plan:

We were engaged to audit the financial statements (modified cash basis) and supplemental schedules of Landmark Pension Plan (the Plan) as of and for the years ended December 31, 2011 and 2010, as listed in the accompanying table of contents. These financial statements (modified cash basis) and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 4 to the financial statements (modified cash basis), which was certified by Wells Fargo Bank, N.A. (Wells Fargo), the trustee of the Plan, except for comparing such information with the related information included in the financial statements (modified cash basis) and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of and for the years ended December 31, 2011 and 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 (modified cash basis) and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements (modified cash basis) and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

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

KPMG LLP

October 8, 2012

LANDMARK PENSION PLAN

Statements of Assets Available for Benefits (Modified Cash Basis)

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Assets (note 4):		
Investments, at fair value (notes 3, 7, and 9):		
Money market fund	\$ 286,190	273,414
U.S. Treasury bills	—	21,462,428
U.S. government securities	<u>26,941,964</u>	<u>5,249,838</u>
Total investments	27,228,154	26,985,680
Accrued interest and dividend income	<u>139,711</u>	<u>96,320</u>
Total assets	<u>27,367,865</u>	<u>27,082,000</u>
Assets available for benefits (notes 5 and 8)	<u>\$ 27,367,865</u>	<u>27,082,000</u>

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

LANDMARK PENSION PLAN

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

Years ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Investment income (loss) (notes 4, 7, and 9):		
Interest and dividends	\$ 553,046	2,053,468
Net (depreciation) appreciation in fair value of investments	<u>(521,691)</u>	<u>5,200,960</u>
Net investment income	<u>31,355</u>	<u>7,254,428</u>
Benefits paid and settled to participants, net (note 8)	(434,027)	297,532,717
Administrative expenses paid:		
Trustee fees (note 7)	7,661	230,162
Actuarial fees	159,856	1,762,266
PBGC premiums	—	166,320
Investment management fees (note 7)	<u>12,000</u>	<u>11,000</u>
Total expenses	<u>179,517</u>	<u>2,169,748</u>
Net increase (decrease)	285,865	(292,448,037)
Assets available for benefits:		
Beginning of year	<u>27,082,000</u>	<u>319,530,037</u>
End of year	<u>\$ 27,367,865</u>	<u>27,082,000</u>

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

LANDMARK PENSION PLAN

Notes to Financial Statements (Modified Cash Basis)

December 31, 2011 and 2010

(1) Plan Description

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

(a) General

The Plan is a defined benefit pension plan, which covers employees of the participating subsidiaries of Landmark Media Enterprises, LLC and its affiliates, as defined (the Company), who are 21 years old and who have completed one year of service. The Company was formed on September 12, 2008 upon the dissolution of Landmark Communications, Inc. (LCI). The Plan is administered by employees of the Company who were appointed by the board of directors of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). As described in note 8, the Plan was amended in June 2008 to cease accrual of benefits and a process to terminate the Plan commenced. Also as described in note 8, the Plan was amended in March 2010 to state that, after all plan liabilities have been satisfied, any residual assets of the Plan will be utilized to increase the benefits of the participants and beneficiaries who are receiving distributions in connection with the plan termination. The termination was completed in 2010 as all previously earned pension benefits were distributed or settled. The remaining assets in the trust will be distributed to participants or used to pay expenses associated with the termination.

(b) Pension Benefits

Employees with 5 or more years of service were entitled to annual pension benefits, as defined, beginning at normal retirement age, which is the later of age 65 or the fifth anniversary of participation in the Plan. The Plan allowed for early retirement at age 55 if 10 consecutive years of service were completed. Employees could elect to receive their pension benefits in the form of a life annuity or a joint and survivor annuity, payable monthly.

(c) Funding

The policy of the Company was to fund the aggregate pension cost accrued and a portion of the supplementary cost for prior service liability as determined by its consulting actuaries, AON. Employer contributions are not less than the minimum funding standards set forth in ERISA. Based on the actuarial valuation as of January 1, 2011 and 2010, no contributions were required for minimum funding purposes for the 2011 and 2010 plan years.

(d) Eligibility and Vesting

All employees of the Company who worked 1,000 hours a year or more were eligible to participate. A year of eligibility service meant the 12-consecutive-month period, beginning with the date of hire during which the employee works at least 1,000 hours or, if not satisfied, the 12-consecutive month period beginning on January 1 following the date of hire during which the employee works at least 1,000 hours. Service before age 21 does not count towards eligibility or vesting service. Employees vested in the Plan after 5 years of eligible service. Beginning January 1, 2008, participation in the Plan was closed to all new employees. Effective February 1, 2008, the vested percentage of each active participant was 100%.

LANDMARK PENSION PLAN

Notes to Financial Statements (Modified Cash Basis)

December 31, 2011 and 2010

(e) Long-Term Disability Benefits

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

(f) Trustee

The Plan's investments are held by the plan trustee, Wells Fargo Bank, N.A. (Wells Fargo).

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

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

(b) Use of Estimates

The preparation of modified cash basis financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results may differ from those estimates.

(c) Investment Valuation and Income Recognition

Plan investments are stated at fair value. See note 3 for discussion of fair value measurements.

The Plan presents in the accompanying statements of changes in assets available for benefits (modified cash basis) the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded when earned.

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

LANDMARK PENSION PLAN

Notes to Financial Statements (Modified Cash Basis)

December 31, 2011 and 2010

term and that such changes could materially affect the amounts reported in the statement of assets available for benefits.

(d) *Risks and Uncertainties*

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

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

(e) *Payment of Benefits*

Benefit payments are recorded when paid.

(f) *Administrative Expenses*

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

(3) Fair Value Measurements

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; 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.

LANDMARK PENSION PLAN

Notes to Financial Statements (Modified Cash Basis)

December 31, 2011 and 2010

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, 2011 and 2010.

Money Market Fund, U.S. Treasury Bills, and U.S. Government Securities – Valued at the closing price reported on the active market on which the individual securities are traded.

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

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

December 31, 2011				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 286,190	—	—	286,190
U.S. government securities	26,941,964	—	—	26,941,964
Total investments	\$ 27,228,154	—	—	27,228,154

December 31, 2010				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 273,414	—	—	273,414
U.S. Treasury bills	21,462,428	—	—	21,462,428
U.S. government securities	5,249,838	—	—	5,249,838
Total investments	\$ 26,985,680	—	—	26,985,680

LANDMARK PENSION PLAN
Notes to Financial Statements (Modified Cash Basis)
December 31, 2011 and 2010

(4) Information Certified by Plan Trustee

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

		2011		2010	
		Assets available for benefits	Changes in assets available for benefits	Assets available for benefits	Changes in assets available for benefits
Information certified by					
Wachovia:					
Money market fund	\$	286,190	—	273,414	—
U.S. Treasury bills		—	—	21,462,428	—
U.S. government securities		26,941,964	—	5,249,838	—
Interest and dividends		—	553,046	—	2,053,468
Net (depreciation) appreciation in fair value of investments		—	(521,691)	—	5,200,960
Accrued interest and dividend income		139,711	—	96,320	—
	\$	<u>27,367,865</u>	<u>31,355</u>	<u>27,082,000</u>	<u>7,254,428</u>

The above information, the investment fair values reflected in note 3, the information in note 9, and supplemental schedules 1 and 2 were certified as complete and accurate by Wells Fargo.

(5) Accumulated Plan Benefits

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

After June 30, 2008, no future participants will enter the Plan and no current participants will accrue future benefits (note 8). Since pension accruals are now frozen and the Plan is terminating, withdrawal rates, disability rates, and early retirement rates are no longer considered. The remaining obligation is the amount expected to be distributed to participants once the termination is complete.

LANDMARK PENSION PLAN

Notes to Financial Statements (Modified Cash Basis)

December 31, 2011 and 2010

The actuarial present value of accumulated plan benefits consists of other vested benefits of \$27,367,865 and \$27,082,000 as of December 31, 2011 and 2010, respectively.

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

	December 31	
	2011	2010
Actuarial present value of accumulated plan benefits, as of the beginning of the year	\$ 27,082,000	284,945,204
Increase (decrease) during the year attributable to:		
Benefits paid and settled, net	434,027	(297,532,717)
Interest	(148,162)	8,000,504
Plan amendments	—	27,082,000
Change in actuarial assumptions	—	4,587,009
Net increase (decrease)	<u>285,865</u>	<u>(257,863,204)</u>
Actuarial present value of accumulated plan benefits, as of the end of the year	<u>\$ 27,367,865</u>	<u>27,082,000</u>

(6) Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated December 5, 2002 that the Plan and related trust as then designed were in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. See note 8 for discussion regarding the termination of the Plan.

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, 2011, 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, except for the audit by the Pension Benefit Guaranty Corporation (PBGC) discussed below, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

(7) Related-Party Transactions

Wells Fargo is the trustee for the Plan, and as such, transactions involving the investments sponsored by Wells Fargo or its affiliates qualify as party-in-interest. The Plan paid \$7,661 and \$230,162 during 2011 and 2010, respectively, to Wells Fargo for trustee services. The Investure Alternative Fund, Ltd. is operated by Investure LLC, one of the fund's investment advisors, and as a result, any transactions qualify as party-in-interest. Investment management fees paid to Investure LLC were \$12,000 and \$11,000 during 2011 and 2010, respectively.

LANDMARK PENSION PLAN

Notes to Financial Statements (Modified Cash Basis)

December 31, 2011 and 2010

(8) Plan Termination

In April 2008, the Company amended the Plan to freeze benefit accruals under the Plan effective June 30, 2008, and commenced the termination of the Plan subject to regulatory approval. In connection with the termination, the Plan revised the mix of its investments to primarily U.S. government securities and Treasury bills.

On December 18, 2008, Form 5310 (Application for Determination for Terminating Plan) and Form 500 (Standard Termination Notice) were filed with the IRS and the PBGC, respectively. The Company received a favorable IRS determination letter dated January 26, 2010, which approved the termination of the Plan. As a result of the approval from the PBGC and the IRS, the assets held by the trustee for the Plan were allocated, as prescribed by ERISA and its related regulations.

As of March 30, 2010, the Company amended the Plan to state that after all plan liabilities have been satisfied, any residual assets of the Plan will be utilized to increase the benefits of the participants and beneficiaries who were receiving distributions in connection with the plan termination.

During 2010, all previously earned pension benefits were distributed or settled. Pension benefits were settled through lump-sum distributions or the purchase of an annuity contract by the Company. Lump-sum distributions were in the form rollovers to qualified accounts, direct payouts, or a combination thereof, and totaled \$48,096 and \$215,117,130 in 2011 and 2010, respectively. Benefits settled through the purchase of an annuity contract totaled \$0 and \$87,000,000 in 2011 and 2010, respectively, and included pricing and data reconciliation adjustments provided for by the annuity contract of \$(482,123) and \$(10,662,595) in 2011 and 2010, respectively. The remaining assets in the trust will be distributed to participants or used to pay expenses associated with the termination once the PBGC has completed its audit of the 2010 settlement, which is expected to occur in 2012.

(9) Investments

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

	December 31	
	2011	2010
U.S. Treasury Bond 1.375% DTD 2/15/2012	\$ 26,941,964	—
U.S. Treasury Bond 5.000% DTD 8/15/2011	—	5,249,838
U.S. Treasury Bill DTD 2/17/2011	—	10,498,530
U.S. Treasury Bill DTD 5/5/2011	—	9,495,250
U.S. Treasury Bill DTD 8/15/2011	—	1,468,648

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) in U.S. government securities and Treasury bills (depreciated) appreciated in value by \$(521,691) and \$5,200,960, respectively.

LANDMARK PENSION PLAN
Notes to Financial Statements (Modified Cash Basis)
December 31, 2011 and 2010

(10) Subsequent Events

The Company has evaluated subsequent events through October 8, 2012, the date the financial statements (modified cash basis) were issued, and determined that no significant subsequent events have occurred requiring adjustments to the financial statements (modified cash basis) or disclosure.

LANDMARK PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2011

Identity of issuer, borrower, or similar party	Description of investment	Cost	Current value
U.S. Treasury note: U.S. government	U.S. Treasury Bond Note 1.375% 02/15/12		
	\$26,900,000 par value	\$ 27,059,098	26,941,964
Wells Fargo*	286,190 Class I shares of Advantage Treasury Plus Money Market	286,190	286,190
		\$ 27,228,154	

* Denotes party in interest

Note: All information was certified as complete and accurate by Wells Fargo.

See accompanying independent auditors' report.

LANDMARK PENSION PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions
Year ended December 31, 2011

Description of asset	Number of shares	Purchase price	Selling price	Cost of the asset	Current value of asset on transaction date	Net loss
<i>Single transaction in excess of 5% of the fair value of plan assets</i>						
Money market funds:						
Wells Fargo Adv Treasury Plus Money Market #454*	10,500,000	\$ 10,500,000	—	10,500,000	10,500,000	—
Wells Fargo Adv Treasury Plus Money Market #454*	10,627,507	—	10,627,507	10,627,507	10,627,507	—
Wells Fargo Adv Treasury Plus Money Market #454*	9,500,000	9,500,000	—	9,500,000	9,500,000	—
Wells Fargo Adv Treasury Plus Money Market #454*	9,298,994	—	9,298,994	9,298,994	9,298,994	—
Wells Fargo Adv Treasury Plus Money Market #454*	1,470,000	1,470,000	—	1,470,000	1,470,000	—
Wells Fargo Adv Treasury Plus Money Market #454*	16,118,125	16,118,125	—	16,118,125	16,118,125	—
Wells Fargo Adv Treasury Plus Money Market #454*	6,118,125	—	6,118,125	6,118,125	6,118,125	—
Wells Fargo Adv Treasury Plus Money Market #454*	6,118,125	—	6,118,125	6,118,125	6,118,125	—
Wells Fargo Adv Treasury Plus Money Market #454*	16,002,507	—	16,002,507	16,002,507	16,002,507	—
Wells Fargo Adv Treasury Plus Money Market #454*	9,300,000	9,300,000	—	9,300,000	9,300,000	—
Wells Fargo Adv Treasury Plus Money Market #454*	11,072,804	—	11,072,804	11,072,804	11,072,804	—
Treasury bills:						
U.S. Treasury Bills 02/17/11	10,500,000	—	10,492,533	10,492,533	10,492,533	—
U.S. Treasury Bills 05/05/11	9,500,000	—	9,485,908	9,485,908	9,485,908	—
U.S. Treasury Bills 06/30/11	1,470,000	—	1,468,365	1,468,365	1,468,365	—
U.S. Treasury Bills 09/15/11	9,300,000	9,298,994	—	9,298,994	9,298,994	—
U.S. Treasury Bills 09/15/11	9,300,000	—	9,298,994	9,298,994	9,298,994	—
Government securities:						
U.S. Treasury Bond 5.000% – 08/15/12	10,625,000	10,864,098	—	10,864,098	10,864,098	—
U.S. Treasury Bond 5.000% – 08/15/12	15,725,000	—	15,725,000	16,314,740	15,725,000	(589,740)
U.S. Treasury Bond 1.375% – 02/15/12	15,900,000	16,001,913	—	16,001,913	16,001,913	—
U.S. Treasury Bond 1.375% – 02/15/12	11,000,000	11,057,185	—	11,057,185	11,057,185	—
<i>Series of "securities" transactions in excess of 5% of the fair value of plan assets</i>						
Money market funds:						
Wells Fargo Adv Treasury Plus Money Market #454*	53,708,545	\$ 53,708,545	—	53,708,545	53,708,545	—
Wells Fargo Adv Treasury Plus Money Market #454*	53,695,764	—	53,695,764	53,695,764	53,695,764	—
Treasury bills:						
U.S. Treasury Bills 02/17/11	10,500,000	—	10,492,533	10,492,533	10,492,533	—
U.S. Treasury Bills 05/05/11	9,500,000	—	9,485,908	9,485,908	9,485,908	—
U.S. Treasury Bills 06/30/11	1,470,000	—	1,468,365	1,468,365	1,468,365	—
U.S. Treasury Bills 09/15/11	9,300,000	9,298,994	—	9,298,994	9,298,994	—
U.S. Treasury Bills 09/15/11	9,300,000	—	9,298,994	9,298,994	9,298,994	—
Government securities:						
U.S. Treasury Bond 5.000% – 08/15/12	10,625,000	10,864,098	—	10,864,098	10,864,098	—
U.S. Treasury Bond 5.000% – 08/15/12	15,725,000	—	15,725,000	16,314,740	15,725,000	(589,740)
U.S. Treasury Bond 1.375% – 02/15/12	26,900,000	27,059,098	—	27,059,098	27,059,098	—

* Denotes party in interest

Note: The above information was certified as complete and accurate by Wells Fargo, the Plan's trustee.

LANDMARK PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2011

Identity of issuer, borrower, or similar party	Description of investment	Cost	Current value
U.S. Treasury note: U.S. government	U.S. Treasury Bond Note 1.375% 02/15/12		
	\$26,900,000 par value	\$ 27,059,098	26,941,964
Wells Fargo*	286,190 Class I shares of Advantage Treasury Plus Money Market	286,190	286,190
		\$ 27,228,154	

* Denotes party in interest

Note: All information was certified as complete and accurate by Wells Fargo.

See accompanying independent auditors' report.

LANDMARK PENSION PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions
Year ended December 31, 2011

Description of asset	Number of shares	Purchase price	Selling price	Cost of the asset	Current value of asset on transaction date	Net loss
<i>Single transaction in excess of 5% of the fair value of plan assets</i>						
Money market funds:						
Wells Fargo Adv Treasury Plus Money Market #454*	10,500,000	\$ 10,500,000	—	10,500,000	10,500,000	—
Wells Fargo Adv Treasury Plus Money Market #454*	10,627,507	—	10,627,507	10,627,507	10,627,507	—
Wells Fargo Adv Treasury Plus Money Market #454*	9,500,000	9,500,000	—	9,500,000	9,500,000	—
Wells Fargo Adv Treasury Plus Money Market #454*	9,298,994	—	9,298,994	9,298,994	9,298,994	—
Wells Fargo Adv Treasury Plus Money Market #454*	1,470,000	1,470,000	—	1,470,000	1,470,000	—
Wells Fargo Adv Treasury Plus Money Market #454*	16,118,125	16,118,125	—	16,118,125	16,118,125	—
Wells Fargo Adv Treasury Plus Money Market #454*	6,118,125	—	6,118,125	6,118,125	6,118,125	—
Wells Fargo Adv Treasury Plus Money Market #454*	6,118,125	—	6,118,125	6,118,125	6,118,125	—
Wells Fargo Adv Treasury Plus Money Market #454*	16,002,507	—	16,002,507	16,002,507	16,002,507	—
Wells Fargo Adv Treasury Plus Money Market #454*	9,300,000	9,300,000	—	9,300,000	9,300,000	—
Wells Fargo Adv Treasury Plus Money Market #454*	11,072,804	—	11,072,804	11,072,804	11,072,804	—
Treasury bills:						
U.S. Treasury Bills 02/17/11	10,500,000	—	10,492,533	10,492,533	10,492,533	—
U.S. Treasury Bills 05/05/11	9,500,000	—	9,485,908	9,485,908	9,485,908	—
U.S. Treasury Bills 06/30/11	1,470,000	—	1,468,365	1,468,365	1,468,365	—
U.S. Treasury Bills 09/15/11	9,300,000	9,298,994	—	9,298,994	9,298,994	—
U.S. Treasury Bills 09/15/11	9,300,000	—	9,298,994	9,298,994	9,298,994	—
Government securities:						
U.S. Treasury Bond 5.000% – 08/15/12	10,625,000	10,864,098	—	10,864,098	10,864,098	—
U.S. Treasury Bond 5.000% – 08/15/12	15,725,000	—	15,725,000	16,314,740	15,725,000	(589,740)
U.S. Treasury Bond 1.375% – 02/15/12	15,900,000	16,001,913	—	16,001,913	16,001,913	—
U.S. Treasury Bond 1.375% – 02/15/12	11,000,000	11,057,185	—	11,057,185	11,057,185	—
<i>Series of "securities" transactions in excess of 5% of the fair value of plan assets</i>						
Money market funds:						
Wells Fargo Adv Treasury Plus Money Market #454*	53,708,545	\$ 53,708,545	—	53,708,545	53,708,545	—
Wells Fargo Adv Treasury Plus Money Market #454*	53,695,764	—	53,695,764	53,695,764	53,695,764	—
Treasury bills:						
U.S. Treasury Bills 02/17/11	10,500,000	—	10,492,533	10,492,533	10,492,533	—
U.S. Treasury Bills 05/05/11	9,500,000	—	9,485,908	9,485,908	9,485,908	—
U.S. Treasury Bills 06/30/11	1,470,000	—	1,468,365	1,468,365	1,468,365	—
U.S. Treasury Bills 09/15/11	9,300,000	9,298,994	—	9,298,994	9,298,994	—
U.S. Treasury Bills 09/15/11	9,300,000	—	9,298,994	9,298,994	9,298,994	—
Government securities:						
U.S. Treasury Bond 5.000% – 08/15/12	10,625,000	10,864,098	—	10,864,098	10,864,098	—
U.S. Treasury Bond 5.000% – 08/15/12	15,725,000	—	15,725,000	16,314,740	15,725,000	(589,740)
U.S. Treasury Bond 1.375% – 02/15/12	26,900,000	27,059,098	—	27,059,098	27,059,098	—

* Denotes party in interest

Note: The above information was certified as complete and accurate by Wells Fargo, the Plan's trustee.