

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 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>LANDMARK RETIREMENT PLUS PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>07/01/1985</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LANDMARK MEDIA ENTERPRISES, LLC</u> <u>DOMINION ENTERPRISES</u> <u>150 GRANBY ST.</u> <u>NORFOLK, VA 23510</u>	2b Employer Identification Number (EIN) <u>26-2850324</u> 2c Plan Sponsor's telephone number <u>757-351-8000</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>10/11/2016</u>	<u>SUSAN BLAKE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2016</u>	<u>SUSAN BLAKE</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☐ Same as Plan Sponsor ADMINISTRATIVE COMMITTEE DOMINION ENTERPRISES 150 GRANBY ST. NORFOLK, VA 23510	3b Administrator's EIN 26-2850324
	3c Administrator's telephone number 757-351-8000
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 2763
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 1810
a(2) Total number of active participants at the end of the plan year	6a(2) 1668
b Retired or separated participants receiving benefits.....	6b 36
c Other retired or separated participants entitled to future benefits.....	6c 941
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2645
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 12
f Total. Add lines 6d and 6e	6f 2657
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 2526
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 91
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan LANDMARK RETIREMENT PLUS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 LANDMARK MEDIA ENTERPRISES, LLC	D Employer Identification Number (EIN) 26-2850324	

Part I	Service Provider Information (see instructions)
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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 26 37 52	NONE	50205	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 ☐

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)

(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: WALL EINHORN & CHERNITZER	b EIN: 54-1517420
c Position: ACCOUNTANT	
d Address: SUITE 1200 150 WEST MAIN STREET NORFOLK, VA 23510	e Telephone:
Explanation: THE CHANGE WAS BASED ON A SEARCH FOR A FIRM AT A COMPETITIVE PRICE WHO WOULD PROVIDE A SEASONED BENEFIT PLAN AUDIT TEAM RATHER THAN CONSTANT TURNOVER AMONG ITS AUDIT TEAM.	

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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan LANDMARK RETIREMENT PLUS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 LANDMARK MEDIA ENTERPRISES, LLC	D Employer Identification Number (EIN) 26-2850324	

Part I	Asset and Liability Statement			
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)	50166	497380
(2) Participant contributions		1b(2)	91870	144514
(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)	2639611	2204207
(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)	167250582	145642896
(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	170032229	148488997

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	170032229	148488997
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2588579	
(B) Participants	2a(1)(B)	4660143	
(C) Others (including rollovers)	2a(1)(C)	116262	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7364984
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)	115789	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		115789
(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)	4231163	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4231163
(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
(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

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	-4128721
c Other income	2c	13793
d Total income. Add all income amounts in column (b) and enter total	2d	7597008

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28126747
(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)	28126747
f Corrective distributions (see instructions)	2f	27032
g Certain deemed distributions of participant loans (see instructions)	2g	18831
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)	45165
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	45165
j Total expenses. Add all expense amounts in column (b) and enter total	2j	28217775

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-20620767
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	922465

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: WALL, EINHORN & CHERNITZER, P.C.

(2) EIN: 54-1517420

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	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.)		☒		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X			
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)
DOMINION ENTERPRISES 401(K) EMPLOYEES' SAVINGS PLAN	54-1571947	001
NEXSTAR BROADCASTING GROUP, INC. 401(K) PLAN	23-3083125	001

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

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>23-2186884</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____			
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (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
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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
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Landmark Retirement Plus Plan
Norfolk, Virginia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **Landmark Retirement Plus Plan** (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), 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 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. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the accompanying financial statements.

Emphasis of Matter

As discussed in Note 2 to the financial statements, the Plan adopted new accounting guidance related to its investments. Prior year disclosures have been revised to reflect the retrospective application of adopting these changes in accounting.

Other Matter – Supplemental Schedule

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2015, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purposes of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Wall, Einhorn & Chernitzer, P.C.

Norfolk, Virginia
September 15, 2016

**LANDMARK
RETIREMENT PLUS PLAN**

Financial Statements and Supplemental Schedule

December 31, 2015 and 2014

(With Independent Auditors' Report Thereon)

**LANDMARK
RETIREMENT PLUS PLAN**

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Landmark Retirement Plus Plan
Norfolk, Virginia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **Landmark Retirement Plus Plan** (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), 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 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. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the accompanying financial statements.

Emphasis of Matter

As discussed in Note 2 to the financial statements, the Plan adopted new accounting guidance related to its investments. Prior year disclosures have been revised to reflect the retrospective application of adopting these changes in accounting.

Other Matter – Supplemental Schedule

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2015, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purposes of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Wall, Einhorn & Chernitzer, P.C.

Norfolk, Virginia
September 15, 2016

**LANDMARK
RETIREMENT PLUS PLAN**

Statements of Net Assets Available for Benefits

December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Mutual funds, at fair value (notes 2, 3, 4 and 6)	\$ 145,642,896	167,250,582
Receivables:		
Participant contributions	144,514	91,870
Employer contributions	497,380	50,166
Notes receivable from participants (notes 4 and 6)	<u>2,204,207</u>	<u>2,639,611</u>
Total receivables	<u>2,846,101</u>	<u>2,781,647</u>
Total net assets available for benefits	<u>\$ 148,488,997</u>	<u>170,032,229</u>

See independent auditors' report and accompanying notes to financial statements.

**LANDMARK
RETIREMENT PLUS PLAN**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Investment income (notes 4 and 6):		
Interest and dividend income	\$ 4,231,163	4,252,470
Net (depreciation) appreciation in fair value of mutual funds	<u>(4,128,721)</u>	<u>8,161,459</u>
Total investment income	<u>102,442</u>	<u>12,413,929</u>
Interest income on notes receivable from participants (note 4)	115,789	141,082
Other increases (decreases):		
Participant contributions	4,660,143	5,617,590
Rollovers	116,262	308,209
Employer contributions	2,588,579	2,501,011
Other additions	13,793	16,486
Benefits paid to participants	(28,172,610)	(28,923,869)
Administrative expenses (note 6)	<u>(45,165)</u>	<u>(47,794)</u>
	<u>(20,838,998)</u>	<u>(20,528,367)</u>
Net decrease in net assets available for benefits	(20,620,767)	(7,973,356)
Assets transferred in	—	283,260
Assets transferred out (note 8)	(922,465)	(1,075,600)
Net assets available for benefits:		
Beginning of year	<u>170,032,229</u>	<u>178,797,925</u>
End of year	<u>\$ 148,488,997</u>	<u>170,032,229</u>

See independent auditors' report and accompanying notes to financial statements.

**LANDMARK
RETIREMENT PLUS PLAN**

Notes to Financial Statements

December 31, 2015 and 2014

(1) Plan Description

The following description of the Landmark Retirement Plus 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.

(a) General

The Plan is a 401(k) savings plan covering employees of Landmark Media Enterprises, LLC (LME) and its affiliates, as defined (the Plan Sponsor or the Company). The Plan is administered by a committee of employees of the Company who were appointed by the board of directors of the Company.

The Plan was adopted and became effective July 1, 1985. It was then amended and restated January 1, 2002, January 1, 2005, January 1, 2007, September 12, 2008, December 31, 2008, January 1, 2010 and January 1, 2015. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended. As of January 1, 2008, the Plan Sponsor operates the Plan under the Pension Protection Act (PPA) safe harbor features.

(b) Eligibility

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

(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

Employees may elect to contribute from 0.50% to 50.00% (or from 0.50% to 15.00% if a highly compensated employee) of their annual compensation on a pretax basis, subject to current Internal Revenue Service (IRS) limitations of \$18,000 and \$17,500 for 2015 and 2014, respectively. The Plan Sponsor makes a matching contribution to participant accounts equal to 100% of the amount of payroll deferral contributions up to 1% of compensation, plus 50.00% of payroll deferral contributions on the next 5.00% of compensation.

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

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

**LANDMARK
RETIREMENT PLUS PLAN**

Notes to Financial Statements

December 31, 2015 and 2014

In addition to regular contributions, participants who are at least age 50 or will attain age 50 during the year and are contributing the maximum allowable under the Plan are eligible to make contributions over and above the limits stated previously. For 2015 and 2014, participants could contribute up to an extra \$6,000 and \$5,500, respectively. The Company does not provide matching contributions on catch-up contributions.

(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). Allocations are based on the participant's elective deferrals or the ratio of the participant's account balance to the plan total, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(f) Investment Options

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

(g) Vesting

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

(h) Forfeitures

Forfeitures represent the unvested portion of terminated employees' matching contributions to the Plan. Amounts are not considered to be forfeited until a distribution is taken. At December 31, 2015 and 2014, forfeited nonvested accounts totaled \$78,040 and \$50,682, respectively. Forfeitures are used to reduce future employer contributions. During 2015 and 2014, forfeitures were used to reduce employer contributions in the amount of \$20,110 and \$103,884, respectively.

(i) Payment of Benefits

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

**LANDMARK
RETIREMENT PLUS PLAN**

Notes to Financial Statements

December 31, 2015 and 2014

parent, spouse, children, or dependents, and expenses for the repair of damage to the participant's principal residence that would qualify for a casualty deduction under Section 165 of the Internal Revenue Code (IRC).

(j) Notes Receivable from Participants

Participants may borrow the lesser of \$50,000, reduced by the participant's highest outstanding note balance during the preceding 12 months, or 50.00% of the participant's vested account balance, in amounts greater than \$1,000. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing commercial rates as determined by the plan administrator (rates ranged from 5.00% - 7.50% at December 31, 2015 and 2014). All loans must be fully repaid within 5 years from the date the note is made, except notes used to purchase a primary residence, which must be fully repaid prior to the earlier of the participant's normal retirement date or a period of years, not to exceed 25 years, from the date of the note. Upon termination of service, the entire outstanding principal balance 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 using the accrual basis of accounting and present the net assets available for benefits and the changes in those net assets.

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities 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 may differ from those estimates.

(c) Investment Valuation and Income Recognition

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

(d) Notes Receivable from Participants

Participant loans are 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. There is no allowance for credit losses. The Form 5500 presents notes receivable from participants as an investment.

**LANDMARK
RETIREMENT PLUS PLAN**

Notes to Financial Statements

December 31, 2015 and 2014

(e) Contributions

Contributions are recorded on the accrual basis. In 2015, it was discovered that certain aspects of the plan's provisions were not properly aligned in the daily operation of the plan. These provisions included determination of vesting for termination withdrawals and calculation of contributions for trailing compensation. As a result, the Company performed an internal investigation and made necessary corrections to participant accounts, including lost earnings, totaling \$421,846.

(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) Transfers

Activity that occurs between Dominion Enterprises 401(k) Employees' Savings Plan and Landmark Retirement Plus Plan is reflected as assets transferred in (out) in the Statements of Changes in Net Assets Available for Benefits. In 2015 and 2014, assets transferred out includes activity that related to the sales of LME subsidiaries (see note 8).

(i) Risks and Uncertainties

The Plan's investments, as described previously, 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 change could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

(j) Recently Issued Accounting Standards

As of December 31, 2015, the Plan adopted the provisions of Accounting Standards Update (ASU) 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient. Management determined that Parts I and III of the ASU do not apply to the Plan. As required by Part II of the ASU, management has simplified its disclosures related to Plan investments. The simplifications required under Part II have been retrospectively applied and had no effect on beginning net assets available for benefits.

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Notes to Financial Statements

December 31, 2015 and 2014

(3) Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurements date. The framework for measuring fair value 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 are described below:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's or liability's fair value measurement level within the fair 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, 2015 and 2014.

Mutual funds – Valued at fair value based upon quoted market prices from national security exchanges, which represents the net asset value of shares held by the Plan at year end.

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

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RETIREMENT PLUS PLAN**

Notes to Financial Statements

December 31, 2015 and 2014

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

December 31, 2015				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 145,642,896	—	—	145,642,896
Total assets at fair value	\$ 145,642,896	—	—	145,642,896

December 31, 2014				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 167,250,582	—	—	167,250,582
Total assets at fair value	\$ 167,250,582	—	—	167,250,582

(4) Unaudited Information Certified by 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 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:

	2015		2014	
	Net assets available for benefits	Changes in net assets available for benefits	Net assets available for benefits	Changes in net assets available for benefits
Information certified by VFTC:				
Mutual funds	\$ 145,642,896	—	167,250,582	—
Notes receivable from participants	2,204,207	—	2,639,611	—
Interest and dividend income	—	4,231,163	—	4,252,470
Net (depreciation) appreciation in fair value of mutual funds	—	(4,128,721)	—	8,161,459
Interest income on notes receivable from participants	—	115,789	—	141,082

The investment fair value amounts in note 3 and the supplemental schedule were also certified by VFTC.

(5) Income Tax Status

The Plan received a favorable determination letter dated November 9, 2015, 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 amended; however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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RETIREMENT PLUS PLAN**

Notes to Financial Statements

December 31, 2015 and 2014

U.S. GAAP requires 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, 2015, 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 2012.

(6) Related-Party Transactions

Certain plan investments are shares of mutual funds managed by Vanguard Funds, an affiliate of VFTC, and therefore, transactions involving these investments qualify as exempt party-in-interest transactions. Transactions involving notes receivable from participants also qualify as exempt party-in-interest transactions. Fees paid to Vanguard during 2015 and 2014 were \$45,165 and \$47,794, respectively, as compensation for its duties as trustee and for other services, including administrative expenses for transaction fees associated with notes to participants.

(7) Plan Termination

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

(8) Plan Transfers

As a result of the sale of Capital Gazette in 2014, the accounts of certain employees within this company were transferred to other existing plans controlled by the acquiring company effective July 29, 2014. As a result of the sale of KLAS in 2015, the accounts of certain employees within this company were transferred to other existing plans controlled by the acquiring company effective March 23, 2015. Total assets transferred out of the Plan to other plans were \$119,233 and \$72,274 in 2015 and 2014, respectively.

(9) Subsequent Events

The Company has evaluated subsequent events through September 15, 2016, the date the financial statements were available to be issued, and determined there are no other items to disclose.

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RETIREMENT PLUS PLAN**

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

December 31, 2015

Identity of issuer, borrower, lessor, or similar party	Description of investment	Current value
Mutual funds:		
Vanguard Funds*	219,323 shares of Vanguard 500 Index Fund at \$188.48/share	\$ 41,337,951
Vanguard Funds*	1,034,462 shares of Vanguard LifeStrategy Moderate Growth Fund at \$23.06/share	23,854,685
Vanguard Funds*	656,754 shares of Vanguard Wellesley Income Fund at \$24.52/share	16,103,604
Vanguard Funds*	510,803 shares of Vanguard LifeStrategy Growth Fund at \$27.26/share	13,924,500
Vanguard Funds*	243,788 shares of Vanguard Small-Cap Index Investment Fund at \$53.03/share	12,928,054
Vanguard Funds*	512,087 shares of Vanguard International Growth Fund at \$21.10/share	10,805,027
Vanguard Funds*	9,927,737 shares of Vanguard Prime Money Market Fund at \$1.00/share	9,927,737
Vanguard Funds*	671,941 shares of Vanguard Total Bond Market Index Fund at \$10.64/share	7,149,450
Vanguard Funds*	167,034 shares of Vanguard LifeStrategy Conservative Growth Fund at \$17.84/share	2,979,885
Vanguard Funds*	57,218 shares of Vanguard Morgan Growth Fund at \$24.92/share	1,425,875
Vanguard Funds*	122,352 shares of Vanguard Short-Term Investment Growth Fund at \$10.56/share	1,292,041
Vanguard Funds*	7,709 shares of Vanguard Explorer Fund at \$80.44/share	620,115
Vanguard Funds*	20,274 shares of Vanguard Target Retirement 2030 Fund at \$27.72/share	561,988
Vanguard Funds*	22,374 shares of Vanguard Small-Cap Value Index Fund at \$23.69/share	530,032
Vanguard Funds*	19,231 shares of Vanguard Target Retirement 2020 Fund at \$27.15/share	522,117
Vanguard Funds*	15,025 shares of Vanguard Windsor II Investment Fund at \$33.50/share	503,323
Vanguard Funds*	26,514 shares of Vanguard Target Retirement 2025 Fund at \$15.62/share	414,149
Vanguard Funds*	8,134 shares of Vanguard Target Retirement 2010 Fund at \$24.88/share	202,385
Vanguard Funds*	11,096 shares of Vanguard Target Retirement 2015 Fund at \$14.23/share	157,903
Vanguard Funds*	9,156 shares of Vanguard LifeStrategy Income Fund at \$14.57/share	133,401
Vanguard Funds*	7,058 shares of Vanguard Target Retirement 2045 Fund at \$17.78/share	125,489

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RETIREMENT PLUS PLAN**

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

December 31, 2015

Identity of issuer, borrower, lessor, or similar party	Description of investment	Current value
Mutual funds:		
Vanguard Funds*	3,089 shares of Vanguard Target Retirement 2040 Fund at \$28.45/share	87,876
Vanguard Funds*	762 shares of Vanguard Target Retirement 2055 Fund at \$30.83/share	23,495
Vanguard Funds*	1,102 shares of Vanguard Target Retirement 2035 Fund at \$16.84/share	18,557
Vanguard Funds*	314 shares of Vanguard Target Retirement 2060 Fund at \$27.21/share	8,216
Vanguard Funds*	152 shares of Vanguard Target Retirement 2050 Fund at \$28.49/share	4,329
Vanguard Funds*	57 shares of Vanguard Target Retirement Income Fund at \$12.45/share	712
		145,642,896
Notes receivable from participants*	Interest rates ranging from 5.00% to 7.5%	2,204,207
	Total assets	\$ 147,847,103

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

* Party in interest

See accompanying independent auditors' report.

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RETIREMENT PLUS PLAN**

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RETIREMENT PLUS PLAN**

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* Party in interest

See accompanying independent auditors' report.