

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt;">2009</div>
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>LIN TELEVISION CORPORATION 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>007</u>	
	1c Effective date of plan	<u>07/01/1991</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>LIN TELEVISION CORPORATION</u> <u>ONE WEST EXCHANGE STREET, SUITE 5A</u> <u>PROVIDENCE, RI 02903</u>	2b Employer Identification Number (EIN) <u>13-3581627</u>	2c Sponsor's telephone number <u>401-454-2880</u>	2d Business code (see instructions) <u>515100</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>10/13/2010</u>	<u>DAN DONOHUE</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 (2009)
v.092307.1

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

LIN TELEVISION CORPORATION
RETIREMENT BENEFIT PLANS
ADMINISTRATIVE COMMITTEE
ONE WEST EXCHANGE STREET, SUITE 5A
PROVIDENCE, RI 02903

3b Administrator's EIN

13-3581627

3c Administrator's telephone number

401-454-2880

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**

3426

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**

2017

b Retired or separated participants receiving benefits.....**6b**

1

c Other retired or separated participants entitled to future benefits.....**6c**

1201

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

3219

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

3219

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

2770

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

108

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 2K 2R 2S 2T 3J

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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) ☒ 1 **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE A (Form 5500) <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>	<div>Insurance 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> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan LIN TELEVISION CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500. LIN TELEVISION CORPORATION	D Employer Identification Number (EIN) 13-3581627	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE & ANNUITY CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	GA-39150	3219	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	13292809
5 Current value of plan's interest under this contract in separate accounts at year end	5	45875155

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT**

b Balance at the end of the previous year	7b	13320434
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c Additions: (1) Contributions deposited during the year	7c(1)	1060520	
	7c(2)		
	7c(3)	418329	
	7c(4)	3537488	
	7c(5)	540262	

▶ **LOAN REPAYMENTS FORFEITURES, EXCHANGES IN MISCELLANEOUS TRANSACTIONS IN**

(6) Total additions	7c(6)	5556599
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d Total of balance and additions (add b and c(6)).	7d	18877033
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2576578	
(2) Administration charge made by carrier	7e(2)	1388	
(3) Transferred to separate account	7e(3)	2302745	
(4) Other (specify below)	7e(4)	703513	

▶ **LOAN INITIATIONS FORFEITURES, EXCHANGES OUT MISCELLANEOUS TRANSACTIONS OUT**

(5) Total deductions	7e(5)	5584224
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f Balance at the end of the current year (subtract e(5) from d)	7f	13292809
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan LIN TELEVISION CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 LIN TELEVISION CORPORATION	D Employer Identification Number (EIN) 13-3581627	

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
PRUDENTIAL RETIREMENT INSURANCE AND
06-1050034

(b) Enter name and EIN or address of person who provided you disclosure 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)

LOCKTON INVESTMENT ADVISORS, LLC

20-8874282

(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?
27	NONE	26396	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(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?
13 15 37 50 64	NONE	6800	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

PRUDENTIAL INVESTMENT MANAGEMENT SE

13-4122960

(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?
63 71	NONE	3373	Yes ☒ No ☐	Yes ☐ No ☒	64	Yes ☒ No ☐

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

THE PRUDENTIAL INSURANCE COMPANY OF

22-1211670

(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?
60	NONE	0	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 ☐

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
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	0
(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.	
ALLIANZ GLOBAL INVESTORS DIST., LLC 06-1500307	25.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 ALLIANZ NFJ SM CAP VAL A	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	0
(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.	
FIDELITY DISTRIBUTORS CORPORATION 04-2270522	50.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 FIDELITY ADV SML GWTH T	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	0
(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.	
FRANKLIN TEMPLETON DISTRIBUTORS INC 13-5599989	50.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 FRANKLIN GROWTH OPP - R	

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
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	0
(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.	
MFS FUND DISTRIBUTORS, INC. 04-3169826	25.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 MFS INTERNATIONAL VAL R3	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	0
(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.	
OPPENHEIMERFUNDS DISTRIBUTOR, INC. 13-2953455	24.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 OPP CAP APPREC CLASS A	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	0
(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.	
OPPENHEIMERFUNDS DISTRIBUTOR, INC. 13-2953455	24.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 OPPENHEIMER GLOBAL FUND	

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
PRUDENTIAL RETIREMENT INSURANCE AND	15 60 64	0
(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.	
AMERICAN CENTURY SERVICES CORP. 44-0619208	35.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 AM CENTURY EQ INC INV SHR	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL RETIREMENT INSURANCE AND	15 60 64	0
(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.	
OPPENHEIMERFUNDS SERVICES 13-2527171	0.000 BPS AND \$12.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 4/30/2009 OPP CAP APPREC CLASS A	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL RETIREMENT INSURANCE AND	15 60 64	0
(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.	
OPPENHEIMERFUNDS SERVICES 13-2527171	0.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 5/1/2009 TO 12/31/2009 OPP CAP APPREC CLASS A	

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
PRUDENTIAL RETIREMENT INSURANCE AND	15 60 64	0
(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.	
OPPENHEIMERFUNDS SERVICES 13-2527171	0.000 BPS AND \$12.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 4/30/2009 OPPENHEIMER GLOBAL FUND	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL RETIREMENT INSURANCE AND	15 60 64	0
(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.	
OPPENHEIMERFUNDS SERVICES 13-2527171	0.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 5/1/2009 TO 12/31/2009 OPPENHEIMER GLOBAL FUND	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0
(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.	
BOSTON FINANCIAL DATA SERVICE, INC 04-2526037	55.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 OAKMARK EQU & INCO FD II	

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
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0
(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.	
BOSTON FINANCIAL DATA SVCS 04-2526037	25.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 ALLIANZ NFJ SM CAP VAL A	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0
(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.	
FIDELITY INV INSTITU OPERATIONS CO 04-2882358	15.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 FIDELITY ADV SML GWTH T	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0
(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.	
FRANKLIN TEMPLETON INVESTOR SRVCS L 94-3167260	20.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 FRANKLIN GROWTH OPP - R	

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
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(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.	
MFS SERVICE CENTER INC /TA 04-2865649	15.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 MFS INTERNATIONAL VAL R3	

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan LIN TELEVISION CORPORATION 401(K) PLAN		B Three-digit plan number (PN) 007
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LIN TELEVISION CORPORATION		D Employer Identification Number (EIN) 13-3581627
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND ENHANCED INDEX		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6426919
a Name of MTIA, CCT, PSA, or 103-12 IE: INT'L GROWTH/ARTISAN		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-259	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1355154
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CEN EQ INCOME -INV		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-304	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1513464
a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED/WELLINGTON MGMT PIM FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-084	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFETIME AGGRESSIVE		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFETIME GROWTH FD		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFETIME BALANCED FD		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-168	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFETIME CONSERVATIVE**
PRUDENTIAL RETIREMENT INS.

b Name of sponsor of entity listed in (a):

c EIN-PN 06-1050034-169	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFETIME INCOME & EQUITY**
PRUDENTIAL RETIREMENT INS.

b Name of sponsor of entity listed in (a):

c EIN-PN 06-1050034-170	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DRYDEN S & P INDEX FUND**
PRUDENTIAL RETIREMENT INS.

b Name of sponsor of entity listed in (a):

c EIN-PN 06-1050034-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3505551
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAP BLEND**
PRUDENTIAL RETIREMENT INS.

b Name of sponsor of entity listed in (a):

c EIN-PN 06-1050034-363	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11392262
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SM CAP VALUE/MC**
PRUDENTIAL RETIREMENT INS.

b Name of sponsor of entity listed in (a):

c EIN-PN 06-1050034-126	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAP VALUE/BARROW HANLEY**
PRUDENTIAL RETIREMENT INS.

b Name of sponsor of entity listed in (a):

c EIN-PN 06-1050034-312	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4898071
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MID CAP GROWTH/ARTISAN**
PRUDENTIAL RETIREMENT INS.

b Name of sponsor of entity listed in (a):

c EIN-PN 06-1050034-185	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3583848
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a Name of MTIA, CCT, PSA, or 103-12 IE: **OPPENHEIMER CAP APPREC CL A**
PRUDENTIAL RETIREMENT INS.

b Name of sponsor of entity listed in (a):

c EIN-PN 06-1050034-322	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA RUSSELL 2000 INDEX**
PRUDENTIAL RETIREMENT INS.

b Name of sponsor of entity listed in (a):

c EIN-PN 06-1050034-314	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2557409
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP GROWTH/BOSTON CO**
PRUDENTIAL RETIREMENT INS.

b Name of sponsor of entity listed in (a):

c EIN-PN 06-1050034-319	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LC GR/TURNER INV PARTNERS**
PRUDENTIAL RETIREMENT INS.

b Name of sponsor of entity listed in (a):

c EIN-PN 06-1050034-141	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4078903
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a Name of MTIA, CCT, PSA, or 103-12 IE: **OPPENHEIMER GLOBAL FUND**
PRUDENTIAL RETIREMENT INS.

b Name of sponsor of entity listed in (a):

c EIN-PN 06-1050034-308	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6563574
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INTERN VAL/LSV ASSET MGT**
PRUDENTIAL RETIREMENT INS.

b Name of sponsor of entity listed in (a):

c EIN-PN 06-1050034-415	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan LIN TELEVISION CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ►	007
C Plan sponsor's name as shown on line 2a of Form 5500 LIN TELEVISION CORPORATION	D Employer Identification Number (EIN) 13-3581627	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	81161	6311
(2) Participant contributions	1b(2)		
(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)	2279740	2282779
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	52318001	45875155
(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)		17391752
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	13320434	13292809
(15) Other	1c(15)	280803	393142

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	68280139	79241948

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	
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	68280139	79241948
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	249485	
(B) Participants	2a(1)(B)	5900169	
(C) Others (including rollovers)	2a(1)(C)	97741	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6247395

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)	124907	
(F) Other	2b(1)(F)	418329	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		543236

(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)	162835	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		162835

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	84898	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		84898
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		11169409
(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)		1577949
c Other income.....	2c		4005
d Total income. Add all income amounts in column (b) and enter total.....	2d		19789727

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8404259	
(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)		8404259
f Corrective distributions (see instructions)	2f		209997
g Certain deemed distributions of participant loans (see instructions).....	2g		205278
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)	8384	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8384
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8827918

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10961809
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: LEFKOWITZ GARFINKEL CHAMPI DERIENZO

(2) EIN: 05-0456296

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>LIN TELEVISION CORPORATION 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIN TELEVISION CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3581627</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>22-1211670</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



October 12, 2010

Lefkowitz, Garfinkel, Champi & DeRienzo P.C.
10 Weybosset Street
Suite 700
Providence, RI 02903

RE: LIN Television Corporation 401(k) Plan

Ladies and Gentlemen:

We are providing this letter in connection with your audits of the statements of net assets available for benefits of the LIN Television Corporation 401(k) Plan (the Plan) as of December 31, 2009 and 2008, the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedule of assets held for investment purposes at end of year as of December 31, 2009. We confirm that we are responsible for the fair presentation in the financial statements of net assets and changes in net assets in conformity with accounting principles generally accepted in the United States of America applied on a consistent basis and with the reporting requirements of the Employee Retirement Income Security Act of 1974 (ERISA) and whether the supplemental schedule is fairly stated in all material respects in relation to the basic financial statements.

We confirm, to the best of our knowledge and belief, the following representations made to you during your audits.

1. The financial statements and supplemental schedule referenced to above are fairly presented in conformity with accounting principles generally accepted in the United States of America and with the reporting requirements of ERISA.
2. We have answered your questions about the Plan's tax compliance to the best of our knowledge and belief.
3. We have determined that the custodian of the Plan, Prudential Retirement Insurance and Annuity Company (Prudential), qualifies to issue a certification of the Plan's investment activity under section 2520.103-8 of the United States Department of Labor's Rules and Regulations. As a result, we instructed you not to perform any audit procedures over the investment information certified or provided by Prudential.
4. We have made available to you:
 - a. The currently effective version of the Plan document (restated effective as of January 1, 2009), the trust agreement, and all related amendments.

- b. All Plan financial records and related data. In that regard, the payroll information we provided you covered all employees that were eligible to participate in the Plan.
 - c. All correspondence, filings, reports, and determinations with the Internal Revenue Service (IRS) and the Department of Labor (DOL) relating to the Plan's compliance with ERISA and the maintenance of its tax-exempt status.
 - d. All minutes of the meetings of the Retirement and Benefits Committee, or summaries of actions of recent meetings for which minutes have not yet been prepared.
- 5. We have no knowledge of fraud or suspected fraud affecting the Plan involving:
 - a. Management or employees who have significant roles in the internal control.
 - b. Others where the fraud could have a material effect on the financial statements.
- 6. We acknowledge our responsibility for the design and implementation of programs and controls to provide reasonable assurance that fraud is prevented and detected.
- 7. We have no knowledge of any allegations of fraud or suspected fraud affecting the Plan received in communications from employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
- 8. We are responsible for maintaining effective internal control over financial reporting that will, among other things, help assure the preparation of financial statements and supplemental schedules in conformity with accounting principles generally accepted in the United States. We are aware of no significant deficiencies, including material weaknesses, in the design or operation of internal controls that could adversely affect the Plan's ability to record, process, summarize, and report financial data.
- 9. There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices.
- 10. In May 2009, the Plan received notification from the IRS assessing a monetary penalty for non-compliance with EGTRRA requirements. The Plan submitted the necessary corrections to the Plan Document to the IRS and received verbal confirmation from an IRS agent that the penalty was waived. We do not expect to receive written communication from the IRS regarding the waiver of the penalty.
- 11. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
- 12. The following have been properly recorded and/or disclosed in the financial statements or supplemental schedules, as appropriate:

- a. Related-party transactions, including transactions with parties-in-interest, as defined in ERISA section 3(14) and regulations thereunder, including sales, purchases, loans, transfers, leasing arrangements and guarantees, and amounts receivable from or payable to related parties.
 - b. All significant estimates and material concentrations known to management that are to be disclosed in accordance with the Risk and Uncertainties Topic of the FASB Accounting Standards Codification. Significant estimates are estimates at the statement of net assets date that could change materially within the next year. Concentrations refer to nature and type of investments held by the Plan, or markets for which events could occur which would significantly disrupt normal finances within the next year.
 - c. A description of the Plan.
 - d. Assets held for investment.
 - e. Amendments to the Plan instrument.
 - f. Assets and liabilities measured at fair value in accordance with the Fair Value Measurements and Disclosures Topic of the FASB Accounting Standards Codification.
13. We are responsible for making the accounting estimates included in the financial statements. Those estimates reflect our judgment based on our knowledge and experience about past and current events and our assumptions about conditions we expect to exist and courses of action we expect to take.
14. There are no:
- a. Guarantees, whether written or oral, under which the Plan is contingently liable to a bank or other lending institution.
 - b. Material transactions that have not been properly recorded in the accounting records underlying the financial statements.
 - c. Reportable transactions.
 - d. Violations or possible violations of laws or regulations whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency.
 - e. Arrangements with financial institutions involving compensating balances or other arrangements involving restrictions on cash balances and lines of credit or similar arrangements.
 - f. Agreements to repurchase assets previously sold.

- g. Assets pledged or encumbered.
 - h. Amounts of contractual obligations, liens, or encumbrances on assets or security agreements in effect under the Uniform Commercial Code not included in the liabilities recorded on the books.
 - i. Liabilities which are subordinated to any other actual or possible liabilities of the Plan.
 - j. Lease obligations by the Plan.
 - k. Concentrations of credit risk.
 - l. Financial instruments with off-balance-sheet market or credit risk.
 - m. Derivative financial instruments.
 - n. Other material liabilities or gain or loss contingencies that are required to be accrued or disclosed by the Contingencies Topic of the FASB Accounting Standards Codification.
 - o. Participant loans or other receivables in default or considered to be uncollectible.
 - p. Nonexempt (prohibited) party in interest transactions. In that regard, the Plan has complied with the DOL's regulations concerning the timely remittance of participants' contributions to trusts containing assets for the plan.
15. We are not aware, and our lawyers have not advised us, of any pending or threatened litigation, claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with Contingencies Topics of the FASB Accounting Standards Codification, and neither we, nor others acting on behalf of the Plan, have consulted a lawyer concerning litigation, claims, or assessments affecting the Plan.
16. The Plan has satisfactory title to all owned assets.
17. We have complied with (a) all aspects of contractual agreements, including provisions of the Plan, that would have a material effect on the financial statements in the event of noncompliance, (b) the fidelity bonding requirements of ERISA, (c) all participant eligibility and coverage requirements of the Plan, ERISA and the Internal Revenue Code and (d) the filing requirements of appropriate agencies.
18. The Plan (and the trust established under the Plan) is qualified under the appropriate section of the Internal Revenue Code and intends to continue as a qualified Plan (and trust). The Plan has submitted an application for an updated determination letter from the DOL. No ruling has been made as of the date of the financial statements. We believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

19. There is no present intention to terminate the Plan.
20. The methods and significant assumptions used to estimate the fair values of the Plan's financial instruments are as follows:
 - a. *Registered investment companies*: Valued at the net asset value of shares held by the plan at year-end, as determined by quoted market prices, which is a level 1 input.
 - b. *Pooled separate accounts*: Valued at the net asset value of units held by the Plan at year-end as determined by the custodian, based on the fair value of the underlying securities, which is a level 2 input. We believe the use of the unadjusted net asset value as a practical expedient is an adequate fair value measure for the investment.
 - c. *Guaranteed income fund*: Valued at deposits made to the fund, plus earnings at guaranteed crediting rates, less withdrawals and fees, which is a level 2 input.
21. We have determined that the Guaranteed Income Fund is a fully benefit responsive insurance contract and appropriately recorded at contract value, which approximates fair value.
22. We have determined that all required annual operational testing and any required corrective actions for the Plan years ended December 31, 2009 and 2008 were completed.
23. We have reviewed Prudential's user control considerations within the Independent Auditors' Report on Controls Placed in Operation as of December 31, 2009 and Tests of Operating Effectiveness and for the period January 1, 2009 to December 31, 2009, and we believe all applicable controls are in place and have been in place for the periods under audit.
24. Effective for Plan years ending after December 15, 2010, recently issued accounting guidance requires that participant loans be classified as notes receivable from participants and measured at their unpaid principal balance plus any accrued but unpaid interest. Adoption of this accounting guidance is not expected to have a material effect on the Plan's financial statements.

25. As of and for the year ended December 31, 2009, we believe that the effect of the following uncorrected misstatement aggregate by you and summarized below is immaterial to the financial statements taken as a whole. For purposes of this representation, we consider items to be material, regardless of their size, if they involve the misstatements or omission of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

Description	Amount
Net overstatement of self-brokerage account	\$ 3,895

26. We are responsible for determining that significant events or transactions that have occurred since the statement of net assets available for benefits date and through October 12, 2010 have been recognized or disclosed in the financial statements. No events or transactions (other than those disclosed in the financial statements) have occurred subsequent to the statement of net assets available for benefits date and through October 12, 2010 that would require adjustment to, or disclosure in, the financial statements. We further represent that as of October 12, 2010, the financial statements were complete in a form and format that complied with accounting principles generally accepted in the United States of America and with the reporting requirements of ERISA and that all approvals necessary for issuance of the financial statements have been obtained.
27. We have requested LGC&D to perform certain nonattest services that were limited to preparing adjusting and reclassifying journal entries based on supporting documentation. Ms. Amy Burbine, Director of Reporting, oversaw these services, evaluated the adequacy and results of the services performed, accepted responsibility for the results of the services, established and maintained internal controls, including monitoring the ongoing activity in connection with these services, and perform all management functions, including all management decisions, in connection with these services. We have reviewed, approved and accepted responsibility for the results of these nonattest services.

Lefkowitz, Garfinkel, Champi & DeRienzo P.C.

October 12, 2010

Page 7 of 7

During the course of your audits, you may have accumulated records containing data that should be reflected in the Plan's books and records. All such data have been so reflected. Accordingly, copies of such records in your possession are no longer needed by us.

Very truly yours,

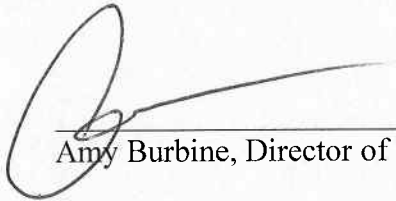
LIN Television Corporation
Plan Sponsor



Nicholas Mohamed, VP and Controller



Dan Donohue, VP of Human Resources and
Retirement and Benefits Committee
Member



Amy Burbine, Director of Reporting



Joe Macedo, Benefits Manager

RUN DATE: 01/13/10
CYCLE: 1002HT
PLAN NBR: 767292

PLAN NAME: LIN TELEVISION CORPORATION

PLAN SPONSOR EIN: 133581627

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES FOR PLAN YEAR 2009

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	GUARANTEED INCOME FUND	13,292,809	13,292,809
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	INTERNAL GROWTH/ARTISAN	1,307,691	1,355,154
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	LC GR/TURNER INV PARTNERS	3,871,767	4,078,903
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	LCV/BARROW HANLEY FUND	4,840,808	4,898,071
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	MID CAP GROWTH/ARTISAN	3,298,012	3,583,848
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	ST ST GLOBAL ADV RUS 2000	2,593,594	2,557,409
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	AM CENTURY EQ INC INV SHR	1,488,891	1,513,464
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	SA/OFFI GLOBAL STRATEGY	6,365,926	6,563,574
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	LARGE CAP BLEND	12,423,702	11,392,262
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	DRYDEN S&P 500 INDEX FUND	3,601,343	3,505,551
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	CORE BOND ENHAN INDEX	5,687,944	6,426,919
PRUDENTIAL MUTUAL FUNDS	FRANKLIN GROWTH OPP - R	1,250,308	1,460,658
PRUDENTIAL MUTUAL FUNDS	ALLIANZ NFJ SM CAP VAL A	2,038,806	2,250,905
PRUDENTIAL MUTUAL FUNDS	FIDELITY ADV SML GWTH T	508,291	570,259
PRUDENTIAL MUTUAL FUNDS	MFS INTERNATIONAL VAL R3	3,625,638	3,905,035
PRUDENTIAL MUTUAL FUNDS	OAKMARK EQU & INCO FD II	8,472,731	9,204,895
SELF DIRECTED BROKERAGE	SELF DIRECTED BROKERAGE	393,142	393,142
PARTICIPANT LOANS	3.25% - 9.00%	0	2,282,779

**LIN TELEVISION CORPORATION
401(k) PLAN**

**DECEMBER 31, 2008
AND
YEAR ENDED DECEMBER 31, 2009**



LIN TELEVISION CORPORATION 401(k) PLAN

DECEMBER 31, 2008
AND
YEAR ENDED DECEMBER 31, 2009

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Lefkowitz, Garfinkel, Champi & DeRienzo P.C.
Certified Public Accountants / Business Consultants

Independent Auditors' Report

Plan Administrator
LIN Television Corporation 401(k) Plan
Providence, Rhode Island

We were engaged to audit the accompanying statements of net assets available for benefits of the LIN Television Corporation 401(k) Plan (the Plan) as of December 31, 2009 and 2008, the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedule of assets held for investment purposes at end of year as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 4, which was certified or provided by Prudential Retirement Insurance and Annuity Company, and Prudential Bank Trust, F.S.B., the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the custodians as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Lefkowitz, Garfinkel, Champi & DeRienzo P.C.

October 12, 2010

LIN TELEVISION CORPORATION 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Investments:		
Participant-directed:		
Guaranteed income fund	\$ 13,292,809	\$ 13,299,247
Pooled separate accounts	45,875,155	52,318,001
Registered investment companies	17,391,752	
Self-directed investments	393,142	280,803
Participant loans	2,282,779	2,279,740
Guaranteed income fund		21,187
	<hr/>	<hr/>
Total investments	79,235,637	68,198,978
Employer contributions receivable	<u>6,311</u>	<u>81,161</u>
Total assets	79,241,948	68,280,139
Liabilities, excess contributions to be returned	<u>340,172</u>	<u>209,972</u>
Contingencies (Note 10)		
Net assets available for benefits	<u><u>\$ 78,901,776</u></u>	<u><u>\$ 68,070,167</u></u>

See notes to financial statements.

LIN TELEVISION CORPORATION 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 12,777,174
Interest and dividends	706,071
Other income	<u>4,005</u>
	<u>13,487,250</u>

Contributions:

Participant, including rollovers of \$97,741	5,712,820
Employer	<u>249,485</u>
	<u>5,962,305</u>

Total additions	<u>19,449,555</u>
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Deductions from net assets attributed to:

Benefits paid to participants, including deemed distributions and loan defaults totaling \$205,278	8,609,562
Fees	<u>8,384</u>

Total deductions	<u>8,617,946</u>
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Net increase	10,831,609
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Net assets available for benefits:

Beginning of year	<u>68,070,167</u>
End of year	<u><u>\$ 78,901,776</u></u>

See notes to financial statements.

LIN TELEVISION CORPORATION 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2008

AND

YEAR ENDED DECEMBER 31, 2009

1. Description of Plan:

The following description of the LIN Television Corporation 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan was established by LIN Television Corporation and its subsidiaries (the Employer) on July 1, 1991, to accumulate retirement income for its employees which will supplement retirement benefits provided them by Social Security. The Plan is a contributory single-employer defined contribution plan under Section 401(k) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility:

Covered employees who were eligible employees immediately prior to January 1, 2009 shall continue to be eligible employees on January 1, 2009. Other covered employees who are regularly scheduled to work more than 20 hours per week shall become eligible employees as of the first day of the pay period following their date of hire. Other employees who are "part-time employees" shall become eligible employees as of the applicable enrollment date upon satisfying all of the following requirements: (a) they are covered employees; and (b) they complete 1,000 hours of service in a Plan year.

Contributions:

Participants may elect to contribute to the Plan not less than 1% nor more than 80% of eligible compensation as defined in the Plan, including any bonuses received during the year from the Employer (elective deferrals). Participants who are at least age 50 before the end of the Plan year may make catch-up contributions in excess of the limits otherwise applicable to the Plan but not in excess of amounts allowed by the IRC.

LIN TELEVISION CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DECEMBER 31, 2008
AND
YEAR ENDED DECEMBER 31, 2009

1. Description of Plan (continued):

Contributions (continued):

Employer contributions are made as follows:

Employees of:	Matching contributions	Non-elective contributions
WTNH-TV, WCTX-TV, WIVB-TV*, WWLP-TV, WOOD-TV, WOTV-TV, WNLO-TV, KRQE-TV, WALA-TV, WBPG-TV, WLUK-TV, WTHI-TV, KASA-TV, WPRI-TV, WNAC-TV, WDTN-TV, WUPW-TV, WXSP-TV	50% of elective deferrals up to 6% of eligible compensation; effective 1/1/09 reduced to 25%; effective for the pay periods beginning on or after February 20, 2009, matching contributions ceased.	2% of eligible compensation; effective for the pay periods beginning on or after February 20, 2009, matching contributions ceased.
KNIN-TV	50% of elective deferrals up to 6% of eligible compensation; effective 1/1/09 reduced to 25%; effective for the pay periods beginning on or after February 20, 2009, matching contributions ceased.	None
KXAN-TV, WAVY-TV, WANE-TV, WISH-TV, WLFI-TV, KNVA-TV, WVBT-TV, WWHO-TV, WNDY-TV, LIN Television Corporate Office	None	None

* Certain employees of WIVB-TV received employer matching and base contributions at January 1, 2009 levels for the Plan year.

Rollovers and transfers of funds from other qualified plans in which employees cease to participate are permitted and are fully vested.

Vesting:

Participants are fully vested in their contributions to the Plan and earnings thereon.

LIN TELEVISION CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DECEMBER 31, 2008
AND
YEAR ENDED DECEMBER 31, 2009

1. Description of Plan (continued):

Vesting (continued):

Participants are vested in Employer contributions and the related allocated gains and losses as follows:

Employees of:	Matching contributions (employees hired prior to November 1, 2003)	Matching contributions (employees hired on or after November 1, 2003)	Non-elective contributions
WTNH-TV, WCTX-TV, WIVB-TV, WWLP-TV, WOOD-TV, WOTV-TV, WNLO-TV, KRQE-TV, WALA-TV, WBPG-TV, WLUK-TV, WTHI-TV, KASA-TV, WXSP-TV	Immediate 100% vesting	5-year vesting at 20% per year after the first year of service	5-year vesting at 20% per year after the first year of service
WPRI-TV, WNAC-TV, WDTN-TV, WUPW-TV	1 year – 20% 2 years – 40% 3 years – 100%	5-year vesting at 20% per year after the first year of service	5-year vesting at 20% per year after the first year of service
KNIN-TV	Immediate 100% vesting	5-year vesting at 20% per year after the first year of service	Not applicable

Forfeitures:

Forfeitures of nonvested Employer contributions are used to reduce subsequent Employer contributions and pay Plan expenses. During 2009, approximately \$130,000 of forfeitures were used to reduce Employer contributions. Approximately \$300 and \$21,200 of forfeitures were held in unallocated accounts at December 31, 2009 and 2008, respectively.

LIN TELEVISION CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DECEMBER 31, 2008
AND
YEAR ENDED DECEMBER 31, 2009

1. Description of Plan (continued):

Participant accounts:

Contributions are paid to the trust, which is administered by the custodians who are responsible for receiving contributions, making distributions, maintaining accounts and records, and rendering an annual report. Participants designate their desired allocation of contributions to the Plan's investment funds and retain the right to change their investment allocation on a daily basis. Participants' accounts are credited with their contributions and Employer contributions made on their behalf. The earnings (losses) generated by the trust investments and administrative expenses are allocated to participants' accounts daily, based upon the proportionate value of all active accounts to accounts participating in the fund as of the valuation date, as defined in the Plan. The benefit to which the participant is entitled is the benefit that can be provided from the participant's vested account balance.

Benefits:

Upon termination of employment by reason of normal retirement, death or disability, participants are entitled to 100% of the amounts credited to their accounts. Upon termination of employment for other than normal retirement, death or disability, participants are entitled to the vested amounts credited to their accounts.

Upon termination of employment, participants may elect to receive their benefit in a single lump sum or over a certain period, not exceeding 10 years, in monthly, quarterly, semiannual, or annual cash installments. Participants may generally elect to defer the commencement of payment of any benefit. Participants must begin to withdraw retirement benefits as follows: for a participant who is not a five percent owner of the Employer, April 1 of the calendar year following the calendar year in which occurs the later of the participant's (i) attainment of age 70 1/2 or (ii) retirement; for a participant who is a five percent owner of the Employer, April 1 of the calendar year following the calendar year in which the participant attains age 70-1/2. Participants terminating employment with the Employer with account balances less than \$5,000 will receive a single lump-sum payment after the end of the Plan year.

Upon termination of employment by death, participants' benefits will be paid to the named beneficiaries. Upon termination of employment due to disability, participants' accounts will be distributed in the same manner as if they had retired.

LIN TELEVISION CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DECEMBER 31, 2008
AND
YEAR ENDED DECEMBER 31, 2009

1. Description of Plan (continued):

Participant loans:

Subject to the Plan provisions, a participant may request a loan from the Plan, the maximum of which cannot exceed the lesser of 50% of the participant's vested account balance or \$50,000 minus the highest outstanding balance of the participant's total Plan loans during the last 12 months. Loans are secured by the balance in a participant's account, bear interest at rates ranging from 3.25% to 9%, and are to be repaid over no more than five years, unless the loan is used to acquire a principal residence.

Hardship withdrawals:

A hardship withdrawal may be authorized by the Employer in an amount up to 100% of the participant's contributions.

Administrative expenses:

The terms and conditions of the Plan are administered by the Retirement and Benefits Committee of the Plan, consisting of employees appointed by the Chief Executive Officer of the Employer. The assets of the Plan are held by the custodians pursuant to a trust agreement executed in October 2003. Substantially all administrative expenses are paid by the Employer except for certain service fees paid by participants.

2. Summary of significant accounting policies:

Use of estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Recent accounting pronouncements:

Investments:

Effective December 31, 2009, the Plan adopted newly effective accounting guidance which requires enhanced disclosure of the nature and risks of investments, and permits an entity to measure the fair value of certain investments using net asset value per share. The adoption of this newly effective accounting guidance did not have a material effect on the accompanying financial statements.

LIN TELEVISION CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DECEMBER 31, 2008
AND
YEAR ENDED DECEMBER 31, 2009

1. Description of Plan (continued):

Recent accounting pronouncements (continued):

Participant loans:

Effective for plan years ending after December 15, 2010, recently issued accounting guidance requires that participant loans be classified as notes receivable from participants and measured at their unpaid principal balance plus any accrued but unpaid interest. Adoption of this accounting guidance is not expected to have a material effect on the Plan's financial statements.

Subsequent events:

Effective December 31, 2009, the Plan adopted newly effective accounting guidance relating to accounting for and disclosure of subsequent events, which are events that occur after the date of the statement of net assets available for benefits but before the financial statements are issued or are available to be issued. This guidance requires the disclosure of the date through which an entity has evaluated subsequent events. The Plan has evaluated subsequent events through October 12, 2010, the date that the accompanying financial statements were available to be issued. The adoption of this newly effective accounting guidance did not have a material effect on the accompanying financial statements.

Investment valuation and income recognition:

Investments are reported at fair value, which is the price that would be received to sell the asset in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value includes the Plan's gains and losses on investments bought, sold and held during the year.

Payment of benefits:

Participants' benefits are charged to expense during the period paid.

LIN TELEVISION CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DECEMBER 31, 2008
AND
YEAR ENDED DECEMBER 31, 2009

3. Investments:

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, all investments as of December 31, 2009 and 2008 and investment activity for the year ended December 31, 2009 were certified or provided by Prudential Retirement Insurance and Annuity Company (PRIAC), and Prudential Bank & Trust, F.S.B. (PB&T), custodians of the Plan, and were not subjected to any auditing procedures.

The following presents individual investments that represent 5% or more of the Plan's net assets available for benefits at December 31, 2009 and 2008:

	2009 (Unaudited)	2008 (Unaudited)
Interest in insurance company general account:		
PRIAC Guaranteed Income Fund	\$ 13,292,809	\$ 13,320,434
Interest in pooled separate accounts, PRIAC:		
Large Cap Growth Fund	4,078,903	
Core Bond Enhanced Index Fund	6,426,919	5,203,314
Large Cap Blend Fund	11,392,262	11,212,790
Large Cap Value	4,898,071	
S&P 500 Index Fund		3,472,967
Oppenheimer Global Fund	6,563,574	5,578,927
Balanced Fund		5,364,156
Interest in registered investment companies, PB&T,		
Oakmark Equity and Income Fund II	9,204,895	

Investments held in the insurance company general account are under an insurance contract with PRIAC, and are fully benefit-responsive. PRIAC maintains the contributions in a pooled account, which is credited with interest at fixed guaranteed rates (ranging from 2.85% to 3.65%) and charged for Plan withdrawals. The guaranteed interest rates are net of administrative fees and expire December 31, 2009. The guaranteed rate for the 2010 Plan year is 3.20%. The investment is included in the financial statements at contract value, which approximates fair value.

LIN TELEVISION CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DECEMBER 31, 2008
AND
YEAR ENDED DECEMBER 31, 2009

3. Investments (continued):

During the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated in value as follows:

	<u>(Unaudited)</u>
Pooled separate accounts	\$ 11,114,328
Registered investment companies	1,577,948
Self-directed investments	<u>84,898</u>
	<u><u>\$ 12,777,174</u></u>

4. Fair value measurements:

Accounting guidance pertaining to fair value measurements defines fair value, establishes a framework for measuring fair value and expands disclosures. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described as follows:

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.

LIN TELEVISION CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DECEMBER 31, 2008
AND
YEAR ENDED DECEMBER 31, 2009

4. Fair value measurements (continued):

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 relevant observable inputs (that is, Level 1 and Level 2 inputs that do not require significant adjustment) and minimize the use of unobservable inputs.

Following is a description of the significant valuation methodologies used for the Plan's investments. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Registered investment companies: Valued at the net asset value of shares held by the Plan at year-end

Pooled separate accounts: Valued at the net asset value of units held by the Plan at year-end as determined by the custodian, based on the fair value of the underlying securities

Guaranteed income fund: Valued at contributions made to the fund, plus earnings at guaranteed crediting rates, less withdrawals and fees

Participant loans: Valued at amortized cost, which approximates fair value

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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.

LIN TELEVISION CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DECEMBER 31, 2008
AND
YEAR ENDED DECEMBER 31, 2009

4. Fair value measurements (continued):

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009 and 2008:

	December 31, 2009 (Unaudited)			
	Level 1	Level 2	Level 3	Total
Registered investment companies:				
U.S. equity – small cap	\$ 2,821,164			\$ 2,821,164
U.S. equity – mid cap	1,460,658			1,460,658
U.S. equity and fixed income – balanced	9,204,895			9,204,895
International equity – value	3,905,035			3,905,035
Pooled separate accounts:				
U.S. equity – small cap ^(a)		\$ 2,557,409		2,557,409
U.S. equity – mid cap ^(b)		3,583,848		3,583,848
U.S. equity – large cap ^(c)		25,388,251		25,388,251
U.S. bonds ^(d)		6,426,919		6,426,919
International equity – growth ^(e)		7,918,728		7,918,728
Guaranteed income fund		13,292,809		13,292,809
Self-directed brokerage	393,142			393,142
Participant loans			\$ 2,282,779	2,282,779
	<u>\$ 17,784,894</u>	<u>\$ 59,167,964</u>	<u>\$ 2,282,779</u>	<u>\$ 79,235,637</u>

(a) These funds seek capital appreciation and income and normally invest in common stocks and other equity securities of companies with smaller market capitalizations.

(b) These funds seek long-term growth and capital appreciation and normally invest in common stocks of medium-sized companies.

(c) These funds seek to provide capital appreciation and typically invest to outperform certain indexes such as the Russell 1000.

(d) This fund seeks to achieve performance results similar to those of the Barclays Capital U.S. Aggregate Bond Index.

(e) This fund seeks to provide income and normally invests in fixed income securities.

The above funds have no unfunded commitments or restrictions on redemptions. The redemption frequency is immediate and there is no redemption notice period.

LIN TELEVISION CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DECEMBER 31, 2008
AND
YEAR ENDED DECEMBER 31, 2009

4. Fair value measurements (continued):

	December 31, 2008 (Unaudited)			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts		\$52,318,001		\$52,318,001
Guaranteed income fund		13,320,434		13,320,434
Self-directed brokerage	\$ 280,803			280,803
Participant loans			\$ 2,279,740	2,279,740
	<u>\$ 280,803</u>	<u>\$65,638,435</u>	<u>\$ 2,279,740</u>	<u>\$68,198,978</u>

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

	Participant loans
Balance, beginning of year	\$ 2,279,740
New loans originated	1,053,080
Principal payments	(844,763)
Deemed distributions	(6,512)
Loan defaults	<u>(198,766)</u>
Balance, end of year	<u>\$ 2,282,779</u>

5. Related party transactions:

Plan investments are managed by PRIAC and PB&T, custodians of the Plan; therefore, any transactions between the Plan, PRIAC and PB&T qualify as party-in-interest transactions.

LIN TELEVISION CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DECEMBER 31, 2008
AND
YEAR ENDED DECEMBER 31, 2009

6. Plan termination:

Although the Employer has not expressed any intent to do so, it 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, participants will become fully vested in their account balances to the extent of fair value.

7. Tax status:

The Internal Revenue Service has determined and informed the Employer by a letter dated October 21, 2003 that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan is no longer subject to examination by federal or state tax authorities for years before 2006.

8. Reconciliation to Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Form 5500:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per financial statements	\$ 78,901,776	\$ 68,070,167
Liability for excess contributions to be returned not recorded on Form 5500	<u>340,172</u>	<u>209,972</u>
Net assets available for benefits per Form 5500	<u><u>\$ 79,241,948</u></u>	<u><u>\$ 68,280,139</u></u>

LIN TELEVISION CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DECEMBER 31, 2008
AND
YEAR ENDED DECEMBER 31, 2009

8. Reconciliation to Form 5500 (continued):

The following is a reconciliation of contributions and net investment gain per the financial statements for the year ended December 31, 2009 to Form 5500:

Contributions per financial statements	\$ 5,962,305
Excess contributions to be returned not recorded on Form 5500	<u>285,090</u>
Contributions per Form 5500	<u><u>\$ 6,247,395</u></u>
Net appreciation in fair value of investments per financial statements	\$ 12,777,174
Excess contributions to be returned not recorded on Form 5500	<u>55,082</u>
Net investment gain per Form 5500	<u><u>\$ 12,832,256</u></u>

The following is a reconciliation of distributions per the financial statements for the year ended December 31, 2009 to Form 5500:

Benefits paid to participants per financial statements	\$ 8,609,562
Excess contributions returned recorded on 2008 financial statements	<u>209,972</u>
Benefit payments per Form 5500	<u><u>\$ 8,819,534</u></u>

9. Risks and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

LIN TELEVISION CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DECEMBER 31, 2008
AND
YEAR ENDED DECEMBER 31, 2009

10. Contingencies:

Formal Plan Authorization:

The Plan entered into a Formal Plan Authorization (the Authorization) on November 30, 2007 that authorized a loan in the amount of \$483,745 from Prudential to participants who were invested in the State Street Global Advisors Intermediate Bond NL Series Fund – Class A (through the Prudential Separate Account) (Bond Fund) from July 1, 2007 to August 29, 2007. This amount was recorded as a Plan asset and allocated to the aforementioned participants on December 11, 2007 and represents the amount necessary to restore each participant's account to certain levels outlined in the Authorization. Prudential currently has a lawsuit against State Street Global Advisors (SSGA) concerning this matter. The Authorization states that the Plan (or Plan participants) will be required to repay the loan if the Plan receives proceeds from SSGA under the lawsuit. If the proceeds under the lawsuit exceed the original loan amount, the excess will be allocated to the Plan.

During 2008, SSGA lost a motion to dismiss Prudential's claim for damages. As is required at this stage of a lawsuit, SSGA was obligated to assert any counterclaims against Prudential. SSGA chose to assert counterclaims against Prudential for contribution and indemnification, defamation, and unfair and deceptive trade practices under Massachusetts law.

Prudential believes SSGA's claims have no merit, and continues to remain confident that it will ultimately prevail in court. The counterclaims have no impact on the Plan's or participants' ability to retain amounts previously advanced by Prudential.

During 2010, SSGA entered into a settlement agreement with the Securities and Exchange Commission (SEC) to resolve the SEC's charges arising out of investment losses incurred by the Bond Fund. As a result of the settlement, approximately \$50,000 in penalty proceeds will be distributed to affected participants.

DOL Investigation:

The Plan was notified on October 30, 2008 that the DOL had scheduled an investigation. The Employer has submitted all requested documentation. The outcome of the investigation cannot be determined as of the date of these financial statements.

LIN TELEVISION CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DECEMBER 31, 2008
AND
YEAR ENDED DECEMBER 31, 2009

11. Subsequent events:

Effective January 1, 2010, the Employer restated the existing Plan to comply with safe harbor provisions. The Employer will provide a 3% non-elective contribution to all eligible employees, a two-year cliff vesting schedule in Employer non-elective contributions, and institute automatic enrollment and deferral escalation.

LIN TELEVISION CORPORATION 401(k) PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR **
(ITEM 4i OF FORM 5500, SCHEDULE H, PART IV)

DECEMBER 31, 2009

	Identity of party	Description of investments	Current value (Unaudited)
* PRIAC	Guaranteed income fund: PRIAC	Guaranteed Income Fund	\$ 13,292,809
	Pooled separate accounts:		
	Turner Investment Partners	Large Cap Growth Fund	4,078,903
	State Street Global Advisors (SSGA)	Russell 2000 Index Fund	2,557,409
	American Century Investment Management, Inc.	Equity Income Fund	1,513,464
	Prudential Investment Management	Core Bond Enhanced Index Fund	6,426,919
	Artisan Partners Limited Partnership	International Growth Fund	1,355,154
	RCM Capital Management and Barrow, Hanley, Mewhinney and Strauss, Inc.	Large Cap Blend Fund	11,392,262
	Barrow, Hanley, Mewhinney and Strauss, Inc.	Large Cap Value Fund	4,898,071
	Artisan Partners Limited Partnership	Mid Cap Growth Fund	3,583,848
	JennisonDryden	S&P 500 Index Fund	3,505,551
	Prudential Investment Management	Oppenheimer Global Fund	6,563,574
			<u>45,875,155</u>
* PB&T	Registered investment companies:		
	Prudential Mutual Funds	Franklin Growth Opportunity	1,460,658
	Prudential Mutual Funds	Allianz NFJ Small Cap Value	2,250,905
	Prudential Mutual Funds	Fidelity Adv Small Growth	570,259
	Prudential Mutual Funds	MFS International Value R3	3,905,035
	Prudential Mutual Funds	Oakmark Equity and Income Fund II	9,204,895
			<u>17,391,752</u>
	Self-directed	Self-directed	<u>393,142</u>
	Participant loans	Interest rates ranging from 3.25% to 9%	<u>2,282,779</u>
			<u>\$ 79,235,637</u>

* Party-in-interest

** Schedule derived from information certified by Prudential Retirement Insurance and Annuity Company (PRIAC) and Prudential Bank & Trust, F.S.B. (PB&T), custodians of the Plan.