

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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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>SINCLAIR BROADCAST GROUP PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/29/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>04/29/1999</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>04/29/1999</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>SINCLAIR BROADCAST GROUP, INC.</u> <u>10706 BEAVER DAM RD</u> <u>HUNT VALLEY, MD 21030-2207</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>52-1494660</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>410-568-1575</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>515100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-1494660</u>	2c Sponsor's telephone number <u>410-568-1575</u>	2d Business code (see instructions) <u>515100</u>	
2b Employer Identification Number (EIN) <u>52-1494660</u>					
2c Sponsor's telephone number <u>410-568-1575</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	Filed with authorized/valid electronic signature.	10/14/2010	DON THOMPSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	DON THOMPSON
	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") SINCLAIR BROADCAST GROUP, INC. 10706 BEAVER DAM RD HUNT VALLEY, MD 21030-2207	3b Administrator's EIN 52-1494660 3c Administrator's telephone number 410-568-1575
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	458
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	91
b Retired or separated participants receiving benefits.....	6b	82
c Other retired or separated participants entitled to future benefits.....	6c	235
d Subtotal. Add lines 6a , 6b , and 6c	6d	408
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	17
f Total. Add lines 6d and 6e	6f	425
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	5

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 3H 1I

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

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

a Pension Schedules

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

b General Schedules

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

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<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 SINCLAIR BROADCAST GROUP PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. SINCLAIR BROADCAST GROUP, INC.	D Employer Identification Number (EIN) 52-1494660	

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 MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(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
04-1590850	65935	SA 12871	425	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).
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(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
	(c) Amount	(d) Purpose	

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	(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	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	8731675

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SINCLAIR BROADCAST GROUP PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SINCLAIR BROADCAST GROUP, INC.</u>	D Employer Identification Number (EIN) <u>52-1494660</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>7394649</u>
b	Actuarial value 2b <u>7394649</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>95</u> <u>3564264</u>
b	For terminated vested participants 3b <u>243</u> <u>3450934</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>38220</u>
(2)	Vested benefits 3c(2) <u>1690262</u>
(3)	Total active 3c(3) <u>105</u> <u>1728482</u>
d	Total 3d <u>443</u> <u>8743680</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>8.06</u> %
6	Target normal cost 6 <u>58226</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>09/21/2010</u>
Signature of actuary	Date
<u>RICHARD A. ERICKSON</u>	<u>08-05483</u>
Type or print name of actuary	Most recent enrollment number
<u>MASSMUTUAL LIFE INSURANCE CO.</u>	<u>413-744-3601</u>
Firm name	Telephone number (including area code)
<u>1295 STATE STREET</u> <u>SPRINGFIELD, MA 01111-0001</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4531	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	4531	0
10	Interest on item 9 using prior year's actual return of <u>-27.09</u> %	-1227	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		190200
b	Interest on (a) using prior year's effective rate of <u>6.31</u> %		12002
c	Total available at beginning of current plan year to add to prefunding balance		202202
d	Portion of (c) to be added to prefunding balance.....		202202
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	3304	202202

Part III Funding percentages			
14	Funding target attainment percentage.....	14	82.22 %
15	Adjusted funding target attainment percentage.....	15	82.22 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	101.57 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2010	300000		09/25/2009		301
03/20/2009		201	10/13/2009		100
04/20/2009		201	11/16/2009		301
05/26/2009		100	12/01/2009		64
07/30/2009		502	12/28/2009		201
08/25/2009		201			
Totals ►			18(b)	300000	18(c) 2172

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 262933
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?		☐ Yes ☒ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		☐ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	58226
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1029916	183967
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	34	242193
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	242193
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	262933
38 Interest-adjusted excess contributions for current year (see instructions)	38	20740
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

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

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

<div>A Name of plan</div> <div>SINCLAIR BROADCAST GROUP PENSION PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>SINCLAIR BROADCAST GROUP, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>52-1494660</div>

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
52 63 72 13	CONTRACT ADMINISTRATOR	11250	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NFP INSURANCE SERVICES INC

74-2470431

(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?
59	SHAREHOLDER SERVICE PROVI	0	Yes ☒ No ☐	Yes ☐ No ☒	19182	Yes ☐ No ☒

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
PREM INFLAT-PROT AND INCM BABSON 03-0532475	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
PREM SHORT-DURATION BOND BABSON 04-3212057	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
PREMIER CORE BOND BABSON 04-3277549	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
SELECT SM CAP GR W & R/WELLINGTON 04-3464205	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
SEL AGGRESSIVE GR SANDS/DELAWARE 04-3512589	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
SELECT FOCUSED VALUE HARRIS 04-3512590	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
SELECT MID CAP GR II T. ROWE PRICE 04-3512596	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
SELECT LARGE CAP VALUE DAVIS 04-3513019	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
SEL BLUE CHIP GROWTH T. ROWE PRICE 04-3556992	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
SELECT OVERSEAS MFS/HARRIS/ALLBER 04-3557000	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
SELECT FUNDAMENTAL VAL WELLINGTON 04-3584138	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
SEL SMCVAL FED CLOV/TRP/ERNST 04-3584140	BASIS POINTS * PLAN ASSETS

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 <p style="text-align: center;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<small>OMB No. 1210-0110</small> <hr/> <p style="text-align: center; font-size: 1.2em;">2009</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection.</p>
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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 <u>SINCLAIR BROADCAST GROUP PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SINCLAIR BROADCAST GROUP, INC.</u>	D Employer Identification Number (EIN) <u>52-1494660</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-Y4</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>04-1590850-243</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>933413</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-A1</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>04-1590850-157</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>578142</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-AY</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>04-1590850-177</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>453854</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-AV</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>04-1590850-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>460839</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-AT</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>04-1590850-026</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>494488</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-AC</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>04-1590850-012</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>468709</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-AK</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>04-1590850-175</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>686784</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: **SIA-AJ****b** Name of sponsor of entity listed in (a): **MASSACHUSETTS MUTUAL LIFE INSURANCE**

c EIN-PN 04-1590850-018	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 611389
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SIA-AH****b** Name of sponsor of entity listed in (a): **MASSACHUSETTS MUTUAL LIFE INSURANCE**

c EIN-PN 04-1590850-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1074950
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SIA-AG****b** Name of sponsor of entity listed in (a): **MASSACHUSETTS MUTUAL LIFE INSURANCE**

c EIN-PN 04-1590850-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37025
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SIA-AF****b** Name of sponsor of entity listed in (a): **MASSACHUSETTS MUTUAL LIFE INSURANCE**

c EIN-PN 04-1590850-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1119420
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SIA-AE****b** Name of sponsor of entity listed in (a): **MASSACHUSETTS MUTUAL LIFE INSURANCE**

c EIN-PN 04-1590850-014	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1191352
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SIA-AD****b** Name of sponsor of entity listed in (a): **MASSACHUSETTS MUTUAL LIFE INSURANCE**

c EIN-PN 04-1590850-013	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 621310
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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 <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>SINCLAIR BROADCAST GROUP PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SINCLAIR BROADCAST GROUP, INC.</u>	D Employer Identification Number (EIN) <u>52-1494660</u>	

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)	<u>83000</u>	<u>300000</u>
(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)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	<u>7315096</u>	<u>8731675</u>
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	<u>0</u>	<u>0</u>
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7398096	9031675

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7398096	9031675
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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)	300000	
(B) Participants	2a(1)(B)	2171	
(C) Others (including rollovers)	2a(1)(C)	3171	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		305342

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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

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

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1900935
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2206277

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	519476	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	41657	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		561133
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	11250	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	315	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11565
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		572698

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1633579
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: REZNIK GROUP, INC.

(2) EIN: 52-1088612

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

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

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

A Name of plan <u>SINCLAIR BROADCAST GROUP PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SINCLAIR BROADCAST GROUP, INC.</u>	D Employer Identification Number (EIN) <u>52-1494660</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1590850</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>20</u>

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

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

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): _____

INDEPENDENT AUDITORS' REPORT

To the Administrator
Sinclair Broadcast Group Pension Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Sinclair Broadcast Group Pension Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule 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 (ERISA) of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Massachusetts Mutual Life Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Baltimore, Maryland
September 16, 2010

Schedule H, line 4i - Schedule of Assets (Held At End Of Year): 12/31/09**Plan Sponsor: SA 012871-01**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower, lessor or similar party	Description of investment including maturity date, interest rate, collateral, par or maturity value	Cost	Current Value
*	MassMutual	(Select Blue Chip Growth)	649,471	578,142
*	MassMutual	(Select Sm Cap Gr)	372,579	468,709
*	MassMutual	(Sel Aggressive Gr)	557,423	621,310
*	MassMutual	(Premier Core Bond)	935,610	1,191,352
*	MassMutual	(Prem Short-Duration Bond)	894,032	1,119,420
*	MassMutual	(Premier Money Market)	37,025	37,025
*	MassMutual	(Select Overseas)	750,945	1,074,950
*	MassMutual	(Select Large Cap Value)	559,322	611,389
*	MassMutual	(Select Fundamental Val)	561,798	686,784
*	MassMutual	(Select Mid Cap Growth II)	372,978	494,488
*	MassMutual	(Select Focused Value)	369,347	460,839
*	MassMutual	(Select Small Co Value)	376,051	453,854
*	MassMutual	(Prem Inflat-Protect Bond)	748,661	933,413

A Name of Plan Sinclair Broadcast Group, Inc Plan	B Three-digit plan Number 002
C Plan sponsor's name as shown on line 2a of Form 5500 Sinclair Broadcast Group, Inc	D Employer Identification Number 521494660

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Prem Inflat-Prot and Incom (Babson) separate account (SIA-Y4).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Prem Short-Duration Bond (Babson) separate account (SIA-AF).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-AE).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Premier Money Market (Babson) separate account (SIA-AG).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Sel Aggressive Gr (Sands/Delaware) separate account (SIA-AD).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Sel Blue Chip Growth (T Rowe Price) separate account (SIA-A1).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Sel SmCoVal (Fed Clow/TRP/ERNST) separate account (SIA-AY).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Focused Value (Harris) separate account (SIA-AV).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Fundamental Val (Wellington) separate account (SIA-AK).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Large Cap Value (Davis) separate account (SIA-AJ).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Mid Cap Gr II (T Rowe Price) separate account (SIA-AT).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Overseas (MFS/Harris/AllBer) separate account (SIA-AH).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Sm Cap Gr (W&R/Wellington) separate account (SIA-AC).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for float revenue

Copyright © 2010 Massachusetts Mutual Life Insurance Company, Springfield, MA 01111. All rights reserved. MassMutual Financial Group is the fleet name for Massachusetts Mutual Life Insurance Company (MassMutual) [of which Retirement Services is a division] and its affiliated companies and sales representatives.
Schedule C Formula Description and/or EIC Statement Description for the period of: 01/01/2009 - 12/31/2009

RS-18841-00

DB 12871 - 1

Company			received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Prem Inflat-Prot and Incm (Babson) separate account (SIA-Y4).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Prem Short-Duration Bond (Babson) separate account (SIA-AF).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-AE).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Money Market (Babson) separate account (SIA-AG).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Sel Aggressive Gr (Sands/Delaware) separate account (SIA-AD).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Sel Blue Chip Growth (T.Rowe Price) separate account (SIA-A1).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Sel SmCoVal (Fed Ciov/TRP/ERNST) separate account (SIA-AY).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Focused Value (Harris) separate account (SIA-AV).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Fundamental Val (Wellington) separate account (SIA-AK).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Large Cap Value (Davis) separate account (SIA-AJ).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Mid Cap Gr II (T.Rowe Price) separate account (SIA-AT).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Overseas (MFS/Harris/AllBer) separate account (SIA-AH).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Sm Cap Gr (W&R/Wellington) separate account (SIA-AC).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 14 basis points * plan assets with respect to the mutual fund underlying the Select Overseas (MFS/Harris/AllBer) separate account (SIA-AH).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 18 basis points * plan assets with respect to the mutual fund underlying the Prem Inflat-Prot and Incm (Babson) separate account (SIA-Y4).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 21 basis points * plan assets with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-AE).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 28 basis points * plan assets with respect to the mutual fund underlying the Prem Short-Duration Bond (Babson) separate account (SIA-AF).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 31 basis points * plan assets with

Company			respect to the mutual fund underlying the Select Fundamental Val (Wellington) separate account (SIA-AK).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 32 basis points * plan assets with respect to the mutual fund underlying the Select Large Cap Value (Davis) separate account (SIA-AJ).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 32 basis points * plan assets with respect to the mutual fund underlying the Select Mid Cap Gr II (T.Rowe Price) separate account (SIA-AT).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 33 basis points * plan assets with respect to the mutual fund underlying the Select Focused Value (Harris) separate account (SIA-AV).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 34 basis points * plan assets with respect to the mutual fund underlying the Sel Aggressive Gr (Sands/Delaware) separate account (SIA-AD).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 36 basis points * plan assets with respect to the mutual fund underlying the Sel SmCoVal (Fed Clow/TRP/ERNST) separate account (SIA-AY).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 41 basis points * plan assets with respect to the mutual fund underlying the Sel Blue Chip Growth (T.Rowe Price) separate account (SIA-A1).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 41 basis points * plan assets with respect to the mutual fund underlying the Select Sm Cap Gr (W&R/Wellington) separate account (SIA-AC).

Schedule SB, Line 22 - Discription of Weighted Average Retirement Age

Assumed Retirement Age

All Active Participants are assumed to retire at age 65.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Many of the factors affecting the funding cost and liability cost of the Plan are variables which cannot be predicted with certainty. The following actuarial assumptions have either been mandated by statute and regulation or selected to reasonably anticipate future experience with respect to these variables.

Funding Target and Liability for Maximum Tax Deductible Contribution

Interest:	IRS October Full Yield Curve
Preretirement Mortality:	IRC Sec 430 2009 Static Non-Annuitant Tables
Postretirement Mortality:	IRC Sec 430 2009 Static Annuitant Tables
Assumed Retirement:	65
Marriage:	It is assumed that 85% of males and 55% of females are married and that a male is 3 years older than his female spouse.
Expenses:	Administrative expenses are expected to be paid from plan funds.
Optional Forms:	Liabilities include no load to account for the value of optional annuity forms.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Cost Method

The Target Normal Cost is equal to the present value as of the valuation date of the increase in the accrued benefit arising from the service increase in the current plan year plus plan expenses expected to be paid from plan assets. The Funding Target as of the valuation date is the present value of the accrued benefit as of the valuation date.

Asset Valuation Method

The Actuarial Value of assets is equal to market value.

Schedule SB, Part V - Summary of Plan Provisions

The provisions shown here are only summaries. In the interest of space and simplicity, many of them have been abbreviated, simplified, or paraphrased. In matters of Plan interpretation or application, the actual Plan Document should be consulted.

Plan: Sinclair Broadcast Group Pension Plan

Employer Identification Number/Plan Number: 52-1494660/002

Effective Date: April 29, 1999

Plan Year: January 1 – December 31

Employer: Sinclair Broadcast Group, Inc.

Employee: Any person who is employed by the Employer or an Affiliated Company. An individual who performs services for the Employer pursuant to an agreement between the Employer and an employee leasing organization shall be treated as an Employee but only to the extent required under Section 414(n) of the Code.

Schedule SB, Part V - Summary of Plan Provisions

WGME and WGGB EMPLOYEES

Participation: All employees of WGME-TV and WGGB-TV who are age 21 and have one year of service (1000 hours in first year of employment or thereafter plan year) but no later than age 40 for full time employees participate on the first day of the month after fulfilling eligibility requirements.

No participants except WGME AFTRA, Division 11 will be eligible after June 30, 2008.

For WGME AFTRA, Division 11: not participants will be eligible after August 31, 2008.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Elapsed time from Date of Hire, excluding service before age 18, measured in years and days.

Credited Service: Elapsed time from Date of Participation measured in years and days.

For WGGB employees, service after October 31, 2007 will be excluded in Credited Service.

For WGME employees employees not in AFTRA, Division 11, service after June 30, 2008 will be excluded in Credited Service.

For WGME employees employees in AFTRA, Division 11, service after Aug. 31, 2008 will be excluded in Credited Service.

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant reaches age 65.

Early Retirement Date: A Participant may elect early retirement on the first day of any calendar month following:

For WGME Employees: reaching age 55 and completing 5 years of vesting service

For WGGB Employees: reaching age 55 and completing 10 years of vesting service

Annual Earnings:

For WGME Employees: The compensation earned during the calendar year. Compensation is W-2 compensation including bonuses, but excluding overtime, insurance premiums or benefits, relocation expenses, and special contractual agreements.

For WGGB Employees: For Employees paid on a commission basis: 70% of average annual commissions for the three full preceding calendar years.

For all other Employees: Base pay

For WGME employees employees not in AFTRA, Division 11, compensation after June 30, 2008 will be excluded.

For WGME employees employees in AFTRA, Division 11, compensation after Aug. 31, 2008 will be excluded.
Please refer to Plan Document for more details.

Schedule SB, Part V - Summary of Plan Provisions

Normal Retirement Benefit:

The sum of (a) and (b):

- (a) Annual accrued benefit as of January 1, 2000; plus
- (b) For each plan year beginning on or after April 29, 1999, the sum of (i) and (ii):
 - (i) 1% of annual earnings; plus
 - (ii) the larger of
 - (1) $\frac{1}{2}$ % of annual earnings in excess of $\frac{1}{2}$ of the wage base (not less than zero)
 - (2) \$78 (for WGME employees) prorated for hours less than 1950 or \$18 (for WGGB employees)

For WGME employees employees not in AFTRA, Division 11, no further accruals after June 30, 2008.

For WGME employees employees in AFTRA, Division 11, no further accruals after Aug. 31, 2008.

Termination Benefit: A Participant who has at least five years of Vesting Service has a nonforfeitable right to his Accrued Benefit.

Any WGGB participants who were involuntarily terminated on or after January 1, 2007 are 100% vested.

Early Retirement Benefit: Accrued Benefit actuarially reduced for commencement prior to Normal Retirement Date.

Employee Contributions:

Division 11(only): 1% of earnings up to FICA taxable wage base, plus 3% of earning in excess of FICA taxable wage base.

Normal Form: Annuity payable for life for unmarried Participants.
50% Joint and Survivor for married Participants.

Optional Forms: Joint and Survivor Annuity with 50%, 66-2/3%, 75% or 100% continuing to Spouse, Life
For WGGB employees: Life Annuity with 10 years certain.

Death Benefits

Pre-retirement: If the Participant is not vested, no death benefits are payable, except for Employee contributions plus interest.

If the participant is vested:

For WGME-TV Participants with service after January 1, 1984: the death benefit is 100% of the amount that would have been payable to the Participant under the 100% Joint and Survivor option.

For all others: the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except as provided by the annuity form elected.

Schedule SB, Part V - Summary of Plan Provisions

KGAN EMPLOYEES

Participation: All employees who are age 21 and have one year of service (1000 hours in first year of employment or thereafter plan year) participate on the first day of the month after fulfilling eligibility requirements.

No Employee is eligible after June 30, 2008.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Plan Years in which the Employee completes 1000 hours of service.

Credited Service: A Participant's credited service will be the sum of:

- (a) For a participant covered by the plan prior to January 1, 1976, his total service from January 1, 1944 to December 31, 1975 as determined by the prior plan
- (b) Years of employment following January 1, 1976 during which an employee completes 1500 hours
- (c) Fractional years equal to the number of hours worked divided by 1500 for years an employee completes at least 1000 hours
- (d) $\frac{1}{2}$ year in which an employee terminates and completes at least 1000 hours.

Credited Service ceased after June 30, 2008.

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant reaches age 65.

Early Retirement Date: A Participant may elect early retirement on the first day of any calendar month following reaching age 55 and completing 15 years of vesting service

Annual Earnings: The compensation earned during the calendar year. Compensation is W-2 compensation including bonuses, but excluding overtime, insurance premiums or benefits, relocation expenses, and special contractual agreements.

Please refer to Plan Document for more details.

Final Average Earnings: The average of a Participant's greatest five consecutive Annual Earnings, or all Annual Earnings if there are fewer than five taking into account no more than the ten Annual Earnings immediately preceding the date of determination
Earnings after June 30, 2008 are excluded.

Normal Retirement Benefit:

The greater of the regular formula benefit and the minimum formula benefit:

The regular formula is the sum of (a) and (b):

- a) Annual accrued benefit as of January 1, 2000; plus
- b) For each plan year beginning on or after April 29, 1999, the sum of (i) and (ii):
 - i) 1% of annual earnings; plus
 - ii) the larger of
 - (1) $\frac{1}{2}$ % of annual earnings in excess of $\frac{1}{2}$ of the wage base (not less than zero)
 - (2) \$78 prorated for hours less than 1950

Schedule SB, Part V - Summary of Plan Provisions

The minimum formula (for those who were employed prior to January 1, 1991 is equal to:

.75% of five-year average compensation multiplied by years of credited service; plus the sum of:

(a) 16% of five-year average compensation and

(b) 12% of five-year average compensation in excess of \$11,000; the result multiplied by a fraction, of

Compensation in each year for the minimum formula is limited to \$25,000.

No further accruals after June 30, 2008.

Termination Benefit: A Participant who has at least five years of Vesting Service has a nonforfeitable right to his Accrued Benefit.

Early Retirement Benefit: Accrued Benefit actuarially reduced for commencement prior to Normal Retirement Date. The minimum benefit is reduced by 5/12 of 1% for each month payments commence prior to age 65.

Normal Form: Annuity payable for life for unmarried Participants.
50% Joint and Survivor Annuity for married Participants.

Optional Forms: Joint and Survivor Annuity with 50%, 66-2/3%, 75% or 100% continuing to Spouse, Life Annuity, Life Annuity with 10 years certain, Social Security Leveling Option Annuity.

Disability Benefit: Employee is 100% vested on disability date. Benefit commences on normal retirement date.

Death Benefits

Pre-retirement: The death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except as provided by the annuity form elected.

Schedule SB, Part V - Summary of Plan Provisions

WLOS EMPLOYEES

Participation: All employees who are age 21 or have one year of service (1000 hours in first year of employment or thereafter plan year) participate on the January 1 or July 1 coincident with or next following fulfilling eligibility requirements. Participation is frozen.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Plan Years in which the Employee completes 1000 hours of service, excluding service prior to age 18 or January 1, 1965.

Credited Service: A Participant's credited service will be the sum of years from Date of Participation.

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant reaches age 65 or the fifth anniversary of Date of Participation.

Early Retirement Date: A Participant may elect early retirement on the first day of any calendar month following reaching age 55 and completing 20 years of vesting service

Annual Earnings: The compensation earned during the calendar year. Compensation regular wages and salaries including bonuses, commissions and overtime. Please refer to Plan Document for more details.

Normal Retirement Benefit:

Equal to the sum of the Past Service Benefit and the Future Service Benefit:

Past Service Benefit: Accrued benefit from the previous plan as of April 29, 1987

Future Service Benefit: For each plan year the Participant receives a Year of Vesting is the greater of (A) or (B):

(A) for the period April 30, 1987 to December 31, 1988 (prorated for 1987), the sum of

- (1) .75% of Basic Compensation not in excess of the Social Security Wage Base, plus
- (2) 1.5% of Basic Compensation in excess of the Social Security Wage Base

(B) The sum of:

- (1) For period of time April 30, 1987 to December 31, 1998 (prorated for 1987), the sum of:
 - (a) .75% of the Participant's Basic Compensation for such Plan Years, plus
 - (b) .75% of Participant's Basic Compensation in excess of that year's Social Security Wage Base
 - (2) With respect to the period of time from the later of his Eligibility Date or January 1, 1989 onward
 - (a) .75% of the Participant's Basic Compensation for such Plan Year, plus
 - (b) .65% of the Participant's Basic Compensation in excess of that year's Covered Compensation.
- No benefit shall accrue under this subparagraph after Vesting Service exceeds 35

The benefits are frozen as of January 10, 1994.

Termination Benefit: A Participant who has at least five years of Vesting Service has a nonforfeitable right to his Accrued Benefit.

Schedule SB, Part V - Summary of Plan Provisions

Early Retirement Benefit: Accrued Benefit reduced by 1/15/ for each of the first 5 years and 1/30 for each of the next 5 years for commencement prior to Normal Retirement Date.

Normal Form: Annuity payable for life for unmarried Participants.

Optional Forms: Joint and Survivor Annuity with 50%, 66-2/3%, 75% or 100% continuing to Spouse, Life Annuity, Life Annuity with 10 years certain, Combination of Joint and Survivor annuity and Certain and Life

Disability Benefit: If an Participant becomes disabled after he has attained age 45 and completed 10 Years of Vesting Service, he will be paid a benefit reduced actuarially for commencement before Normal Retirement Date.

Death Benefits

Pre-retirement: The death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except as provided by the annuity form elected.

Schedule SB, Line 25 - Change in Method

Summary of Changes to Funding Methods

The method to determine the Target Normal Cost was changed for Plan Years beginning after 2008. The Target Normal Cost will now to include estimated plan expenses expected to be made from plan assets.

The interest rate assumption for valuing the Funding Target was changed from the IRS December 2007 Full Yield Curve in 2008, as elected from the IRS yield curve options by the Plan Sponsor to the IRS October 2008 Full Yield Curve in 2009.

Schedule SB - Line 26 - Schedule of Active Participant Data

Attained Age	YEARS OF CREDITED SERVICE											
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up		
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	2		4		0		0		0		0	
25 to 29	0		6		1		0		0		0	
30 to 34	1		0		5		0		0		0	
35 to 39	0		4		4		2		0		0	
40 to 44	0		5		3		3		0		0	
45 to 49	1		7		6		4		2		7	
50 to 54	1		2		2		2		4		1	
55 to 59	0		1		1		0		5		1	
60 to 64	0		2		0		0		1		0	
65 to 69	0		0		0		0		0		2	
70 & up	0		0		0		0		0		0	

Schedule SB, Line 32, Schedule of Amortization Bases

<u>Effective Date</u>	<u>Base Type</u>	<u>Initial Amount</u>	<u>Outstanding Balance</u>	<u>Years Remaining</u>	<u>Installments</u>
01/01/09	Shortfall	1,029,916	1,029,916	7	183,967
Total		1,029,916	1,029,916		183,967

Schedule SB, Line 19 - Discounted Employer Contributions

Plan Anniversary: January 1, 2009

Plan Effective Rate: 8.06%

Date	Amount Paid in Cash	For Plan Year	Value as of January 1, 2009
09/14/10	300,000	2009	262,933
Total	\$ 300,000		\$ 262,933

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

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

▶ Round off amounts to nearest dollar.

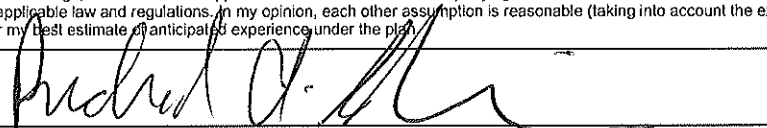
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan SINCLAIR BROADCAST GROUP PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SINCLAIR BROADCAST GROUP, INC.		D Employer Identification Number (EIN) 52-1494660
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	7,394,649	
b Actuarial value.....	2b	7,394,649	
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	95	3,564,264
b For terminated vested participants	3b	243	3,450,934
c For active participants:			
(1) Non-vested benefits.....	3c(1)		38,220
(2) Vested benefits.....	3c(2)		1,690,262
(3) Total active	3c(3)	105	1,728,482
d Total.....	3d	443	8,743,680
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	8.06 %	
6 Target normal cost.....	6	58,226	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

9/21/10

Date

RICHARD A. ERICKSON

Type or print name of actuary

08-05483

Most recent enrollment number

MASSMUTUAL LIFE INSURANCE CO.

Firm name

(413) 744-3601

Telephone number (including area code)

1295 STATE STREET

SPRINGFIELD

MA 01111-0001

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4,531	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	4,531	0
10 Interest on item 9 using prior year's actual return of <u>(27.09)%</u>	(1,227)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		190,200
b Interest on (a) using prior year's effective rate of <u>6.31</u> %		12,002
c Total available at beginning of current plan year to add to prefunding balance		202,202
d Portion of (c) to be added to prefunding balance.....		202,202
12 Reduction in balances due to elections or deemed elections.....		
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	3,304	202,202

Part III Funding percentages

14 Funding target attainment percentage.....	14	82.22 %
15 Adjusted funding target attainment percentage.....	15	82.22 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	101.57 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2010	300,000		09/25/2009		301
03/20/2009		201	10/13/2009		100
04/20/2009		201	11/16/2009		301
05/26/2009		100	12/01/2009		64
07/30/2009		502	12/28/2009		201
08/25/2009		201			
Totals ►			18(b)	300,000	18(c) 2,172

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	262,933

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No**b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No**c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	58,226
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,029,916	183,967
b Waiver amortization installment.....	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	242,193
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	242,193
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c).....	37	262,933
38 Interest-adjusted excess contributions for current year (see instructions).....	38	20,740
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB, Line 24 - Change in Actuarial Assumptions

Describe any changes in non-prescribed actuarial assumptions and justify any such change:

The Withdrawal Assumption has been removed to better reflect expected plan experience.

The salary scale Assumptions has been removed to better reflect expected plan experience.

SINCLAIR BROADCAST GROUP
PENSION PLAN

Financial Statements and Supplemental Schedule

Years ended December 31, 2009 and 2008
with Report of Independent Auditors

Sinclair Broadcast Group Pension Plan
Financial Statements and Supplemental Schedule

Years ended December 31, 2009 and 2008

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Supplemental Schedule

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INDEPENDENT AUDITORS' REPORT

To the Administrator
Sinclair Broadcast Group Pension Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Sinclair Broadcast Group Pension Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule 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 (ERISA) of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Massachusetts Mutual Life Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Baltimore, Maryland
September 16, 2010

Sinclair Broadcast Group Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2009	2008
Assets		
Investments, at fair value:		
Pooled Separate Accounts	\$ 8,731,675	\$ 7,315,096
Receivables:		
Employer contribution receivable	300,000	83,000
Net assets available for benefits	<u>\$ 9,031,675</u>	<u>\$ 7,398,096</u>

See accompanying notes.

Sinclair Broadcast Group Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year ended December 31	
	2009	2008
Additions:		
Contributions from merged and predecessor plans	\$ 3,171	\$ 5,028
Employer contributions	300,000	201,556
Employee contributions	2,172	2,638
	<u>305,343</u>	<u>209,222</u>
Deductions:		
Benefits paid to participants	519,476	648,378
Administrative expenses	53,223	33,227
	<u>572,699</u>	<u>681,605</u>
	(267,356)	(472,383)
Net realized and unrealized appreciation (depreciation) in fair value of investments	1,900,935	(2,802,586)
Net increase (decrease)	<u>1,633,579</u>	<u>(3,274,969)</u>
Net assets available for benefits at beginning of year	7,398,096	10,673,065
Net assets available for benefits at end of year	<u>\$ 9,031,675</u>	<u>\$ 7,398,096</u>

See accompanying notes.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements

December 31, 2009

1. Description of Plan

The Plan (formerly known as the Successor Pension Fund for Former Employees of Guy Gannett) is a contributory defined benefit plan established by Sinclair Broadcast Group, Inc. (the Company) to provide a basic retirement program for employees. During the year ended December 31, 2000 the Plan covered the two television stations, WGME-TV and WGGB-TV (the Stations), acquired by the Company from Guy Gannett during 1999. On December 31, 2000, the KGAN-TV Pension Fund for Former Employees of Guy Gannett and the WLOS-TV, Inc. (WLOS) Retirement Plan (the Predecessor Plans) were merged into the Plan. In conjunction with the merger, all the assets of the Predecessor Plans were transferred into the Plan. It is the Company's position that all participants in the Plan would receive a benefit immediately after the merger that is equal to or greater than the benefit the participant would have been entitled to receive immediately before the merger. The Plan covers all of the purchased stations' employees that were participants in the Guy Gannett Retirement Plans and substantially all other employees of the Stations, provided they are full-time employees over the age of 40 or have completed one year of service and are at least 21 years of age. The Plan is administered by the Company.

The accrued benefits related to former participants in the WLOS, Inc. Retirement Plan were frozen as of January 10, 1994, and employees of WLOS that met the eligibility requirements to participate in the Plan after January 10, 1994, are not eligible to participate in the Plan.

Funding and Contribution Policy

Employer contributions for each fiscal year of the Plan are accrued based on amounts required to be funded to meet the cost of benefits earned by participants in that year, plus appropriate amounts to amortize unfunded liabilities and experienced gains and losses. Funding calculations were performed by Massachusetts Mutual Life Insurance Company (Mass Mutual), the actuary, for the year ended December 31, 2009 and 2008. The company, if required, makes contributions on a quarterly basis; total contributions for the years ending December 31, 2009 and 2008, were \$300,000 and \$201,556, respectively. The Plan has met or exceeded the minimum funding requirements of the Employee Retirement Income Security Act of 1974 for the years ended December 31, 2009 and 2008.

Certain employees subject to collective bargaining contribute to the Plan based on 1% of earnings up to the Federal Insurance Contributions Act (FICA) taxable wage base, plus 3% of earnings in excess of the FICA taxable wage base.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2009

Pension Benefits

Participants at age 65 are entitled to normal retirement benefits; for unmarried participants, benefits are payable monthly for life; for married participants, a joint marital pension is payable for the life of the participant or spouse, whichever is longer. The Plan permits early retirement for any participant who has attained age 55 and, for WGGB employees, has accumulated 10 years of vested service. The Plan also permits, subject to certain conditions, various other payment options. Benefits are primarily based on accrued benefits through December 31, 1991, under the Predecessor Plan, plus 1% of regular earnings for each year plus the greater of ½% of regular earnings and \$78, for WGME and KGAN employees, or \$18, for WGGB employees, commencing on January 1, 1992. Regular earnings for commissioned employees of WGGB are considered to be 70% of average annual commissions for the three previous years.

If an employee dies before becoming vested in the Plan, there is no death benefit. If a vested employee who has not begun to receive retirement benefits dies, the employee's spouse will receive a monthly pension benefit, commencing on the date the participant would have turned 65, equal to that which the spouse would have been entitled had retirement occurred on the date of death and the employee had elected to receive benefits in the form of a joint marital pension.

Vesting is determined as follows:

Combined Years of Continuous Services with the Company and Guy Gannett	Percentage Vested
Less than 5	0%
5 or more	100%

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's benefits, subject to specified limitations.

Upon termination of the Plan, all participants become fully vested. Whether all participants would receive their benefits in the event of Plan termination will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2009

Information about the Plan agreement, the vesting and benefit provisions, and the PBGC benefit guarantee is contained in the Summary Plan Description. Copies of this pamphlet are available from the Company's Human Resources Department.

Discontinued Operations

On July 31, 2007, the Company entered into an agreement to sell WGGB-TV in Springfield, Massachusetts, including the FCC license, to an unrelated third party. The sale was completed November 1, 2007. The unrelated third party did not assume the Plan as part of the closing and all participants employed at WGGB are treated as any other vested terminated employee.

Party-in-Interest

Certain Plan investments are shares of pooled separate accounts managed by Mass Mutual. Transactions involving these instruments are party-in-interest transactions.

Administrative Expenses

The Company pays substantially all administrative expenses of the Plan. Certain investment management fees and other charges paid to the trustee, Mass Mutual, are offset against fund performance in net realized and unrealized appreciations in fair value of investments and are not, therefore, separately reflected as administrative expenses.

2. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2009

Valuation of Investments

Investments are stated at fair value, which includes realized and unrealized gains and losses. Purchases and sales of securities are recorded on a trade-date basis. For further information see Note 8, Fair Value Measurements.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) are estimated future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to services rendered by the employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries. The accumulated plan benefits for active employees are based on the more favorable of average compensation during the five years preceding the valuation date or the average of the highest consecutive five years of the employee's compensation. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

Recent Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board (FASB) issued the Accounting Standards Codification (Codification). Effective July 1, 2009, the Codification is the single source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP). The Codification is intended to reorganize, rather than change, existing GAAP. Accordingly, all references to currently existing GAAP have been removed and have been replaced with plain English explanations of the Plan's accounting policies. The adoption of the Codification did not have a material impact on the Plan's financial statements.

Subsequent Events

The Company has evaluated subsequent events for recognition and disclosure through the date of this filing.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2009

3. Accumulated Plan Benefits

The Plan's actuary estimates the actuarial present value of accumulated plan benefits. These estimates result from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information is as follows:

	December 31	
	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants and beneficiaries currently receiving payments	\$ 3,751,231	\$ 3,885,178
Other participants	6,218,899	6,129,039
	9,970,130	10,014,217
Nonvested benefits	19,388	45,531
	<u>\$ 9,989,518</u>	<u>\$10,059,748</u>

Sinclair Broadcast Group Pension Plan
Notes to Financial Statements (continued)

December 31, 2009

The changes in the actuarial present value of accumulated benefits were as follows:

	Year ended December 31	
	2009	2008
Actuarial present value of accumulated plan benefits, beginning of period	\$ 10,059,748	\$ 9,786,810
Increase (decrease) attributable to:		
Interest, due to the decrease in the discount period	686,001	667,175
Benefits paid to participants	(519,476)	(648,378)
Benefits accumulated and other	(236,755)	254,141
Net (decrease) increase	(70,230)	272,938
Actuarial present value of accumulated plan benefits, end of period	<u>\$ 9,989,518</u>	<u>\$ 10,059,748</u>

Significant assumptions underlying the actuarial present value of accumulated plan benefits as of December 31, 2009 and 2008 are as follows:

Assumed discount rate	7.00% compounded annually
Mortality basis	The adjusted RP-2000 Combined Mortality Table

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2009

4. Investments

Investments are stated at fair value at December 2009 and 2008. During 2009 and 2008, the Plan's investments (including investments bought, sold, as well as held during the year), as determined by Level 2 inputs (see footnote 8 for further information), appreciated in fair value by \$1,900,935 and depreciated in fair value \$2,802,586, respectively.

Investments are held by Mass Mutual, the trustee of the Plan. The investments that are included in the financial statements are based on information certified by the trustee as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974.

Individual investments that represent 5% or more of the Plan's net assets available for benefits are as follows:

	December 31	
	2009	2008
Mass Mutual Premier Core Bond	\$ 1,191,352	\$ 1,134,883
Mass Mutual Prem Short-Duration Bond	1,119,420	1,068,656
Mass Mutual Select Overseas	1,074,950	809,918
Mass Mutual Prem Inflat-Protect Bond	933,413	910,175
Mass Mutual Select Fundamental Value	686,784	593,492
Mass Mutual Select Aggressive Growth	621,310	423,899
Mass Mutual Select Large Cap Value	611,389	498,190
Mass Mutual Select Blue Chip Growth	578,142	431,536
Mass Mutual Select Mid Cap Growth II	494,488	366,203
Mass Mutual Select Small Cap Growth	468,709	360,803
Mass Mutual Select Focused Value	460,839	(a)
Mass Mutual Select Small Co Value	453,854	381,670

(a) This fund did not represent 5% or more of the Plan's net assets at December 31, 2008.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2009

5. 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 the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated July 24, 2003, stating that the Plan is qualified under section 401(a) of the Internal Revenue Code (the Code), and therefore, the related trust is exempt from taxation. Once qualified, the trust is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

7. Plan Amendment

The Plan was amended on June 18, 2008 to freeze all current participants of the Plan except the employees at WGME-TV in the American Federation of Television and Radio Artists Division 11 (AFTRA Division 11) effective June 30, 2008. No new participants are permitted to enter the Plan effective June 30, 2008 and no new benefit accruals are permitted after June 30, 2008.

The Plan was amended on August 22, 2008 to freeze all AFTRA Division 11 participants effective August 31, 2008. No new AFTRA Division 11 employees are permitted to enter into the Plan as of August 31, 2008 and no new benefit accruals are permitted after August 31, 2008.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2009

8. Fair Value Measurements

Accounting guidance provides for valuation techniques, such as the market approach (comparable market prices), the income approach (present value of future income or cash flow), and the cost approach (cost to replace the service capacity of an asset or replacement cost). The statement utilizes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The following is a brief description of those three levels:

- *Level 1:* Observable inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;
- *Level 2:* Inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active; or
- *Level 3:* Unobservable inputs that reflect the reporting entity's own assumptions.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2009

Investment measured at fair value on a recurring basis consisted of the following types of instruments as of December 31, 2009 and 2008, respectively (Level 1, 2 and 3 inputs are defined above):

Fair Value Measurements Using Input Type December 31, 2009

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:				
Multi Cap Value	\$ —	\$ 460,839	\$ —	\$ 460,839
Large Cap Growth	—	1,199,452	—	1,199,452
Mid Cap Growth	—	494,488	—	494,488
Intl/Global Large Core	—	1,074,950	—	1,074,950
Small Cap Growth	—	468,709	—	468,709
Large Cap Value	—	1,298,173	—	1,298,173
Small Cap Value	—	453,854	—	453,854
Intermediate Term Bond	—	2,124,765	—	2,124,765
Short Term Bond	—	1,119,420	—	1,119,420
Money market fund	—	37,025	—	37,025
Total investments				
measured at fair value	\$ —	\$8,731,675	\$ —	\$ 8,731,675

Fair Value Measurements Using Input Type December 31, 2008

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ —	\$ 7,315,096	\$ —	\$ 7,315,096
Total investments				
measured at fair value	\$ —	\$7,315,096	\$ —	\$ 7,315,096

Pooled separate accounts: The Fair value of the participation units owned by the Plan in the pooled separate accounts is based on the net assets of the underlying pool of securities on the last business day of the Plan year as determined by Mass Mutual

Supplemental Schedules

Sinclair Broadcast Group Pension Plan
 EIN: 52-1494660 Plan #002

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

December 31, 2009

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*MassMutual Prem Money Market	Pooled Separate Account	\$ 37,025	\$ 37,025
*MassMutual Select Focused Value	Pooled Separate Account	369,347	460,839
*MassMutual Select Small Cap Growth	Pooled Separate Account	372,579	468,709
*MassMutual Select Mid Cap Growth II	Pooled Separate Account	372,978	494,488
*MassMutual Select Small Co Value	Pooled Separate Account	376,051	453,854
*MassMutual Select Aggressive Growth	Pooled Separate Account	557,423	621,310
*MassMutual Select Large Cap Value	Pooled Separate Account	559,322	611,389
*MassMutual Select Fundamental Value	Pooled Separate Account	561,798	686,784
*MassMutual Select Blue Chip Growth	Pooled Separate Account	649,471	578,142
*MassMutual Prem Inflat-Protect Bond	Pooled Separate Account	748,661	933,413
*MassMutual Select Overseas	Pooled Separate Account	750,945	1,074,950
*MassMutual Prem Short-Duration Bond	Pooled Separate Account	894,032	1,119,420
*MassMutual Premier Core Bond	Pooled Separate Account	935,610	1,191,352
Total investments		\$ 7,185,242	\$ 8,731,675

* Party-in-interest

The investments that are included in the supplemental schedules are based on information certified by the trustee as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974.