

<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>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	<div>☐ a multiemployer plan;</div> <div>☒ a single-employer plan;</div> <div>☐ a multiple-employer plan; or</div> <div>☐ a DFE (specify) ____</div>
B This return/report is:	<div>☐ the first return/report;</div> <div>☐ the final return/report;</div> <div>☐ an amended return/report;</div> <div>☐ a short plan year return/report (less than 12 months).</div>
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	<div>☒ Form 5558;</div> <div>☐ automatic extension;</div> <div>☐ the DFVC program;</div> <div>☐ special extension (enter description)</div>

Part II	Basic Plan Information—enter all requested information
1a Name of plan LIN TELEVISION CORPORATION RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 005
	1c Effective date of plan 01/01/1975
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) LIN TV CORP. ONE WEST EXCHANGE STREET SUITE 5A PROVIDENCE, RI 02903	2b Employer Identification Number (EIN) 13-3581627
	2c Sponsor's telephone number 401-454-2880
	2d Business code (see instructions) 515100

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	DAN DONOHUE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

LIN TV CORP.

ONE WEST EXCHANGE STREET
SUITE 5A
PROVIDENCE, RI 02903**3b** Administrator's EIN

13-3581627

3c Administrator's telephone number

401-454-2880

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

2121

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**

664

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

299

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

1059

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

2022

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

25

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

2047

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**

40

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

1A 1G 1C

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☒**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information – Small Plan)(3) ☒**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan LIN TELEVISION CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500. LIN TV CORP.	D Employer Identification Number (EIN) 13-3581627	

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

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY 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
06-1050034	93629	IN-16997	2047	01/01/2009	12/31/2009

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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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	63703181
5 Current value of plan's interest under this contract in separate accounts at year end	5	5093595

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

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

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

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

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

b Balance at the end of the previous year	7b	190490
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	84959	
(4) Transferred from separate account	7c(4)	9933386	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	10018345
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d Total of balance and additions (add b and c(6))	7d	10208835
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4733507	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	381733	

▶ **CONTRACT EXPENSE CHG PBGC FEE PLAN EXPENSES**

(5) Total deductions	7e(5)	5115240
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f Balance at the end of the current year (subtract e(5) from d)	7f	5093595
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE 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>LIN TELEVISION CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LIN TV CORP.</u>	D Employer Identification Number (EIN) <u>13-3581627</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>61481621</u>
b	Actuarial value 2b <u>67629783</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>288</u> <u>28947061</u>
b	For terminated vested participants 3b <u>1076</u> <u>37008645</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>723905</u>
(2)	Vested benefits 3c(2) <u>19594151</u>
(3)	Total active 3c(3) <u>753</u> <u>20318056</u>
d	Total 3d <u>2117</u> <u>86273762</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>7.07</u> %
6	Target normal cost 6 <u>394784</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>09/22/2010</u>
Signature of actuary	Date
<u>MICHAEL J. GRENIER, ASA, EA</u>	<u>08-05523</u>
Type or print name of actuary	Most recent enrollment number
<u>PRIAC</u>	<u>860-554-2695</u>
Firm name	Telephone number (including area code)
<u>P.O. BOX 2975</u> <u>280 TRUMBULL STREET</u> <u>HARTFORD, CT 06103</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)	8361620	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	1652818	0
9	Amount remaining (Item 7 minus item 8).....	6708802	0
10	Interest on item 9 using prior year's actual return of <u>-27.17</u> %	-1822782	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.06</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	4886020	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	72.72 %
15	Adjusted funding target attainment percentage.....	15	72.72 %
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	94.40 %
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
07/15/2010	600000	0			
			Totals ►	18(b)	600000
				18(c)	0

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 540298
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
0	0
(3) 3rd	(4) 4th
0	0

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 0
22 Weighted average retirement age				22 64
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	394784
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	18353573	3181428
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	3576212
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	3035914	0
36 Additional cash requirement (item 34 minus item 35).....	36	540298
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	540298
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
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</div> <div>Name of plan</div> <div>LIN TELEVISION CORPORATION RETIREMENT PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>005</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>LIN TV CORP.</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>13-3581627</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
PRUDENTIAL RETIREMENT INS & ANNUITY	
06-1050034	

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

PRUDENTIAL RETIREMENT INS & ANNUITY

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	33116	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan 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>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan LIN TELEVISION CORPORATION RETIREMENT PLAN		B Three-digit plan number (PN) ► 005
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LIN TV CORP.		D Employer Identification Number (EIN) 13-3581627
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND ENHANCED INDEX/PIM		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10151502
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH/ARTISAN		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-259	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8607502
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH/TURNER INV		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-141	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3663045
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE/WELLINGTON		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-184	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7090396
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH/ARTISAN PARTNER		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-185	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5440918
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE/TS&W		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-256	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3697067
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST GLOBAL ADV RUSS 3000		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-048	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8054580
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule D (Form 5500) 2009 v.092308.1		

a Name of MTIA, CCT, PSA, or 103-12 IE: **CORE PLUS BOND/PIMCO FUND**
PRUDENTIAL RETIREMENT INS.

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

c EIN-PN 06-1050034-299	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9984812
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAP GROWTH/JENNISON**
PRUDENTIAL RETIREMENT INS.

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

c EIN-PN 06-1050034-409	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3451373
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP GRW/COLUMBUS**

b Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT INS.**

c EIN-PN 06-1050034-650	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3561986
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan LIN TELEVISION CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 LIN TV CORP.	D Employer Identification Number (EIN) 13-3581627	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		600000
(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)	61291131	63703181
(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)	190490	5093595
(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	61481621	69396776

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	61481621	69396776
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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)	600000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		600000

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)	84959	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		84959

(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)		12673539
(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		13358498

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4733507	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4733507
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	709836	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		709836
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5443343

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7915155
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: LGC&D

(2) EIN: 05-0456296

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

A Name of plan <u>LIN TELEVISION CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIN TV CORP.</u>	D Employer Identification Number (EIN) <u>13-3581627</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-1211670</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>16</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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 63% Investment-Grade Debt: 29% High-Yield Debt: _____% Real Estate: _____% Other: 8%

- 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): _____



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

Independent Auditors' Report

Plan Administrator
LIN Television Corporation Retirement Plan
Providence, Rhode Island

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

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 4, which was certified or provided by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification 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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Lefkowitz, Garfinkel, Champi & DeRienzo P.C.

October 12, 2010

LIN Television Corporation Retirement Plan
EIN / PN: 13-3581627 / 005
Attachment to 2009 Schedule SB (Form 5500)
Line 22 - Description of Weighted Average Retirement Age

<u>Age</u>	<u>Probability</u>	<u>Number Retiring</u>	<u>Number Remaining</u>	<u>Result</u>
55	1.50%	0.015000	0.985000	0.825000
56	2.00%	0.019700	0.965300	1.103200
57	3.00%	0.028959	0.936341	1.650663
58	3.00%	0.028090	0.908251	1.629233
59	3.00%	0.027248	0.881003	1.607604
60	3.00%	0.026430	0.854573	1.585806
61	3.00%	0.025637	0.828936	1.563869
62	20.00%	0.165787	0.663149	10.278806
63	5.00%	0.033157	0.629991	2.088919
64	5.00%	0.031500	0.598492	2.015972
65	62.50%	0.374057	0.224434	24.313728
66	30.00%	0.067330	0.157104	4.443801
67	20.00%	0.031421	0.125683	2.105195
68	10.00%	0.012568	0.113115	0.854646
69	10.00%	0.011311	0.101803	0.780493
70	100.00%	0.101803	0.000000	7.126241
Weighted Average Retirement Age:				63.973176

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Actuarial Assumptions/Methods
Part V

ACTUARIAL ASSUMPTIONS

Each assumption, used in combination, represents the best estimate of anticipated experience under the plan. Each assumption used (a) is reasonable taking into account the experience of the plan and reasonable expectations, or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable.

The actuarial assumptions as of January 1, 2009 used in this report are:

Investment Return:

Funding Liability:

The January 2009 IRS Full Yield Curve which represents December 2008 rates (See Appendix F for rates)

Funding Expected Rate of Return:

8.50% per annum, but limited to the third segment rate for the applicable year.

Accounting Information for FAS35:

The January 2009 IRS Full Yield Curve which represents December 2008 rates (See Appendix F for rates)

Salary Scale:

7.00%, per annum

Interest Credited for Cash Balance:

5.25%

Estimated Expenses:

Estimated expenses expected to be paid from Plan assets are \$110,000.

Mortality:

Funding:

The IRS 2009 Static Mortality Table

Accounting Information for FAS35:

The IRS 2009 Static Mortality Table

Termination:

The annual rates of termination at selected ages are:

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	25.0%	30.0%
30	21.1%	24.5%
35	17.2%	18.9%
40	13.3%	13.4%
45	8.9%	8.9%
50	4.4%	4.5%
55 and over	0.0%	0.0%

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Part V

ACTUARIAL ASSUMPTIONS (Continued)

Retirement:

Active Participants:

The annual rates of retirement from active service vary by age and sex for employee with 10 Years of Service:

<u>Age</u>	<u>Male</u>	<u>Female</u>
55	2.0%	1.0%
56	3.0%	1.0%
57-61	5.0%	1.0%
62	25.0%	15.0%
63-64	5.0%	5.0%
65	50.0%	75.0%
66	30.0%	30.0%
67	20.0%	20.0%
68-69	10.0%	10.0%
70	100.0%	100.0%

The weighted average retirement age is 64.

Terminated Vested Participants:

Age 65

Disability:

The 1952 Disability Study of the Society of Actuaries, Period 2, Benefit 5 rates. The annual rates of disability at selected ages are:

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	0.0000%	0.0000%
30	0.0257%	0.0160%
35	0.0513%	0.0320%
40	0.0770%	0.0480%
45	0.1813%	0.1287%
50	0.2857%	0.2093%
55	0.3900%	0.2900%

Form of Payment:

Traditional formula: Life annuity
Cash Balance formula: Lump sum

Spouse's Benefit:

It is assumed that husbands are 3 years older than wives and that 80% of the male Participants and 80% of the female Participants who are or will become eligible for coverage under the Spouse's Benefit will be survived by an eligible spouse.

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Actuarial Assumptions/Methods

Part V

Funding Yield Curve

January 2009 IRS Full Yield Curve with Interest Rates for December 2008

Interest type: Spot rate curve

<u>Effective Period (Yrs)</u>		<u>Rate</u>	<u>Effective Period (Yrs)</u>		<u>Rate</u>	<u>Effective Period (Yrs)</u>		<u>Rate</u>
<u>From:</u>	<u>To:</u>		<u>From:</u>	<u>To:</u>		<u>From:</u>	<u>To:</u>	
0	1	0.0542	33	34	0.0714	66	67	0.0641
1	2	0.0610	34	35	0.0711	67	68	0.0640
2	3	0.0665	35	36	0.0707	68	69	0.0639
3	4	0.0700	36	37	0.0704	69	70	0.0638
4	5	0.0714	37	38	0.0701	70	71	0.0637
5	6	0.0714	38	39	0.0697	71	72	0.0637
6	7	0.0707	39	40	0.0694	72	73	0.0636
7	8	0.0698	40	41	0.0690	73	74	0.0635
8	9	0.0690	41	42	0.0687	74	75	0.0634
9	10	0.0684	42	43	0.0684	75	76	0.0633
10	11	0.0681	43	44	0.0681	76	77	0.0632
11	12	0.0681	44	45	0.0678	77	78	0.0632
12	13	0.0683	45	46	0.0676	78	79	0.0631
13	14	0.0687	46	47	0.0673	79	80	0.0630
14	15	0.0693	47	48	0.0670	80	81	0.0629
15	16	0.0699	48	49	0.0668	81	82	0.0629
16	17	0.0705	49	50	0.0666	82	83	0.0628
17	18	0.0710	50	51	0.0664	83	84	0.0627
18	19	0.0716	51	52	0.0662	84	85	0.0627
19	20	0.0720	52	53	0.0660	85	86	0.0626
20	21	0.0724	53	54	0.0658	86	87	0.0626
21	22	0.0727	54	55	0.0656	87	88	0.0625
22	23	0.0730	55	56	0.0655	88	89	0.0624
23	24	0.0731	56	57	0.0653	89	90	0.0624
24	25	0.0732	57	58	0.0652	90	91	0.0623
25	26	0.0732	58	59	0.0651	91	92	0.0623
26	27	0.0731	59	60	0.0649	92	93	0.0622
27	28	0.0730	60	61	0.0648	93	94	0.0622
28	29	0.0728	61	62	0.0647	94	95	0.0621
29	30	0.0726	62	63	0.0646	95	96	0.0621
30	31	0.0724	63	64	0.0645	96	97	0.0620
31	32	0.0721	64	65	0.0643	97	98	0.0620
32	33	0.0718	65	66	0.0642	98	99	0.0619
						99	100	0.0619

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Actuarial Assumptions/Methods
Part V

ACTUARIAL COST METHOD

I. ACTUARIAL COST METHOD

Costs have been computed in accordance with the Unit Credit Actuarial Cost Method and reflect the actuarial assumptions described in “Plan Assumptions” of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target Normal Cost

The Target Normal Cost is the present value of benefits expected to accrue during the plan year for all Participants plus an estimate of the expenses to be paid from the plan assets during the plan year.

Target Liability and Funding Shortfall

As of January 1, 2008, a Target Liability is established which represents the present value of accrued benefits. This Target Liability is offset by adjusted assets and the remainder (i.e. Funding Shortfall), if any, is amortized over seven years.

Subsequent changes in the Funding Shortfall due to asset experience, liability experience, plan amendments, and/or actuarial assumption changes will be amortized over a seven year period from their valuation dates.

Discount Rate

The plan sponsor has elected to use the January 2009 IRS Full Yield Curve approach for discount rate purposes.

The plan sponsor elected not to phase in the new interest rate basis. Refer to “Plan Assumptions” (Appendix E) for additional detail.

II. ASSET VALUATION METHOD

Assets have been valued in accordance with generally accepted procedures as described below.

All funds invested are valued in the following manner:

Definitions

i(t)	assumed growth rate, set equal to the lesser of the expected return on assets or the applicable 3 rd segment rate for Plan Year t.
C(t)	sum of contributions and other additions to the fund from all sources other than investment transactions in Plan Year t
W(t)	sum of all withdrawals and other decreases to the fund from all sources other than investment transactions in Plan Year t
AV(t)	Actuarial Value of Assets as of Plan Year t
MV(t)	Market Value of Assets as of Plan Year t
EV(t)	Expected Value of Assets as of Plan Year t
G/L(t)	Gain or Loss for Plan Year t

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Actuarial Assumptions/Methods

Part V

ACTUARIAL COST METHOD (Continued)

Method

A description of the method used to determine the current year's Actuarial Value of Assets {AV(t)} is below.

For the preceding 2 years, G/L(t) is determined as follows:

$$EV(t) = MV(t-1) * (1 + i) + [C(t-1) - W(t-1)] * (1 + i(t-1) * m)$$

Where m represents a proportionate yield consistent with the portion of the year for which C and W are invested

$$G/L(t-1) = EV(t) - MV(t)$$

For the current year, AV(t) is determined as follows:

$$AV(t) = MV(t) + 2/3 * G/L(t-1) + 1/3 * G/L(t-2)$$

Corridor Limits

The Actuarial Value of Assets may not be less than 90% or more than 110% of the current market value of plan assets as of the applicable valuation date [as required by IRC Section 430(g)(3)(B)(iii)].

Please note, as highlighted above, the assumed asset growth rate for each year is limited to the applicable 3rd segment rate by law. As a result, if the plan's expected rate of return is greater than this applicable rate, this method is expected to produce an actuarial value of assets that can be expected to be slightly less than the market value of assets, on average.

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Plan Provisions
Part V

PLAN PROVISIONS

Earnings	All compensation other than amounts received under other benefit plans.
Final Earnings	Average of the highest three of the past ten years of pensionable earnings.
Service	A participant will earn one year of Vesting Service if he has accumulated at least 1,000 hours of service for the plan year.
Credited Service	A participant will earn one year of Credited Service if he has accumulated at least 1,000 hours of service for the plan year.
Normal Form of Annuity	Life Annuity.
Normal Retirement Date	The date on which a Participant attains age 65.
Participation Eligibility	Employee has attained age 21.
Benefit Formula	<u>Traditional Plan</u> <i>Eligibility</i> Age 45 with 5 Years of Service on January 1, 2002 and must have elected to remain as a traditional participant. <i>Amount</i> Effective April 1, 2009 all future accruals are frozen. Prior to April 1, 2009: The benefit is 0.9% times credited service after February 1, 2009, plus 1.5% times credited service prior to February 1, 2009, times Final Average Earnings. The "Change of Control" accrued benefit is a minimum benefit. This is the frozen amount calculated as of March 5, 1990, the date the "change in control" provisions of the plan became effective. <u>Cash Balance Plan</u> <i>Eligibility</i> Electing participant as of January 1, 2002 and all other participants. <i>Amount</i> Effective April 1, 2009 all future accruals are frozen. Effective February 1, 2009: The yearly benefit credit shall be 3% of the Participant's Earnings. Effective January 1, 2002 through February 1, 2009: The January 1, 2002 Opening Cash Balance is the Actuarial Equivalent lump sum of the participant's accrued benefit. Thereafter, the yearly cash balance benefit credit shall be 5% of the Participant's Earnings. The accrued benefit under the terms of the plan as of December 31, 2001 is the minimum benefit.

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Plan Provisions
Part V

PLAN PROVISIONS (Continued)

Income Payable

Amount described in sections (a) or (b), whichever applies:

- a. If a participant has a spouse as of his retirement date and does not elect otherwise, retirement income shall be paid on the basis of
- b. Joint & Survivor form, as stipulated by ERISA, and will be the amount determined under the benefit formula multiplied by the appropriate joint and survivor factors.
- c. If the Participant either has no spouse as of his retirement date, or elects to receive his income under the Normal Form, the retirement income will be the amount determined under the benefit formula.

Early Retirement Date

Traditional Participant

Retire on or after both attaining age 55 and completing ten years of vesting service but prior to Normal Retirement Date.

Cash Balance Participant

Vested Participant.

Early Benefit Amount

Traditional Participant

Accrued benefit as of early retirement date, reduced by 0.55% for the first 60 months and 0.30% for the next 60 months that early retirement precedes Normal Retirement Date.

Cash Balance Participant

Account Balance is payable at Early Retirement.

Vesting Schedule

Three years of vesting = 100%

Cash Balance Account

Benefit Accrual:

Determined quarterly, based on 250 hours per quarter.

Interest:

Annual rate equal to the 5 year treasury for the November preceding the Plan Year, plus 25 basis points.

Pre-retirement Spouse Benefit

Eligibility

Death after attaining vesting, either while actively employed or after terminating service but before benefit commencement.

Benefit Formula

A benefit determined as of the date of death is payable either at (1) the date of death, or, if later, when the member would have attained age 55, or (2) at any subsequent thereafter. The amount of the benefit equals the accrued benefit as of the date of the date of death, reduced by the 50% joint & survivor annuity and further reduced by the early retirement factor.

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Changes in Methods
Schedule SB, Part IV

SECTION I

SUMMARY OF VALUATION RESULTS (Continued)

Changes Since Last Year's Valuation

Changes in Pension Plan Provisions

The benefit formula was changed effective 2/1/2009 and all benefit accruals ceased effective 3/31/2009. Appendix C provides details of these changes.

New Legislation

There were no significant legislative changes recognized with this actuarial valuation.

Changes in Actuarial Assumptions

The 2009 interest rates and mortality reflect the following:

Interest Rates: January 2009 IRS Full Field Curve which represents December 2008 rates.

Mortality Table: IRS 2009 Mortality Table

Per IRS guidance, target normal cost must include administrative expenses expected to be paid from plan assets. Assumed to be \$110,000 for the 2009 Plan year.

Changes in Actuarial Cost Method

The Asset Valuation Method has been changed to a 24-month averaging method in accordance with the Pension Protection Act of 2006 (as clarified by the Worker, Retiree and Employer Recovery Act of 2008).

Benefit Restrictions and "At Risk" Status

The Adjusted Funding Target Attainment Percentage (AFTAP) is below 80% and benefit restrictions apply at this time.

The plan is not considered "At Risk" for the current plan year.

SECTION IV

MINIMUM CONTRIBUTION AMORTIZATION

The interest rates and corresponding present value factors as of January 1, 2009 are reflected below. Also shown are prior year amortization values and the development of the amortization for the 2009 plan year.

I. Interest Rate Table - Calculation of Shortfall Amortization Factors

<u>Year</u>	<u>Applicable Interest Rate</u>	<u>Discount Factor</u>	<u>Present Value Factor</u>
1	5.42%	1.000	1.000
2	6.10%	0.943	1.943
3	6.65%	0.879	2.822
4	7.00%	0.816	3.638
5	7.14%	0.759	4.397
6	7.14%	0.708	5.105
7	7.07%	0.664	5.769

II. Prior Year Amortization Amounts

<u>Plan Year</u>	<u>Installment</u>	<u>PV Factor</u>	<u>Present Value</u>
2008	0	5.105	0
2007	0	4.397	0
2006	0	3.638	0
2005	0	2.822	0
2004	0	1.943	0
2003	<u>0</u>	1.000	<u>0</u>
	\$0		\$0

III. Current Year Amortization

Exemption from Current year Amortization	No
1. Funding Shortfall to be amortized ¹	\$18,353,573
2. Present Value of Prior Year Amortization Installments	0
3. Current Year Amortization Base (1 - 2)	18,353,573
4. Shortfall Amortization Factor	5.768974
5. Current Year Amortization Installment (3 divided by 4)	3,181,428
6. Sum of Prior Year Amortization Installments	0
7. Net Shortfall Amortization Charge (5 + 6)	\$3,181,428

¹ The Funding Shortfall to be amortized is calculated as (86,273,762 * 0.94) - 62,743,763

DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND SERVICE

Number of Active Employees as of January 1, 2009 -- Distribution by Age and Service

Attained Age	Years of Credited Service										Total
	<u>Under 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40+</u>	
Under 25	31	28	1								60
25-29	21	87	16	1							125
30-34	13	54	40	12							119
35-39	13	37	44	36	3						133
40-44	7	25	22	16	15	4					89
45-49	5	25	16	20	16	11	9				102
50-54	1	5	15	9	6	8	13	7	1		65
55-59	5	12	3	3	2	6	4	6			41
60-64		1	3	2		1	4	1	1	2	15
65-69			1			2					3
70 +			1								1
Total	96	274	162	99	42	32	30	14	2	2	753

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 LIN TELEVISION CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ►	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LIN TV CORP.	D Employer Identification Number (EIN) 13-3581627	
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	61,481,621	
b Actuarial value	2b	67,629,783	
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	288	28,947,061
b For terminated vested participants	3b	1,076	37,008,645
c For active participants:			
(1) Non-vested benefits	3c(1)		723,905
(2) Vested benefits	3c(2)		19,594,151
(3) Total active	3c(3)	753	20,318,056
d Total	3d	2,117	86,273,762
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	7.07 %	
6 Target normal cost	6	394,784	

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	<u>9/22/2010</u> Date
	Michael J. Grenier, ASA, EA Type or print name of actuary	08-05523 Most recent enrollment number
	PRIAC Firm name	(860) 554-2695 Telephone number (including area code)
	P.O. Box 2975 280 Trumbull Street Hartford CT 06103 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)	8,361,620	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	1,652,818	0
9	Amount remaining (Item 7 minus item 8).....	6,708,802	0
10	Interest on item 9 using prior year's actual return of <u>(27.17)</u> %	(1,822,782)	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.06</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	4,886,020	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	72.72 %
15	Adjusted funding target attainment percentage.....	15	72.72 %
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	94.40 %
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
07/15/2010	600,000	0			
Totals ▶			18(b)	600,000	18(c)
					0

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	540,298

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
0	0	0	0

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 0
22 Weighted average retirement age				22 64
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	394,784
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	18,353,573	3,181,428
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	3,576,212
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	3,035,914	0
36 Additional cash requirement (item 34 minus item 35).....	36	540,298
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	540,298
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
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

LIN Television Corporation Retirement Plan
EIN / PN: 13-3581627 / 005
Attachment to 2009 Schedule SB (Form 5500)
Line 22 - Description of Weighted Average Retirement Age

<u>Age</u>	<u>Probability</u>	<u>Number Retiring</u>	<u>Number Remaining</u>	<u>Result</u>
55	1.50%	0.015000	0.985000	0.825000
56	2.00%	0.019700	0.965300	1.103200
57	3.00%	0.028959	0.936341	1.650663
58	3.00%	0.028090	0.908251	1.629233
59	3.00%	0.027248	0.881003	1.607604
60	3.00%	0.026430	0.854573	1.585806
61	3.00%	0.025637	0.828936	1.563869
62	20.00%	0.165787	0.663149	10.278806
63	5.00%	0.033157	0.629991	2.088919
64	5.00%	0.031500	0.598492	2.015972
65	62.50%	0.374057	0.224434	24.313728
66	30.00%	0.067330	0.157104	4.443801
67	20.00%	0.031421	0.125683	2.105195
68	10.00%	0.012568	0.113115	0.854646
69	10.00%	0.011311	0.101803	0.780493
70	100.00%	0.101803	0.000000	7.126241
Weighted Average Retirement Age:				63.973176

LIN Television Corporation Retirement Plan
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Actuarial Assumptions/Methods
Part V

ACTUARIAL ASSUMPTIONS

Each assumption, used in combination, represents the best estimate of anticipated experience under the plan. Each assumption used (a) is reasonable taking into account the experience of the plan and reasonable expectations, or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable.

The actuarial assumptions as of January 1, 2009 used in this report are:

Investment Return:

Funding Liability:

The January 2009 IRS Full Yield Curve which represents December 2008 rates (See Appendix F for rates)

Funding Expected Rate of Return:

8.50% per annum, but limited to the third segment rate for the applicable year.

Accounting Information for FAS35:

The January 2009 IRS Full Yield Curve which represents December 2008 rates (See Appendix F for rates)

Salary Scale:

7.00%, per annum

Interest Credited for Cash Balance:

5.25%

Estimated Expenses:

Estimated expenses expected to be paid from Plan assets are \$110,000.

Mortality:

Funding:

The IRS 2009 Static Mortality Table

Accounting Information for FAS35:

The IRS 2009 Static Mortality Table

Termination:

The annual rates of termination at selected ages are:

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	25.0%	30.0%
30	21.1%	24.5%
35	17.2%	18.9%
40	13.3%	13.4%
45	8.9%	8.9%
50	4.4%	4.5%
55 and over	0.0%	0.0%

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Actuarial Assumptions/Methods
Part V

ACTUARIAL ASSUMPTIONS (Continued)

Retirement:

Active Participants:

The annual rates of retirement from active service vary by age and sex for employee with 10 Years of Service:

<u>Age</u>	<u>Male</u>	<u>Female</u>
55	2.0%	1.0%
56	3.0%	1.0%
57-61	5.0%	1.0%
62	25.0%	15.0%
63-64	5.0%	5.0%
65	50.0%	75.0%
66	30.0%	30.0%
67	20.0%	20.0%
68-69	10.0%	10.0%
70	100.0%	100.0%

The weighted average retirement age is 64.

Terminated Vested Participants:

Age 65

Disability:

The 1952 Disability Study of the Society of Actuaries, Period 2, Benefit 5 rates. The annual rates of disability at selected ages are:

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	0.0000%	0.0000%
30	0.0257%	0.0160%
35	0.0513%	0.0320%
40	0.0770%	0.0480%
45	0.1813%	0.1287%
50	0.2857%	0.2093%
55	0.3900%	0.2900%

Form of Payment:

Traditional formula: Life annuity
Cash Balance formula: Lump sum

Spouse's Benefit:

It is assumed that husbands are 3 years older than wives and that 80% of the male Participants and 80% of the female Participants who are or will become eligible for coverage under the Spouse's Benefit will be survived by an eligible spouse.

LIN Television Corporation Retirement Plan

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Actuarial Assumptions/Methods

Part V

Funding Yield Curve

January 2009 IRS Full Yield Curve with Interest Rates for December 2008

Interest type: Spot rate curve

<u>Effective Period (Yrs)</u>		<u>Rate</u>	<u>Effective Period (Yrs)</u>		<u>Rate</u>	<u>Effective Period (Yrs)</u>		<u>Rate</u>
<u>From:</u>	<u>To:</u>		<u>From:</u>	<u>To:</u>		<u>From:</u>	<u>To:</u>	
0	1	0.0542	33	34	0.0714	66	67	0.0641
1	2	0.0610	34	35	0.0711	67	68	0.0640
2	3	0.0665	35	36	0.0707	68	69	0.0639
3	4	0.0700	36	37	0.0704	69	70	0.0638
4	5	0.0714	37	38	0.0701	70	71	0.0637
5	6	0.0714	38	39	0.0697	71	72	0.0637
6	7	0.0707	39	40	0.0694	72	73	0.0636
7	8	0.0698	40	41	0.0690	73	74	0.0635
8	9	0.0690	41	42	0.0687	74	75	0.0634
9	10	0.0684	42	43	0.0684	75	76	0.0633
10	11	0.0681	43	44	0.0681	76	77	0.0632
11	12	0.0681	44	45	0.0678	77	78	0.0632
12	13	0.0683	45	46	0.0676	78	79	0.0631
13	14	0.0687	46	47	0.0673	79	80	0.0630
14	15	0.0693	47	48	0.0670	80	81	0.0629
15	16	0.0699	48	49	0.0668	81	82	0.0629
16	17	0.0705	49	50	0.0666	82	83	0.0628
17	18	0.0710	50	51	0.0664	83	84	0.0627
18	19	0.0716	51	52	0.0662	84	85	0.0627
19	20	0.0720	52	53	0.0660	85	86	0.0626
20	21	0.0724	53	54	0.0658	86	87	0.0626
21	22	0.0727	54	55	0.0656	87	88	0.0625
22	23	0.0730	55	56	0.0655	88	89	0.0624
23	24	0.0731	56	57	0.0653	89	90	0.0624
24	25	0.0732	57	58	0.0652	90	91	0.0623
25	26	0.0732	58	59	0.0651	91	92	0.0623
26	27	0.0731	59	60	0.0649	92	93	0.0622
27	28	0.0730	60	61	0.0648	93	94	0.0622
28	29	0.0728	61	62	0.0647	94	95	0.0621
29	30	0.0726	62	63	0.0646	95	96	0.0621
30	31	0.0724	63	64	0.0645	96	97	0.0620
31	32	0.0721	64	65	0.0643	97	98	0.0620
32	33	0.0718	65	66	0.0642	98	99	0.0619
						99	100	0.0619

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Actuarial Assumptions/Methods
Part V

ACTUARIAL COST METHOD

I. ACTUARIAL COST METHOD

Costs have been computed in accordance with the Unit Credit Actuarial Cost Method and reflect the actuarial assumptions described in “Plan Assumptions” of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target Normal Cost

The Target Normal Cost is the present value of benefits expected to accrue during the plan year for all Participants plus an estimate of the expenses to be paid from the plan assets during the plan year.

Target Liability and Funding Shortfall

As of January 1, 2008, a Target Liability is established which represents the present value of accrued benefits. This Target Liability is offset by adjusted assets and the remainder (i.e. Funding Shortfall), if any, is amortized over seven years.

Subsequent changes in the Funding Shortfall due to asset experience, liability experience, plan amendments, and/or actuarial assumption changes will be amortized over a seven year period from their valuation dates.

Discount Rate

The plan sponsor has elected to use the January 2009 IRS Full Yield Curve approach for discount rate purposes.

The plan sponsor elected not to phase in the new interest rate basis. Refer to “Plan Assumptions” (Appendix E) for additional detail.

II. ASSET VALUATION METHOD

Assets have been valued in accordance with generally accepted procedures as described below.

All funds invested are valued in the following manner:

Definitions

i(t)	assumed growth rate, set equal to the lesser of the expected return on assets or the applicable 3 rd segment rate for Plan Year t.
C(t)	sum of contributions and other additions to the fund from all sources other than investment transactions in Plan Year t
W(t)	sum of all withdrawals and other decreases to the fund from all sources other than investment transactions in Plan Year t
AV(t)	Actuarial Value of Assets as of Plan Year t
MV(t)	Market Value of Assets as of Plan Year t
EV(t)	Expected Value of Assets as of Plan Year t
G/L(t)	Gain or Loss for Plan Year t

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Actuarial Assumptions/Methods

Part V

ACTUARIAL COST METHOD (Continued)

Method

A description of the method used to determine the current year's Actuarial Value of Assets {AV(t)} is below.

For the preceding 2 years, G/L(t) is determined as follows:

$$EV(t) = MV(t-1) * (1 + i) + [C(t-1) - W(t-1)] * (1 + i(t-1) * m)$$

Where m represents a proportionate yield consistent with the portion of the year for which C and W are invested

$$G/L(t-1) = EV(t) - MV(t)$$

For the current year, AV(t) is determined as follows:

$$AV(t) = MV(t) + 2/3 * G/L(t-1) + 1/3 * G/L(t-2)$$

Corridor Limits

The Actuarial Value of Assets may not be less than 90% or more than 110% of the current market value of plan assets as of the applicable valuation date [as required by IRC Section 430(g)(3)(B)(iii)].

Please note, as highlighted above, the assumed asset growth rate for each year is limited to the applicable 3rd segment rate by law. As a result, if the plan's expected rate of return is greater than this applicable rate, this method is expected to produce an actuarial value of assets that can be expected to be slightly less than the market value of assets, on average.

LIN Television Corporation Retirement Plan
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Plan Provisions
Part V

PLAN PROVISIONS

Earnings	All compensation other than amounts received under other benefit plans.
Final Earnings	Average of the highest three of the past ten years of pensionable earnings.
Service	A participant will earn one year of Vesting Service if he has accumulated at least 1,000 hours of service for the plan year.
Credited Service	A participant will earn one year of Credited Service if he has accumulated at least 1,000 hours of service for the plan year.
Normal Form of Annuity	Life Annuity.
Normal Retirement Date	The date on which a Participant attains age 65.
Participation Eligibility	Employee has attained age 21.
Benefit Formula	<u>Traditional Plan</u> <i>Eligibility</i> Age 45 with 5 Years of Service on January 1, 2002 and must have elected to remain as a traditional participant. <i>Amount</i> Effective April 1, 2009 all future accruals are frozen. Prior to April 1, 2009: The benefit is 0.9% times credited service after February 1, 2009, plus 1.5% times credited service prior to February 1, 2009, times Final Average Earnings. The "Change of Control" accrued benefit is a minimum benefit. This is the frozen amount calculated as of March 5, 1990, the date the "change in control" provisions of the plan became effective. <u>Cash Balance Plan</u> <i>Eligibility</i> Electing participant as of January 1, 2002 and all other participants. <i>Amount</i> Effective April 1, 2009 all future accruals are frozen. Effective February 1, 2009: The yearly benefit credit shall be 3% of the Participant's Earnings. Effective January 1, 2002 through February 1, 2009: The January 1, 2002 Opening Cash Balance is the Actuarial Equivalent lump sum of the participant's accrued benefit. Thereafter, the yearly cash balance benefit credit shall be 5% of the Participant's Earnings. The accrued benefit under the terms of the plan as of December 31, 2001 is the minimum benefit.

LIN Television Corporation Retirement Plan
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Plan Provisions
Part V

PLAN PROVISIONS (Continued)

Income Payable

Amount described in sections (a) or (b), whichever applies:

- a. If a participant has a spouse as of his retirement date and does not elect otherwise, retirement income shall be paid on the basis of
- b. Joint & Survivor form, as stipulated by ERISA, and will be the amount determined under the benefit formula multiplied by the appropriate joint and survivor factors.
- c. If the Participant either has no spouse as of his retirement date, or elects to receive his income under the Normal Form, the retirement income will be the amount determined under the benefit formula.

Early Retirement Date

Traditional Participant

Retire on or after both attaining age 55 and completing ten years of vesting service but prior to Normal Retirement Date.

Cash Balance Participant

Vested Participant.

Early Benefit Amount

Traditional Participant

Accrued benefit as of early retirement date, reduced by 0.55% for the first 60 months and 0.30% for the next 60 months that early retirement precedes Normal Retirement Date.

Cash Balance Participant

Account Balance is payable at Early Retirement.

Vesting Schedule

Three years of vesting = 100%

Cash Balance Account

Benefit Accrual:

Determined quarterly, based on 250 hours per quarter.

Interest:

Annual rate equal to the 5 year treasury for the November preceding the Plan Year, plus 25 basis points.

Pre-retirement Spouse Benefit

Eligibility

Death after attaining vesting, either while actively employed or after terminating service but before benefit commencement.

Benefit Formula

A benefit determined as of the date of death is payable either at (1) the date of death, or, if later, when the member would have attained age 55, or (2) at any subsequent thereafter. The amount of the benefit equals the accrued benefit as of the date of the date of death, reduced by the 50% joint & survivor annuity and further reduced by the early retirement factor.

LIN Television Corporation Retirement Plan
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Changes in Methods
Schedule SB, Part IV

SECTION I

SUMMARY OF VALUATION RESULTS (Continued)

Changes Since Last Year's Valuation

Changes in Pension Plan Provisions

The benefit formula was changed effective 2/1/2009 and all benefit accruals ceased effective 3/31/2009. Appendix C provides details of these changes.

New Legislation

There were no significant legislative changes recognized with this actuarial valuation.

Changes in Actuarial Assumptions

The 2009 interest rates and mortality reflect the following:

Interest Rates: January 2009 IRS Full Field Curve which represents December 2008 rates.

Mortality Table: IRS 2009 Mortality Table

Per IRS guidance, target normal cost must include administrative expenses expected to be paid from plan assets. Assumed to be \$110,000 for the 2009 Plan year.

Changes in Actuarial Cost Method

The Asset Valuation Method has been changed to a 24-month averaging method in accordance with the Pension Protection Act of 2006 (as clarified by the Worker, Retiree and Employer Recovery Act of 2008).

Benefit Restrictions and "At Risk" Status

The Adjusted Funding Target Attainment Percentage (AFTAP) is below 80% and benefit restrictions apply at this time.

The plan is not considered "At Risk" for the current plan year.

DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND SERVICE

Number of Active Employees as of January 1, 2009 -- Distribution by Age and Service

Attained Age	Years of Credited Service										Total
	<u>Under 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40+</u>	
Under 25	31	28	1								60
25-29	21	87	16	1							125
30-34	13	54	40	12							119
35-39	13	37	44	36	3						133
40-44	7	25	22	16	15	4					89
45-49	5	25	16	20	16	11	9				102
50-54	1	5	15	9	6	8	13	7	1		65
55-59	5	12	3	3	2	6	4	6			41
60-64		1	3	2		1	4	1	1	2	15
65-69			1			2					3
70 +			1								1
Total	96	274	162	99	42	32	30	14	2	2	753

SECTION IV

MINIMUM CONTRIBUTION AMORTIZATION

The interest rates and corresponding present value factors as of January 1, 2009 are reflected below. Also shown are prior year amortization values and the development of the amortization for the 2009 plan year.

I. Interest Rate Table - Calculation of Shortfall Amortization Factors

<u>Year</u>	<u>Applicable Interest Rate</u>	<u>Discount Factor</u>	<u>Present Value Factor</u>
1	5.42%	1.000	1.000
2	6.10%	0.943	1.943
3	6.65%	0.879	2.822
4	7.00%	0.816	3.638
5	7.14%	0.759	4.397
6	7.14%	0.708	5.105
7	7.07%	0.664	5.769

II. Prior Year Amortization Amounts

<u>Plan Year</u>	<u>Installment</u>	<u>PV Factor</u>	<u>Present Value</u>
2008	0	5.105	0
2007	0	4.397	0
2006	0	3.638	0
2005	0	2.822	0
2004	0	1.943	0
2003	<u>0</u>	1.000	<u>0</u>
	\$0		\$0

III. Current Year Amortization

Exemption from Current year Amortization	No
1. Funding Shortfall to be amortized ¹	\$18,353,573
2. Present Value of Prior Year Amortization Installments	0
3. Current Year Amortization Base (1 - 2)	18,353,573
4. Shortfall Amortization Factor	5.768974
5. Current Year Amortization Installment (3 divided by 4)	3,181,428
6. Sum of Prior Year Amortization Installments	0
7. Net Shortfall Amortization Charge (5 + 6)	\$3,181,428

¹ The Funding Shortfall to be amortized is calculated as (86,273,762 * 0.94) - 62,743,763

**LIN TELEVISION CORPORATION
RETIREMENT PLAN**

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



LIN TELEVISION CORPORATION RETIREMENT PLAN
YEARS ENDED DECEMBER 31, 2009 AND 2008

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

Independent Auditors' Report

Plan Administrator
LIN Television Corporation Retirement Plan
Providence, Rhode Island

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

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 4, which was certified or provided by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification 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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Lefkowitz, Garfinkel, Champi & DeRienzo P.C.

October 12, 2010

LIN TELEVISION CORPORATION RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Investments:		
Guaranteed deposit account	\$ 5,093,595	\$ 190,490
Pooled separate accounts	<u>63,703,181</u>	<u>61,291,131</u>
	68,796,776	61,481,621
Employer contributions receivable	<u>600,000</u>	<u>- 0 -</u>
Total assets	69,396,776	61,481,621
Liabilities	<u>- 0 -</u>	<u>- 0 -</u>
Net assets available for benefits	<u><u>\$ 69,396,776</u></u>	<u><u>\$ 61,481,621</u></u>

See notes to financial statements.

LIN TELEVISION CORPORATION RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value	\$ 11,185,071	
Interest and dividends	<u>1,573,427</u>	<u>\$ 1,905,608</u>
	12,758,498	1,905,608
Employer contributions	<u>600,000</u>	<u>750,000</u>
Total additions	<u>13,358,498</u>	<u>2,655,608</u>
Deductions from net assets attributed to:		
Investment loss, net depreciation in fair value		(25,009,706)
Benefit payments	(4,733,507)	(3,928,701)
Administrative expenses	<u>(709,836)</u>	<u>(565,891)</u>
Total deductions	<u>(5,443,343)</u>	<u>(29,504,298)</u>
Net increase (decrease)	7,915,155	(26,848,690)
Net assets available for benefits:		
Beginning of year	<u>61,481,621</u>	<u>88,330,311</u>
End of year	<u>\$ 69,396,776</u>	<u>\$ 61,481,621</u>

See notes to financial statements.

LIN TELEVISION CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

1. Description of Plan:

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

General:

The Plan is a defined benefit plan covering certain of the full-time employees of LIN Television Corporation and certain of its wholly-owned subsidiaries (the Employer) who have attained age 21 and are not members of collective bargaining agreements, unless participation has been provided through such agreements, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan has two components – a traditional average final-pay component (traditional plan) and a cash balance component (cash balance plan). Participants are eligible for either the traditional plan or the cash balance plan.

Effective April 1, 2009, the Plan was frozen to new entrants and accrued benefits, subject to rehire rules. Cash balance plan participants will continue to receive quarterly interest crediting. In addition, no participants will become eligible for ancillary disability benefits on or after April 1, 2009. Participants receiving these benefits prior to April 1, 2009 will continue to receive them.

Eligibility:

Employees who were active participants in the traditional plan prior to January 1, 2002 continued as participants of the traditional plan, provided the following requirements were met:

- 1) Attainment of age 40 and completion of at least five years of service as of December 31, 2001
- 2) Irrevocable election to transfer to cash balance plan was not made
- 3) Continuation as an employee of the Employer

Employees who were active participants in the traditional plan prior to January 1, 2002 who did not meet the requirements above became participants in the cash balance plan. All other employees will become participants in the cash balance plan as of the first day of the month coincident with or after their date of hire.

Contributions:

Employer contributions to the traditional plan are made in amounts sufficient to fund the benefits described below based upon periodic actuarial computations. The Plan is in compliance with the funding requirements of ERISA.

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEARS ENDED DECEMBER 31, 2009 AND 2008

1. Description of Plan (continued):

Contributions (continued):

Employer contributions to the cash balance plan are made to each participant's cash balance account in an amount equal to 5% (through January 31, 2009) and 3% (February 1, 2009 through March 31, 2009) of the participant's eligible wages each calendar quarter. In addition, each cash balance account is credited quarterly with interest at a rate equal to the interest rate for five-year U.S. Treasury Bills plus 25 basis points (the interest rate is reset annually).

Vesting:

Traditional plan participants are fully vested in their accrued benefit on or after their normal retirement date or five years of service (ten years of service if termination of employment occurred prior to January 1, 1988). Cash balance participants must have three years of service (ten years of service if termination occurred prior to January 1, 1988, and five years of service if termination occurred after December 31, 1997 and prior to January 1, 2008).

Benefits:

A. Normal retirement pension benefits:

A participant's normal retirement age is 65.

Traditional plan:

- (1) An eligible participant's monthly normal retirement benefit accrued prior to February 1, 2009 shall be equal to 1/12th of item (a) or item (b) multiplied by item (c), subject to certain provisions in the Plan document:
- (a) 1.5% of the participant's average annual earnings for active participants employed by the Employer on and after January 1, 2002;
 - (b) 1.25% of the participant's average annual earnings for participants who terminated employment prior to January 1, 2002;
 - (c) The participant's years and partial years of service at retirement to a maximum of 32 years.

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEARS ENDED DECEMBER 31, 2009 AND 2008

1. Description of Plan (continued):

Benefits (continued):

A. Normal retirement pension benefits (continued):

(2) An eligible participant's monthly normal retirement benefit accrued on or after February 1, 2009 shall be equal to 1/12th of item (a) multiplied by item (b), subject to certain provisions in the Plan document:

- (a) .90% of the participant's average annual earnings for active participants employed by the Employer on and after February 1, 2009;
- (b) The participant's years and partial years of service earned from January 1, 2009 to retirement to a maximum of 32 years, when added to the years of service calculated in item A(1)(c) above.

Cash balance plan:

Eligible participants' normal retirement benefit shall be the vested value of their cash balance account.

B. Early retirement plan benefits:

Participants are eligible for early retirement benefits upon the attainment of age 55 and five years of vested service. Participants are eligible for an ancillary disability benefit upon the attainment of age 45 and ten years of vested service.

C. Benefit options:

The normal form of benefit in the Plan is a monthly life income annuity for single participants and a joint survivor annuity for married participants. Participants in the cash balance plan may elect to have their benefit paid in either a single lump-sum payment or monthly payments.

Effective April 6, 2009, the Plan was required to enact provisions of the Pension Protection Act of 2006 due to the Plan's funded ratio being between 60% and 80%. As a result, the Plan cannot distribute a cash balance participant's or beneficiary's plan interest in a lump sum if it exceeds the lesser of 50% of the lump payment for which the participant would otherwise be eligible or the present value of the participant's maximum Pension Benefit Guaranty Corporation benefit. The Plan cannot be amended to increase benefits. These restrictions will remain in effect as long as the Plan is within the specified funding levels.

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEARS ENDED DECEMBER 31, 2009 AND 2008

1. Description of Plan (continued):

Administrative expenses:

The terms and conditions of the Plan relating to eligibility and calculations of the amounts of benefits are administered by the Retirement and Benefits Committee of the Plan, consisting of employees of the Employer appointed by its Chief Executive Officer. The assets of the Plan are held by Prudential Retirement Insurance and Annuity Company (PRIAC), pursuant to a trust agreement. Administrative expenses are paid by the Plan, unless the Employer elects to make payment.

2. Summary of significant accounting policies:

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Recent accounting pronouncements:

Investments:

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

Subsequent events:

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

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEARS ENDED DECEMBER 31, 2009 AND 2008

2. Summary of significant accounting policies (continued):

Investment valuation and income recognition:

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

Investment in the guaranteed deposit account is reported at contract value, which represents contributions made to the fund, plus earnings at guaranteed crediting rates, less withdrawals and fees.

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

Actuarial present value of accumulated plan benefits:

Accumulated plan benefits are those future payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. 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 to the valuation date.

The actuarial present value of accumulated plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits 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 significant assumptions underlying the actuarial computations are as follows:

	<u>2009</u>	<u>2008</u>
Assumed rate of return on investments	8.50%	8.50%
Interest credited on cash balance accounts	5.25%	5.25%
Salary scale	7.00%	7.00%
Mortality basis	2009 IRS Static	2008 IRS Static
Average age at retirement	64	64

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEARS ENDED DECEMBER 31, 2009 AND 2008

2. Summary of significant accounting policies (continued):

Actuarial present value of accumulated plan benefits (continued):

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan terminates, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of benefits payable.

Payment of benefits:

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

Reclassifications:

Certain amounts in the 2008 financial statements have been reclassified to conform with the current year presentation.

3. Investments:

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, all investments as of December 31, 2009 and 2008 and investment activity for the years then ended were certified or provided by PRIAC, the trustee of the Plan, and were not subjected to any auditing procedures.

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

	2009 (Unaudited)	2008 (Unaudited)
Guaranteed deposit account	\$ 5,093,595	
Pooled separate accounts:		
Turner Investment Large Cap Growth Fund	3,663,045	\$ 4,675,568
Wellington Management Large Cap Value Fund	7,090,396	4,583,135
Artisan Partners Mid-Cap Growth Fund	5,440,918	5,937,293
Columbus Small Cap Growth	3,561,986	
Thomas Siegel & Walmsley Small Cap Fund	3,697,067	6,358,129
State Street Global Advisors Russell 3000 Index	8,054,580	7,616,739
Artisan Partners International Growth Fund	8,607,502	5,668,875
Prudential Investment Management Core Bond Fund	10,151,502	26,451,392
Prudential Investment Management Core Plus Bond Fund	9,984,812	

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEARS ENDED DECEMBER 31, 2009 AND 2008

3. Investments (continued):

The guaranteed deposit account is under an insurance contract with PRIAC. PRIAC maintains the contributions in a pooled account, which is credited with interest at fixed guaranteed rates established on annual basis (5.44% for 2009), and charged for Plan withdrawals. The guaranteed interest rates are net of administrative fees.

During the years ended December 31, 2009 and 2008, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

	(Unaudited)	
	2009	2008
Pooled separate accounts:		
Stock funds	\$ 8,394,278	\$ (20,073,172)
International stock fund	2,138,168	(5,141,991)
Bond fund	652,625	205,457
	<u>\$ 11,185,071</u>	<u>\$ (25,009,706)</u>

4. Fair value measurements:

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

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

Level 2 – Inputs to the valuation methodology include:

Quoted prices for similar assets or liabilities in active markets

Quoted prices for identical or similar assets or liabilities in inactive markets

Inputs other than quoted prices that are observable for the asset or liability

Inputs that are derived principally from or corroborated by observable market data by correlation or other means

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEARS ENDED DECEMBER 31, 2009 AND 2008

4. Fair value measurements (continued):

Level 2 – (continued):

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant observable inputs (that is, Level 1 and Level 2 inputs that do not require significant adjustment) and minimize the use of unobservable inputs.

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

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

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

The fair value of the Plan's pooled separate accounts was determined using Level 2 inputs.

The following table presents the fair values of the Plan's pooled separate accounts, by major category, as of December 31, 2009 and 2008:

	(Unaudited)	
	2009	2008
U.S. equity – small cap ^(a)	\$ 15,313,633	\$ 13,974,868
U.S. equity – mid cap ^(b)	5,440,918	5,937,293
U.S. equity – large cap ^(c)	14,204,814	9,258,703
International equity - growth ^(d)	8,607,502	5,668,875
U.S. bonds ^(e)	20,136,314	26,451,392
	<u>\$ 63,703,181</u>	<u>\$ 61,291,131</u>

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEARS ENDED DECEMBER 31, 2009 AND 2008

4. Fair value measurements (continued):

- (a) These funds seek capital appreciation and income and normally invest in common stocks and other equity securities of companies with smaller market capitalizations.
- (b) These funds seek long-term growth and capital appreciation and normally invest in common stocks of medium-sized companies.
- (c) These funds seek to provide capital appreciation and typically invest to outperform certain indexes such as the Russell 1000.
- (d) These funds seek maximum long-term capital growth and normally invest in foreign equity securities.
- (e) These funds seek to achieve performance results similar to those of the Barclays Capital U.S. Aggregate Bond Index.

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

5. Accumulated plan benefits:

The most recent calculation of the present value of vested and nonvested benefits was made by the consulting actuary as of January 1, 2009 and reflects the requirements of ERISA. The actuarial present value of accumulated plan benefits consists of the following:

	December 31,	
	2008	2007
Vested benefits:		
Retired participants and beneficiaries receiving payments	\$ 28,947,061	\$ 31,252,165
Terminated vested participants	37,008,645	40,726,207
Active participants	19,594,151	20,892,078
	85,549,857	92,870,450
Nonvested benefits	723,905	691,778
Total	<u>\$ 86,273,762</u>	<u>\$ 93,562,228</u>

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEARS ENDED DECEMBER 31, 2009 AND 2008

5. Accumulated plan benefits (continued):

The changes in the actuarial present value of accumulated plan benefits for the years ended December 31, 2009 and 2008 resulted from the following:

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits at beginning of the year	\$ 93,562,228	\$ 92,818,422
Additional benefits accumulated (including the effect of noninvestment experience)	1,868,078	2,576,548
Interest	5,552,582	5,252,692
Benefits paid	(3,928,701)	(3,938,106)
Changes in plan assumptions	<u>(10,780,425)</u>	<u>(3,147,328)</u>
Actuarial present value of accumulated plan benefits at end of the year	<u>\$ 86,273,762</u>	<u>\$ 93,562,228</u>

6. Related party transactions:

All Plan investments are managed by PRIAC, the trustee of the Plan; therefore, any transactions between the Plan and PRIAC qualify as party-in-interest transactions.

7. Plan termination:

Although the Employer has not expressed any intent to do so, it has the right under the Plan to terminate the Plan subject to ERISA. In the event of Plan termination, the Plan provides that the net assets of the Plan shall be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA. To the extent there are unfunded vested benefits other than benefits becoming vested by virtue of termination of the Plan, ERISA provides that such benefits are payable to participants by the Pension Benefit Guaranty Corporation (PBGC), up to specified limitations.

Should the Plan be terminated at some future time, whether all participants receive their benefit will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

LIN TELEVISION CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2009 AND 2008

8. Tax status:

The Internal Revenue Service has determined and informed the Employer by a letter dated June 25, 2009 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

9. Risks and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect 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 is 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

LIN TELEVISION CORPORATION RETIREMENT PLAN

EIN: 13-3581627 PN: 005

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

DECEMBER 31, 2009
(Unaudited)

Description of investment	Units	Cost	Current value
* Guaranteed deposit account, PRIAC		\$ 5,093,595	\$ 5,093,595
* Pooled separate accounts:			
Stock funds:			
Jennison Large Cap Growth	273,670	3,361,107	3,451,373
Turner Investment Large Cap Growth Fund	314,921	3,232,623	3,663,045
Wellington Management Large Cap Value Fund	613,128	6,327,209	7,090,396
Artisan Partners Mid Cap Growth Fund	427,260	3,181,778	5,440,918
Columbus Small Cap Growth	232,337	3,358,641	3,561,986
Thomas Siegel & Walmsley Small Cap Fund	224,476	2,306,044	3,697,067
State Street Global Advisors Russell 3000 Index	370,700	6,085,704	8,054,580
		<u>27,853,106</u>	<u>34,959,365</u>
International stock fund,			
Artisan Partners International Growth Fund	619,889	5,854,985	8,607,502
Bond funds:			
Prudential Investment Management Core Plus Bond Fund	617,415	10,114,198	9,984,812
Prudential Investment Management Core Bond Fund Enhanced Index	553,326	8,376,485	10,151,502
		<u>18,490,683</u>	<u>20,136,314</u>
		<u>\$ 57,292,369</u>	<u>\$ 68,796,776</u>
* Party-in-interest			

** This schedule was derived from information certified by Prudential Retirement Insurance and Annuity Company (PRIAC).

LIN TELEVISION CORPORATION RETIREMENT PLAN

EIN: 13-3581627 PN: 005

SCHEDULE OF REPORTABLE TRANSACTIONS (ITEM 4j OF FORM 5500, SCHEDULE H, PART IV)

YEAR ENDED DECEMBER 31, 2009

In accordance with DOL REG.2520-103-6(d)(2):

<u>Identity of party involved</u>	<u>Description of assets</u>	<u>Purchase price</u>	<u>Selling price</u>	<u>Cost of asset</u>	<u>Current value at transaction date</u>	<u>Net gain (loss)</u>
Category (1) – single transaction in excess of 5% of Plan assets:						
Purchases:						
Prudential Retirement Insurance and Annuity Company	Core Plus Bond Fund	\$ 5,030,000		\$ 5,030,000	\$ 5,030,000	
Prudential Retirement Insurance and Annuity Company	Core Plus Bond Fund	5,030,000		5,030,000	5,030,000	
Sales:						
Prudential Retirement Insurance and Annuity Company	Core Bond Fund Enhanced Index		\$ 5,030,000	4,100,316	5,030,000	\$ 929,684
Prudential Retirement Insurance and Annuity Company	Core Bond Fund Enhanced Index		5,030,000	4,078,124	5,030,000	951,876

(continued)

LIN TELEVISION CORPORATION RETIREMENT PLAN

EIN: 13-3581627 PN: 005

SCHEDULE OF REPORTABLE TRANSACTIONS (ITEM 4j OF FORM 5500, SCHEDULE H, PART IV) (CONTINUED)

YEAR ENDED DECEMBER 31, 2009

Identity of party involved	Description of assets	Purchase price	Selling price	Cost of asset	Current value at transaction date	Net gain (loss)
Category (3) – series of transactions in excess of 5% of Plan assets:						
Purchases:						
Prudential Retirement Insurance and Annuity Company	Jennison Large Cap Growth, 2 transactions	\$ 3,360,000		\$ 3,360,000	\$ 3,360,000	
Prudential Retirement Insurance and Annuity Company	Columbus Small Cap Growth, 2 transactions	3,360,000		3,360,000	3,360,000	
Prudential Retirement Insurance and Annuity Company	Core Plus Bond Fund, 2 transactions	10,080,000		10,080,000	10,080,000	
Prudential Retirement Insurance and Annuity Company	Charter Guaranteed Deposit Account, 20 transactions	10,056,407		10,056,407	10,056,407	

(continued)

LIN TELEVISION CORPORATION RETIREMENT PLAN

EIN: 13-3581627 PN: 005

SCHEDULE OF REPORTABLE TRANSACTIONS (ITEM 4j OF FORM 5500, SCHEDULE H, PART IV)

YEAR ENDED DECEMBER 31, 2009

Identity of party involved	Description of assets	Purchase price	Selling price	Cost of asset	Current value at transaction date	Net gain (loss)
Category (3) – series of transactions in excess of 5% of Plan assets (continued):						
Sales:						
Prudential Retirement Insurance and Annuity Company	Turner Investment Large Cap Growth Fund, 6 transactions		\$ 3,853,550	\$ 3,567,502	\$ 3,853,550	\$ 286,048
Prudential Retirement Insurance and Annuity Company	Artisan Partners Mid-Cap Growth Fund, 6 transactions		3,246,870	2,050,884	3,246,870	1,195,986
Prudential Retirement Insurance and Annuity Company	Thomas Siegel & Walmsley Small Cap Fund, 6 transactions		3,592,568	2,426,511	3,592,568	1,166,057
Prudential Retirement Insurance and Annuity Company	Core Bond Fund Enhanced Index, 14 transactions		17,990,000	14,711,506	17,990,000	3,278,494
Prudential Retirement Insurance and Annuity Company	Charter Guaranteed Deposit Account, 134 transactions		5,207,888	5,207,888	5,207,888	- 0 -

LIN TELEVISION CORPORATION RETIREMENT PLAN

EIN: 13-3581627 PN: 005

SCHEDULE OF REPORTABLE TRANSACTIONS (ITEM 4j OF FORM 5500, SCHEDULE H, PART IV)

YEAR ENDED DECEMBER 31, 2009

In accordance with DOL REG.2520-103-6(d)(2):

<u>Identity of party involved</u>	<u>Description of assets</u>	<u>Purchase price</u>	<u>Selling price</u>	<u>Cost of asset</u>	<u>Current value at transaction date</u>	<u>Net gain (loss)</u>
Category (1) – single transaction in excess of 5% of Plan assets:						
Purchases:						
Prudential Retirement Insurance and Annuity Company	Core Plus Bond Fund	\$ 5,030,000		\$ 5,030,000	\$ 5,030,000	
Prudential Retirement Insurance and Annuity Company	Core Plus Bond Fund	5,030,000		5,030,000	5,030,000	
Sales:						
Prudential Retirement Insurance and Annuity Company	Core Bond Fund Enhanced Index		\$ 5,030,000	4,100,316	5,030,000	\$ 929,684
Prudential Retirement Insurance and Annuity Company	Core Bond Fund Enhanced Index		5,030,000	4,078,124	5,030,000	951,876

(continued)

LIN TELEVISION CORPORATION RETIREMENT PLAN

EIN: 13-3581627 PN: 005

SCHEDULE OF REPORTABLE TRANSACTIONS (ITEM 4j OF FORM 5500, SCHEDULE H, PART IV) (CONTINUED)

YEAR ENDED DECEMBER 31, 2009

Identity of party involved	Description of assets	Purchase price	Selling price	Cost of asset	Current value at transaction date	Net gain (loss)
Category (3) – series of transactions in excess of 5% of Plan assets:						
Purchases:						
Prudential Retirement Insurance and Annuity Company	Jennison Large Cap Growth, 2 transactions	\$ 3,360,000		\$ 3,360,000	\$ 3,360,000	
Prudential Retirement Insurance and Annuity Company	Columbus Small Cap Growth, 2 transactions	3,360,000		3,360,000	3,360,000	
Prudential Retirement Insurance and Annuity Company	Core Plus Bond Fund, 2 transactions	10,080,000		10,080,000	10,080,000	
Prudential Retirement Insurance and Annuity Company	Charter Guaranteed Deposit Account, 20 transactions	10,056,407		10,056,407	10,056,407	

(continued)

LIN TELEVISION CORPORATION RETIREMENT PLAN

EIN: 13-3581627 PN: 005

SCHEDULE OF REPORTABLE TRANSACTIONS (ITEM 4j OF FORM 5500, SCHEDULE H, PART IV)

YEAR ENDED DECEMBER 31, 2009

Identity of party involved	Description of assets	Purchase price	Selling price	Cost of asset	Current value at transaction date	Net gain (loss)
Category (3) – series of transactions in excess of 5% of Plan assets (continued):						
Sales:						
Prudential Retirement Insurance and Annuity Company	Turner Investment Large Cap Growth Fund, 6 transactions		\$ 3,853,550	\$ 3,567,502	\$ 3,853,550	\$ 286,048
Prudential Retirement Insurance and Annuity Company	Artisan Partners Mid-Cap Growth Fund, 6 transactions		3,246,870	2,050,884	3,246,870	1,195,986
Prudential Retirement Insurance and Annuity Company	Thomas Siegel & Walmsley Small Cap Fund, 6 transactions		3,592,568	2,426,511	3,592,568	1,166,057
Prudential Retirement Insurance and Annuity Company	Core Bond Fund Enhanced Index, 14 transactions		17,990,000	14,711,506	17,990,000	3,278,494
Prudential Retirement Insurance and Annuity Company	Charter Guaranteed Deposit Account, 134 transactions		5,207,888	5,207,888	5,207,888	- 0 -