

<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 KRON/IBEW LOCAL 45 PENSION PLAN	1b Three-digit plan number (PN) ▶ 031
	1c Effective date of plan 11/01/1972
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) YOUNG BROADCASTING OF SAN FRANCISCO, INC. 1001 VAN NESS AVENUE SAN FRANCISCO, CA 94109	2b Employer Identification Number (EIN) 52-2242171
	2c Sponsor's telephone number 415-561-8788
	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.	10/15/2010	DEBRA CHAMBERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	DEBRA CHAMBERS
	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") YOUNG BROADCASTING OF SAN FRANCISCO, INC. 1001 VAN NESS AVENUE SAN FRANCISCO, CA 94109	3b Administrator's EIN 52-2242171 3c Administrator's telephone number 415-561-8788
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	278
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	33
b Retired or separated participants receiving benefits.....	6b	70
c Other retired or separated participants entitled to future benefits.....	6c	150
d Subtotal. Add lines 6a , 6b , and 6c	6d	253
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	14
f Total. Add lines 6d and 6e	6f	267
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	1
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:
 1I 1G 3H

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

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

a Pension Schedules

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

b General Schedules

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</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	
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 KRON/IBEW LOCAL 45 PENSION PLAN	B Three-digit plan number (PN) 031
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF YOUNG BROADCASTING OF SAN FRANCISCO, INC.	D Employer Identification Number (EIN) 52-2242171
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 01 Day 01 Year 2009		
2	Assets:		
a	Market value	2a	6480770
b	Actuarial value	2b	7128847
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a 75	5477045
b	For terminated vested participants	3b 169	2577029
c	For active participants:		
(1)	Non-vested benefits	3c(1)	6536
(2)	Vested benefits	3c(2)	1362410
(3)	Total active	3c(3) 34	1368946
d	Total	3d 278	9423020
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐		
a	Funding target disregarding prescribed at-risk assumptions	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	8.21 %
6	Target normal cost	6	150000

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		10/14/2010
Signature of actuary		Date
KAREN F. KWAN, EA, MAAA		08-05559
Type or print name of actuary		Most recent enrollment number
AON CONSULTING		212-441-2107
Firm name		Telephone number (including area code)
199 WATER STREET NEW YORK, NY 10038		
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 ☐

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)	19700	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	19700	0
10	Interest on item 9 using prior year's actual return of <u>-24.15</u> %	-4758	
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>6.08</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).....	14942	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	75.49 %
15	Adjusted funding target attainment percentage.....	15	75.49 %
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	78.24 %
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
07/19/2010	66525		09/14/2010	225639	
07/19/2010	106202				
07/19/2010	106202				
07/19/2010	106202				
07/19/2010	106202				
08/16/2010	55974				
			Totals ►	18(b)	772946
				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 57236
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 607895
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 2
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	57236
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	57236
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	150000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2309115	457853
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	607853
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	607853
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	607895
38 Interest-adjusted excess contributions for current year (see instructions).....	38	42
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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

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

<div>A Name of plan</div> <div>KRON/IBEW LOCAL 45 PENSION PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>031</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>YOUNG BROADCASTING OF SAN FRANCISCO, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>52-2242171</div>

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

AON CONSULTING

04-3169760

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	58785	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EISNERAMPER LLC

13-1639826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	28450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF AMERICA

95-4026042

(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?
21	NONE	25572	Yes ☒ No ☐	Yes ☒ No ☐	6	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:	CHARLES D. CAHILL, FSA, EA	b EIN:	04-3169760
c Position:	ENROLLED ACTUARY		
d Address:	AON CONSULTING ONE FEDERAL STREET, 20TH FLOOR BOSTON, MA 02110	e Telephone:	617-457-4600
Explanation:		DUE TO STAFFING CHANGES WITHIN AON CONSULTING, MS. KWAN WILL BE ASSUMING THE DUTIES OF ENROLLED ACTUARY.	

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>
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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 KRON/IBEW LOCAL 45 PENSION PLAN		B Three-digit plan number (PN) ► 031
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 YOUNG BROADCASTING OF SAN FRANCISCO, INC.		D Employer Identification Number (EIN) 52-2242171

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: INTERMEDIATE FIXED INCOME FUND			
b Name of sponsor of entity listed in (a): BANK OF AMERICA			
c EIN-PN 95-4026042-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2610743	
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP ENHANCED CORE FUND			
b Name of sponsor of entity listed in (a): BANK OF AMERICA			
c EIN-PN 95-4026042-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2798832	
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP ENHANCED CORE FUND			
b Name of sponsor of entity listed in (a): BANK OF AMERICA			
c EIN-PN 95-4026042-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 488927	
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)	
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)	
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)	
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)	

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)**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)**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)**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)**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)**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)**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)**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)**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)**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)

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 KRON/IBEW LOCAL 45 PENSION PLAN	B Three-digit plan number (PN) ►	031
C Plan sponsor's name as shown on line 2a of Form 5500 YOUNG BROADCASTING OF SAN FRANCISCO, INC.	D Employer Identification Number (EIN) 52-2242171	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	27678	772946
(2) Participant contributions	1b(2)		0
(3) Other.....	1b(3)	24	7
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20980	143556
(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)	5856089	5898502
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	576066	775994
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6480837	7591005

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	6480837	7591005
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	772946	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		772946
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	113	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		113
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	726011	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	726011	
(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)		997413
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		190817
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1961289

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	705669	
(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)		705669
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)	87235	
(2) Contract administrator fees	2i(2)	25572	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	32645	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		145452
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		851121

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1110168
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: EISNERAMPER LLC

(2) EIN: 13-1639826

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

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

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

A Name of plan <u>KRON/IBEW LOCAL 45 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>031</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>YOUNG BROADCASTING OF SAN FRANCISCO, INC.</u>	D Employer Identification Number (EIN) <u>52-2242171</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>95-4026042</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>7</u>

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

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



KRON/IBEW LOCAL 45 PENSION PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
(modified cash basis)

DECEMBER 31, 2009 and 2008

KRON/IBEW LOCAL 45 PENSION PLAN

Contents

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Statements of accumulated plan benefits as of January 1, 2009 and 2008	4
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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
KRON/IBEW Local 45 Pension Plan

We were engaged to audit the accompanying statements of net assets available for benefits (modified cash basis) of KRON/IBEW Local 45 Pension Plan (the "Plan") as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the statements of accumulated plan benefits (modified cash basis) as of January 1, 2009 and 2008, and the related statement of changes in accumulated plan benefits (modified cash basis) for the period from January 1, 2008 through January 1, 2009, and the supplemental schedules of (1) Schedule H, line 4(i) - schedule of assets held as of December 31, 2009, and (2) Schedule H, line 4(j) - 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 investment information summarized in Note C, which was certified by Bank of America, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules (modified cash basis). 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 to the best of its knowledge.

As described in Note B, the financial statements and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States.

In February 2009, Young Broadcasting, Inc. and certain of its affiliates, including the plan sponsor, filed for Chapter 11 bankruptcy protection. In addition, as described in Note G, certain 2008 and 2009 contribution payments were not made timely to the Plan.

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 (modified cash basis) taken as a whole. The form and content of the information included in the financial statements and supplemental schedules (modified cash basis), other than that derived from the investment information certified 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.



New York, New York
October 11, 2010

KRON/IBEW LOCAL 45 PENSION PLAN

Statements of Net Assets Available for Benefits (modified cash basis)

	December 31,	
	2009	2008
ASSETS		
Investments, at fair value:		
Common/commingled Funds:		
Large Cap Enhanced Core Fund	\$ 2,798,832	\$ 2,639,163
Small Cap Enhanced Core Fund	488,927	375,016
Intermediate Fixed Income Fund	2,610,743	2,841,910
Mutual funds:		
Columbia Multi-Advisory International Equity Fund	775,994	576,066
Columbia Cash Reserves	143,564	21,005
Total investments	<u>6,818,060</u>	<u>6,453,160</u>
Net assets available for benefits	<u>\$ 6,818,060</u>	<u>\$ 6,453,160</u>

KRON/IBEW LOCAL 45 PENSION PLAN

Statements of Changes in Net Assets Available for Benefits (modified cash basis)

	Year Ended December 31,	
	2009	2008
Additions (reductions) to net assets attributed to:		
Employer contributions	\$ 27,678	\$ 605,826
Investment earnings (losses):		
Interest	113	2,792
Dividends	31,889	21,561
Net gain (loss) on sale of investments and unrealized (depreciation) appreciation in fair value of investments	<u>1,156,341</u>	<u>(2,159,778)</u>
Total additions (reductions)	<u>1,216,021</u>	<u>(1,529,599)</u>
Deductions from net assets attributed to:		
Benefits paid to participants	705,669	618,960
Administrative expenses	<u>145,452</u>	<u>202,659</u>
Total deductions	<u>851,121</u>	<u>821,619</u>
Net increase (decrease)	364,900	(2,351,218)
Net assets available for benefits at beginning of year	<u>6,453,160</u>	<u>8,804,378</u>
Net assets available for benefits at end of year	<u>\$ 6,818,060</u>	<u>\$ 6,453,160</u>

KRON/IBEW LOCAL 45 PENSION PLAN

Statements of Accumulated Plan Benefits (modified cash basis)

	January 1,	
	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 5,595,361	\$ 5,080,676
Other participants	<u>4,118,282</u>	<u>4,256,800</u>
	9,713,643	9,337,476
Nonvested benefits	<u>8,026</u>	<u>27,067</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 9,721,669</u>	<u>\$ 9,364,543</u>

KRON/IBEW LOCAL 45 PENSION PLAN

Statement of Changes in Accumulated Plan Benefits (modified cash basis)

For the Period From January 1, 2008 Through January 1, 2009

Actuarial present value of accumulated plan benefits at January 1, 2008	<u>\$ 9,364,543</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial experience	111,247
Interest due to decrease in discount period	679,549
Benefits paid	(618,960)
Change in actuarial assumptions	<u>185,290</u>
Net increase	<u>357,126</u>
Actuarial present value of accumulated plan benefits at January 1, 2009	<u>\$ 9,721,669</u>

KRON/IBEW LOCAL 45 PENSION PLAN

Notes to Financial Statements (modified cash basis) **December 31, 2009 and 2008**

NOTE A - DESCRIPTION OF THE PLAN

The following description of KRON/IBEW Local 45 Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

Each employee of KRON-TV, a division of Young Broadcasting Inc. (the "Company"), who was a participant in the Plan on October 31, 1976, or was eligible to become a participant on November 1, 1976, is a participant in the Plan. Other employees become participants in the Plan on either January 1 or July 1 after completing one year of service, provided that they are members of The International Brotherhood of Electrical Workers Local Union 45, AFL-CIO-CLF. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974. In accordance with the Bargaining Agreement dated August 8, 2005, the Company amended the KRON/IBEW Local 45 Pension Plan to freeze benefit accruals effective October 15, 2005. This amendment affects benefits earned through October 14, 2005. Benefits earned by members are based on continuous employment with the Company prior to November 1, 1976, and one year of credited service for each calendar year during which an employee works 1,000 or more hours on or after November 1, 1976. The Plan's administrator is the Company. Effective October 15, 2005, no participant can earn any additional benefit accruals. If by October 14, 2005, a participant has earned seven (7) full years of Vested Service, they will be 100% vested in the pension benefit they have earned. If, by October 14, 2005, a participant has not yet earned seven (7) full years of Vested Service, they are partially vested and during their employment with the Company may continue to earn credit for years of Vested Service.

Contributions to the Plan are made only by the Company, based on the actuarially determined amount necessary to fund normal cost and amortize the funding target shortfall over a period of seven years. The minimum required contribution for 2009 and 2008 is \$607,853 and \$424,806, respectively. The Company made contributions of \$27,768 and \$605,826 in the plan years 2009 and 2008, respectively (see Note E).

Normal retirement is at age 65. Members may elect early retirement as early as age 55 with actuarially reduced benefits. Members may retire after age 65 and receive an actuarially increased benefit. Benefits are also paid to the surviving spouse (if married at least one year) and are equal to 50% of the normal retirement benefit, subject to certain limitations and actuarial reductions.

In the event that the Plan is terminated, the assets will be allocated to each participant in the amount equal to his/her actuarially determined liability. If the assets of the Plan are not and can not be made sufficient to meet all liabilities, the allocation will be made in the following order of priority:

- a. Participants and surviving spouses of participants who were receiving retirement benefits as of the beginning of the three-year period ending on the date of termination of the Plan, or whose retirement benefits would have commenced to be paid at or prior to the above period had the participant retired.
- b. Participants and surviving spouses of participants whose rights to retirement benefits under the Plan are fully vested and nonforfeitable immediately prior to termination of the Plan.
- c. Participants and surviving spouses of participants whose rights to retirement benefits under the Plan are fully vested and nonforfeitable upon termination of the Plan.

The maximum amount allocable to all persons described above shall be allocated to such persons before any allocation is made to the persons described in any succeeding preference.

Benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested benefits; however, if benefits have been increased within the five-year period before plan termination, the whole amount of the Plan's vested benefits or the benefit increase may not be guaranteed.

KRON/IBEW LOCAL 45 PENSION PLAN

Notes to Financial Statements (modified cash basis) **December 31, 2009 and 2008**

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of accounting:

The financial statements of the Plan are prepared and maintained on the modified cash basis, whereby contributions are recognized when received and benefit payments and administrative expenses are recognized when made. Securities investments are reflected at fair value.

Accordingly, the financial statements are not intended to present the net assets available for benefits and changes therein of the Plan in conformity with accounting principles generally accepted in the United States.

[2] New accounting pronouncement:

In June 2009, the Financial Accounting Standards Board ("FASB") issued guidance under Accounting Standards Codification ("ASC" or "Codification") 105, Generally Accepted Accounting Principles ("GAAP") which establishes the ASC as the source of authoritative GAAP in the United States of America for non-governmental entities. Rules and interpretive releases of the Securities and Exchange Commission ("SEC") under the authority of federal securities laws are also sources of authoritative GAAP for SEC registrants. The Codification supersedes all existing non-SEC accounting and reporting standards. This guidance and the Codification are effective for financial statements issued for periods after September 15, 2009. The Codification did not change the existing GAAP and hence the adoption did not have an impact on the Plan's financial statements.

In September 2009, the FASB issued ASU 2009-12, "Fair Value Measurements and Disclosures (Topic 820) - Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)." This update provides guidance on measuring the fair value of an alternative investment that does not have a readily determinable fair value. The guidance permits the use of the investment's net asset value, as a practical expedient, to determine fair value. The guidance also requires additional disclosure of these investments such as: (i) the nature of any restrictions on the investor's ability to redeem its investments at the measurement date, (ii) any unfunded commitment by the investor, and (iii) the investment strategies of the investees. The guidance is effective for interim and annual periods ending after December 15, 2009. The adoption of this guidance did not have a material impact on the Plan's financial statements.

In January 2010, the FASB issued a new accounting guidance for "Fair Value Measurements and Disclosures: Improving Disclosures about Fair Value Measurements." The guidance requires to disclose (i) separately the amounts of significant transfers in and out of Level 1 and Level 2 and reasons for the transfers; (ii) disclosure on gross basis of purchases, sales, issuances and settlements within Level 3; (iii) disclosures by class of assets and liabilities; and (iv) a description of the valuation techniques and inputs used to measure for both recurring and non-recurring fair value measurements for Level 2 or Level 3. The guidance is effective for interim and annual reporting periods beginning after December 15, 2009 except for the Level 3 disclosure requirements which will be effective for fiscal years beginning after December 15, 2010, and for interim periods within those fiscal years.

[3] Investment valuation and income recognition:

The fair value of the Plan's investments in common/commingled funds is based on unit values as determined by the fair value of the underlying assets of the funds. The Plan's investments in mutual funds are based on the quoted market prices which represent net asset value at year end.

[4] Use of estimates:

The preparation of financial statements in conformity with the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes, when applicable, disclosures of contingent assets and liabilities at the

KRON/IBEW LOCAL 45 PENSION PLAN

Notes to Financial Statements
(modified cash basis)
December 31, 2009 and 2008

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[4] Use of estimates: (continued)

date of the financial statements and the actuarial present value of accumulated plan benefits as of the beginning of the plan year. Actual results could differ from those estimates.

[5] Administrative expenses:

Reasonable expenses incurred in connection with the administration and operation of the Plan (for example, actuarial expenses and legal fees) may be paid by the Plan and all other administrative expenses of the Plan are paid by the Company.

[6] Actuarial present value of accumulated plan benefits:

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to the service the employees have rendered to the valuation date. 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 under the Plan are based on the participant's years of credited service and compensation earned until retirement. Benefits payable under all circumstances are included to the extent that they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Aon. It represents the 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 between the valuation date and the expected date of payment (by means of decrements such as for death, disability, withdrawal or retirement).

The significant assumptions underlying the actuarial computations at January 1, 2009 and 2008, are as follows:

Interest rate	7.5%
Expected rate of return	8.5% and 7.75% at January 1, 2009 and 2008, respectively
Mortality basis	RP-2000 Mortality Table and 1983 Group Annuity Mortality Table at January 1, 2009 and 2008, respectively
Retirement	Age 65

NOTE C - INVESTMENTS

Under the Department of Labor's Rules and Regulations 29 CFR 2520. 103-8, investment information prepared and certified by a bank, trust, or insurance company, which is regulated, supervised and subject to periodic examination by a state or federal agency, need not be audited. The plan administrator has received certification from the trustee of the cost and market value of the Plan's investments as of December 31, 2009 and 2008, and all investment activities related to such assets for the years then ended. The Plan's 2009 and 2008 financial statements, schedule of assets (held at end of year) as of December 31, 2009, and schedule of reportable transactions for the year ended December 31, 2009, have been prepared upon this certified information. No auditing procedures were performed by the independent auditors with respect to the investment information certified as complete and accurate to the best of their knowledge by the trustee.

KRON/IBEW LOCAL 45 PENSION PLAN

Notes to Financial Statements

(modified cash basis)

December 31, 2009 and 2008

NOTE C - INVESTMENTS (CONTINUED)

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

	December 31,	
	2009	2008
Large Cap Enhanced Core Fund	\$ 2,798,832	\$ 2,639,163
Small Cap Enhanced Core Fund	488,927	375,016
Columbia Multi-Advisory International Equity Fund (Nations Int'l Equity Fund)	775,994	576,066
Intermediate Fixed Income Fund	2,610,743	2,841,910

During 2009 and 2008, the Plan's investment income and loss (including investments purchased, and sold as well as held during the year) as provided by the trustee, appreciated (depreciated) in fair value as determined by quoted market prices and interest and dividends is as follows:

	Net Appreciation (Depreciation) in Fair Value of Investments Year Ended December 31,	
	2009	2008
Large Cap Enhanced Core Fund	\$ 590,669	\$ (1,396,589)
Small Cap Enhanced Core Fund	132,911	(173,769)
Intermediate Fixed Income Fund	273,833	(57,346)
Columbia Multi-Advisory International Equity Fund (Nations Int'l Equity Fund)	158,928	(532,074)
Interest and Dividends	32,002	24,353
	<u>\$ 1,188,343</u>	<u>\$ (2,135,425)</u>

NOTE D - FAIR VALUE MEASUREMENTS

Effective January 1, 2008, the Plan adopted accounting guidance under ASC Topic 820 which establishes a framework for all financial assets and liabilities disclosed at fair value in the financial statements on a recurring basis. ASC Topic 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. ASC Topic 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1: Observable inputs such as quoted prices in active markets (available in exchange).

Level 2: Inputs, other than quoted prices in active markets, that are observable either directly or indirectly. Level 2 assets and liabilities include debt securities with quoted market prices that are traded less frequently than exchange-traded instruments. This category generally includes certain U.S. government and agency mortgage-backed debt securities, corporate-debt securities and alternative investments.

KRON/IBEW LOCAL 45 PENSION PLAN

Notes to Financial Statements (modified cash basis) December 31, 2009 and 2008

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3: Unobservable inputs in which there is little or no market data. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation. This category generally includes certain private debt and equity instruments and alternative investments.

Assets and liabilities measured at fair value are based on one or more of the following three valuation techniques:

- A. Market approach: Prices and other relevant information generated by market transactions including identical or comparable assets or liabilities.
- B. Income approach: Techniques to convert future amounts to a single present amount based upon market expectations (including present value techniques, option-pricing and excess earnings models).
- C. Cost approach: Amount that would be required to replace the service capacity of an asset (replacement cost).

The following table summarize the Plan's investments measured at fair value on a recurring basis as of December 31, 2009 and 2008:

Fair Value Measurements at December 31, 2009			
	Quoted Prices in Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
			Valuation Technique
Investments:			
Large Cap Enhanced Core Fund		\$ 2,798,832	B
Small Cap Enhanced Core Fund		488,927	B
Intermediate Fixed Income Fund		2,610,743	B
Columbia Multi-Advisory International Equity Fund	\$ 775,994		A
Columbia Cash Reserves Capital Class	<u>143,564</u>		A
Total investments	<u>\$ 919,558</u>	<u>\$ 5,898,502</u>	

KRON/IBEW LOCAL 45 PENSION PLAN

Notes to Financial Statements

(modified cash basis)

December 31, 2009 and 2008

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value Measurements at December 31, 2008			
Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Valuation Technique
Investments:			
Large Cap Enhanced Core Fund	\$ 2,639,163		B
Small Cap Enhanced Core Fund	375,016		B
Intermediate Fixed Income Fund	2,841,910		B
Columbia Multi-Advisory International Equity Fund	\$ 576,066		A
Columbia Cash Reserves Capital Class	<u>21,005</u>		A
Total investments	<u>\$ 597,071</u>	<u>\$ 5,856,089</u>	

NOTE E - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31,	
	2009	2008
Net assets available for benefits per the financial statements	\$ 6,818,060	\$ 6,453,160
Add contribution receivable	<u>772,946</u>	<u>27,678</u>
Net assets available for benefits per the Form 5500	<u>\$ 7,591,006</u>	<u>\$ 6,480,838</u>

The following is a reconciliation of contributions per the financial statements to the Form 5500:

	Year Ended December 31,	
	2009	2008
Contributions per the financial statements	\$ 27,678	\$ 605,826
Add contribution receivable as of December 31, 2009 and 2008, respectively	<u>772,946</u>	<u>27,678</u>
Less contribution receivable as of December 31, 2008 and 2007, respectively	<u>(27,678)</u>	<u>(258,128)</u>
Contributions per the Form 5500	<u>\$ 772,946</u>	<u>\$ 375,376</u>

Contributions are recorded on the Form 5500 on the accrual basis.

KRON/IBEW LOCAL 45 PENSION PLAN

Notes to Financial Statements (modified cash basis) **December 31, 2009 and 2008**

NOTE F - INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated August 14, 2008, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation under Code Section 501(a). Subsequent to this determination by the Internal Revenue Service, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification.

NOTE G - 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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.

On February 13, 2009, the Company and certain of its affiliates filed for Chapter 11 bankruptcy protection in the United States Bankruptcy Court for the Southern District of New York to restructure its debts. During this restructuring process the Company has deferred making the scheduled contribution requirements to the KRON/IBEW Local 45 Pension Plan. The bankruptcy filing and the Company's failure to make the required contributions in 2008 and 2009 triggered reportable event notices that were filed with the PBGC. Pursuant to Section 4043 of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), the Company filed Form 10 (Post-Event Notice of Reportable Events) accompanied by Attachment 1 (containing a brief description of the pertinent facts related to the reportable event) and Exhibit A (setting forth information regarding the Company's controlled group members) for each reportable event referenced above. Additionally, as required by federal law, notification was given to all participants, beneficiaries and alternative payees. The participant notification included the required language pertaining to the Company's failure to make the minimum required contributions in addition to general information that was intended to give the participants some comfort that their pension benefits are protected by the PBGC insurance program and are not at risk. Following a hearing in January 2010, the bankruptcy court confirmed the debtor's plan of reorganization. Effective June 24, 2010, pursuant to a court order, the ownership of the Company transitioned from the shareholders of the publicly traded company to a shareholder group comprised of the former senior lenders of the Company. During July 2010, the Company made the required 2008 and 2009 contributions of \$381,909 referenced above. There have been no changes to the operation or administration of the Plan and the Company expects that the court's approval of the debtor's plan of reorganization should not affect the PBGC's insurance program covering the Plan.

NOTE H - SUBSEQUENT EVENTS

In May 2009, the FASB issued guidance for "Subsequent Events" which is included in ASC Topic 855 and is effective for fiscal years and interim periods ending after June 15, 2009. The guidance requires evaluation and disclosures of subsequent events after the balance sheet date but before the financial statements are issued or available to be issued. The Plan's management evaluated subsequent events through October 11, 2010, the date on which the financial statements were available to be issued and no additional disclosures were required.

SUPPLEMENTAL SCHEDULES
(modified cash basis)

KRON/IBEW LOCAL 45 PENSION PLAN**EIN: #52-2242171****Plan: #031****Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)****(modified cash basis)****December 31, 2009**

Identity of Issuer	Description of Investment	Number of Shares	Cost	Current Value
Bank of America*	LargeCap Enhanced Core Fund	45,112	\$ 2,530,001	\$ 2,798,832
Bank of America*	Small Cap Enhanced Core Fund	15,615	419,401	488,927
Bank of America*	Columbia Multi-Advisory International Equity Fund	68,129	878,355	775,994
Bank of America*	Intermediate Fixed Income Fund	537,179	1,619,620	2,610,743
Bank of America*	Columbia Cash Reserves	143,556	143,564	143,564
			<u>\$ 5,590,941</u>	<u>\$ 6,818,060</u>

*Represents a party-in-interest.

KRON/IBEW LOCAL 45 PENSION PLAN**EIN: #52-2242171****Plan: #031****Schedule H, Line 4(j) - Schedule of Reportable Transactions****(modified cash basis)****Year Ended December 31, 2009**

Description	Purchase Price*	Selling Price*	Cost	Gain
Category (iii) - Series of transactions in excess of 5% of plan assets				
Large Cap Enhanced Core Fund	\$ 47,000		\$ 47,000	
Large Cap Enhanced Core Fund		\$ 478,000	490,685	\$ (12,685)
Small Cap Enhanced Core Fund	208,000		208,000	
Small Cap Enhanced Core Fund		227,000	202,454	24,546
Intermediate Fixed Income Fund	62,000		62,000	
Intermediate Fixed Income Fund		567,000	375,173	191,827
Columbia Cash Reserves	848,587		848,587	
Columbia Cash Reserves		726,011	726,011	

*Current value on date of transaction is equal to the purchase price of sale or redemption price.

There were no category (i), (ii) or (iv) reportable transactions during 2009.

Plan Sponsor: Young Broadcasting of San Francisco, Inc.
 Plan Name: KRON/IBEW Local 45 Pension Plan
 EIN: 52-2242171
 Plan Number: 031

Schedule SB, Line 19 – Discounted Employer Contributions

Date of Contribution	Amount	Late Quarterly/ Effective Interest Rate	Year Applied	Interest Adjusted Contribution
07/19/2010	\$66,525	6.08%	2008	\$57,236
Total as of 1/1/2008				\$57,236
07/19/2010	\$106,202	13.21%/8.21%	2009	\$88,809
07/19/2010	\$106,202	13.21%/8.21%	2009	\$89,815
07/19/2010	\$106,202	13.21%/8.21%	2009	\$90,844
07/19/2010	\$106,202	13.21%/8.21%	2009	\$91,884
08/16/2010	\$55,974	8.21%	2009	\$49,250
09/14/2010	\$225,639	8.21%	2009	\$197,293
Total as of 1/1/2009				\$607,895

Plan Sponsor: Young Broadcasting of San Francisco, Inc.
Plan Name: KRON/IBEW Local 45 Pension Plan
EIN: 52-2242171
Plan Number: 031

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

Cost Method

Funding: Traditional Unit Credit.

FAS 87: Projected Unit Credit.

Asset Method

Funding: The Actuarial Value of Assets is determined by using a 24-month average of the Market Value of Assets using 12-month intervals, and smoothing investment gains or losses in accordance with WRERA. The resulting value must be within a 10% corridor of the current Market Value of Assets.

FAS 87: The Market-Related Value of Assets is determined by using a five-year moving average asset valuation method reflecting excess gains or losses.

Dates of Calculations

Funding: The Valuation Date is January 1, 2009.

FAS 87: The Measurement Date is January 1, 2009.

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the Valuation Date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Plan Sponsor: Young Broadcasting of San Francisco, Inc.
Plan Name: KRON/IBEW Local 45 Pension Plan
EIN: 52-2242171
Plan Number: 031

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

Source of Data

Data as of the Valuation Date was supplied to us by the Employer.

Employees are assumed to work the same number of hours in all future years that they worked in the computation period preceding the Valuation Date. Transferred employees and employees with suspended service are treated as terminations with 100% vesting in their Accrued Benefits.

Financial information was supplied to us by the Trustee, Bank of America.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the January 1, 2009 valuation.

Interest Rates	Assumption
(1) Target Liability (PPA)	
(a) Funding Target	November 2008 Full Yield Curve
(b) Effective Interest Rate	8.21%
(2) FAS 35	7.50%
(3) FAS 87	
(a) Discount Rate	6.25%
(b) Long Term Rate of Return	8.50%
Other Rates	Assumption
(1) Future Salaries	N/A
(2) Increase Rate for the Maximum Benefit and Compensation Limits for FAS 87	N/A

Plan Sponsor: Young Broadcasting of San Francisco, Inc.
Plan Name: KRON/IBEW Local 45 Pension Plan
EIN: 52-2242171
Plan Number: 031

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

Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements		Description
Target Liability		RP-2000 IRS PPA@2009 Combined Table for Males and Females
Other Decrements		Description
(1)	Retirement Age	65
(2)	Disability Rates	None

Termination rates follow the Crocker T-8 Table. Male rates are zero from age 50 forward. Sample rates are illustrated below.

Decrement Age		—Termination— Decrement Age	
25	0.116	45	0.075
30	0.112	50	0.048
35	0.105	55	0.000
40	0.094		

Expenses

Funding: \$150,000

Form of Benefit Payment

100% of participants are assumed to elect the Normal Form of payment.

For the purpose of valuing death benefits, 60% of the employees are assumed to be married. Wives are assumed to be three years younger than their husbands.

Plan Sponsor: Young Broadcasting of San Francisco, Inc.
Plan Name: KRON/IBEW Local 45 Pension Plan
EIN: 52-2242171
Plan Number: 031

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

Changes in Valuation Methods and Assumptions

The following changes in actuarial assumptions or methods have been made since the prior valuation:

- (1) Funding assumptions were changed as shown below:

	01/01/2009	01/01/2008
Target Liability	November 2008	5.31%/5.92%/6.43%
Rates	Full Yield Curve	
Mortality Table	RP-2000 IRS PPA @2009 Combined Table for Males and Females	RP-2000 IRS PPA @2008 Combined Table for Males and Females
Expenses	\$150,000	\$0

- (2) For funding purposes, the asset method was changed from Market Value to a 24 month average of the Market Value of Assets using 12 month intervals, and further adjusted to remain within a 10% corridor of the Market Value.

Plan Sponsor: Young Broadcasting of San Francisco, Inc.
Plan Name: KRON/IBEW Local 45 Pension Plan
EIN: 52-2242171
Plan Number: 031

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The Plan uses a single assumed retirement age of 65.

Plan Sponsor: Young Broadcasting of San Francisco, Inc.
Plan Name: KRON/IBEW Local 45 Pension Plan
EIN: 52-2242171
Plan Number: 031

Schedule SB, Part V – Statement of Principal Plan Provisions

General Information

Original Effective Date: November 1, 1972

Effective Date of Last
Substantive Amendment: October 14, 2005

Plan Year: January 1st to December 31st

Employer Fiscal Year: January 1st to December 31st

Employer ID Number: 52-2242171

Plan Administrator's
ID Number: 52-2242171

Plan Number: 031

Plan Administrator: Pension Committee

Eligibility

All employees who are members of IBEW Local 45 are eligible to participate in the Plan as of the January 1st or July 1st next following the completion of 1,000 or more hours in a twelve consecutive month period. Effective October 14, 2005 the Plan was frozen.

Service

A year of Credited Service shall be granted for each Plan Year an employee is a member of the Union and works 1,000 or more hours. Effective October 14, 2005, no employee shall be credited with any additional years of Credited Service.

A year of Vesting Service shall be granted for each Plan Year an employee works 1,000 or more hours.

Normal Retirement Date

Normal Retirement Date is the day in which an employee attains age 65.

Plan Sponsor: Young Broadcasting of San Francisco, Inc.
Plan Name: KRON/IBEW Local 45 Pension Plan
EIN: 52-2242171
Plan Number: 031

Schedule SB, Part V – Statement of Principal Plan Provisions

Normal Retirement Benefit

Effective January 1, 2000, the amount of annual benefit payable for life commencing at Normal Retirement Date is:

- (1) 1.2% of Compensation received in each year of Credited Service prior to the Plan Year that the employee attains age 50, plus
- (2) 1.5% of Compensation received in each year of Credited Service commencing in the Plan Year that the employee attains age 50.

Postponed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive the greater of the benefit based on Credited Service and Compensation as of actual Retirement Date or the benefit determined as of Normal Retirement.

Compensation

Compensation shall mean the regular basic compensation (including regular skill differential payments) paid by the Employer to an employee while he is a member of the Union, excluding commissions, overtime pay, discretionary bonuses, and cost of living bonuses. Compensation for each year shall not exceed the IRC Section 401(a) (17) limit.

Effective October 14, 2005, an employee's Compensation shall cease to be considered or counted for any Plan purpose.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using Compensation and Credited Service as of the accrual date.

Additional accruals will effectively cease as of October 14, 2005.

Plan Sponsor: Young Broadcasting of San Francisco, Inc.
Plan Name: KRON/IBEW Local 45 Pension Plan
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Schedule SB, Part V – Statement of Principal Plan Provisions

Early Retirement Benefit

Upon the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life beginning on his Early Retirement Date equal to the vested benefit accrued at Normal Retirement Date multiplied by the following factor:

Age	Reduction Factor	Age	Reduction Factor
55	0.4213	61	0.6889
56	0.4552	62	0.7532
57	0.4927	63	0.8255
58	0.5342	64	0.9073
59	0.5802	65	1.0000
60	0.6316		

Death Benefit

In the event of an active married participant's death before the attainment of age 55, but having completed at least one year of Vesting Service and whose benefits have not yet commenced, a monthly survivor benefit shall be payable to the spouse at the time of the participant's death in the amount of the 50% actuarial equivalent of the participant's vested Early Retirement Benefit assuming the participant had separated from service on the day of death, survived to the earliest retirement age, and died the following day.

In the event of an active married participant's death after the attainment of age 55 and the completion of one year of Vesting Service, but prior to benefit commencement, a monthly survivor benefit shall be payable to the spouse at the time of the participant's death in the amount of 50% of the participant's Normal Retirement Benefit without reduction for Early Retirement or partial vesting.

Plan Sponsor: Young Broadcasting of San Francisco, Inc.
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Schedule SB, Part V – Statement of Principal Plan Provisions

Severance Benefit

Upon the termination of employment, a participant shall have a vested interest in his Accrued Benefit. The percentage vested shall be:

Years of Vesting Service	Vested Percent
Less than 1	0%
At least 1, less than 2	10%
At least 2, less than 3	20%
At least 3, less than 4	30%
At least 4, less than 5	40%
At least 5, less than 6	60%
At least 6, less than 7	80%
At least 7	100%

All participants become 100% vested at the attainment of age 65.

The Severance Benefit will equal the Accrued Benefit multiplied by the Vested Percent, payable at Normal Retirement Date. In the event that a participant has met the requirements for Early Retirement at the date of termination, he may elect to receive his vested interest. Such benefit will be reduced as described under Early Retirement Benefit.

Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life.

Plan Sponsor: Young Broadcasting of San Francisco, Inc.
Plan Name: KRON/IBEW Local 45 Pension Plan
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Schedule SB, Part V – Statement of Principal Plan Provisions

Optional Methods of Settlement

If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's Retirement Benefit shall automatically be paid under option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with two-thirds of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with three-fourths of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment and are based on factors provided below.

Joint & Survivor Option Factors				
<u>Option</u>	<u>Basic Factor</u>	<u>Age Difference Adjustment¹</u>	<u>Min. Factor</u>	<u>Max. Factor</u>
(1) 50% Joint & Survivor	.91	.004	.83	.99
(2) 66-2/3% Joint & Survivor	.88	.005	.78	.98
(3) 75% Joint & Survivor	.87	.005	.77	.97
(4) 100% Joint & Survivor	.83	.006	.71	.95

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested benefits to the extent required by law. Any funds remaining after satisfaction of all liabilities shall be returned to the Employer.

¹ To the Basic Factor, add (or subtract) the Age Difference Adjustment for each full year by which the employee's spouse is older (or younger) than the employee.

Plan Sponsor: Young Broadcasting of San Francisco, Inc.
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Parties to the Plan

This is a single plan covering the employees of the Employer subject to the eligibility rules outlined above. Trust Fund assets are available to pay plan benefits for plan participants employed by the Employer.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Sponsor: Young Broadcasting of San Francisco, Inc.
Plan Name: KRON/IBEW Local 45 Pension Plan
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Schedule SB, Line 24 – Change in Actuarial Assumptions

Effective January 1, 2009, the Normal Cost has been loaded for expected administrative expenses of \$150,000. For the 2008 valuation, there was no load for expected administrative expenses.

Plan Sponsor: Young Broadcasting of San Francisco, Inc.
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Schedule SB, Line 25 – Change in Method

- 1) Effective with the January 1, 2009 actuarial valuation for funding, the asset valuation method was changed from Market Value to a 24-month average of the Market Value of Assets using 12-month intervals, and further adjusted to remain within a 10% corridor of the Market Value.
- 2) The funding valuation interest rates used for target liability purposes was changed from the segment rates of 5.31%, 5.92%, 6.43% used for the January 1, 2008 valuation to the November 2008 Full Yield Curve used for the January 1, 2009 valuation.
- 3) Effective with the 2009 plan year Aon Consulting changed actuarial software from an internal software program to ProVal, an externally maintained software system. In accordance with Announcement 2010-3, this change qualifies for automatic approval since:
 - a. The changes in funding target and target normal cost were each within 2%.
 - b. The underlying methods were unchanged from those used on the prior year's Schedule SB without regard to methods already receiving automatic approval.
 - c. The calculations determined with this software are no less accurate than those produced under the prior valuation system.
 - d. The change was not made in conjunction with a change in enrolled actuary and actuarial firm.
 - e. The new valuation software is generally used by the enrolled actuary for the single-employer plans to which the enrolled actuary provides actuarial services.

Plan Sponsor: Young Broadcasting of San Francisco, Inc.
 Plan Name: KRON/IBEW Local 45 Pension Plan
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Schedule SB, Line 26 – Schedule of Active Participant Data

Age	Years of Credited Service as of 01/01/2009										Total
	Under 1	01-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 - 29	-	-	-	-	-	-	-	-	-	-	-
30 - 34	-	2	-	-	-	-	-	-	-	-	2
35 - 39	-	-	-	1	-	-	-	-	-	-	1
40 - 44	-	2	3	2	-	-	-	-	-	-	7
45 - 49	-	1	3	-	-	-	-	-	-	-	4
50 - 54	-	1	3	2	1	5	1	-	-	-	13
55 - 59	-	-	-	-	-	1	2	-	-	-	3
60 - 64	-	-	-	-	-	2	-	1	-	-	3
65 - 69	-	-	-	-	-	-	-	1	-	-	1
70 & Up	-	-	-	-	-	-	-	-	-	-	-
Totals	-	6	9	5	1	8	3	2	-	-	34

Plan Sponsor: Young Broadcasting of San Francisco, Inc.
Plan Name: KRON/IBEW Local 45 Pension Plan
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Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installments
Shortfall	\$2,123,558	01/01/2008	6	\$424,806
Shortfall	\$185,557	01/01/2009	7	\$33,047
Total	\$2,309,115			\$457,853

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 KRON/IBEW Local 45 Pension Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">031</td> </tr> </table>	B Three-digit plan number (PN) ►	031
B Three-digit plan number (PN) ►	031		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Young Broadcasting of San Francisco, Inc.	D Employer Identification Number (EIN) 52-2242171		
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		6,480,770
b Actuarial value.....	2b		7,128,847
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment	3a	75	5,477,045
b For terminated vested participants	3b	169	2,577,029
c For active participants:			
(1) Non-vested benefits.....	3c(1)		6,536
(2) Vested benefits.....	3c(2)		1,362,410
(3) Total active	3c(3)	34	1,368,946
d Total.....	3d	278	9,423,020
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	8.21 %	
6 Target normal cost.....	6	150,000	

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	<div style="text-align: center;"> Signature of actuary </div> <div style="text-align: center;"> Karen F. Kwan, EA, MAAA Type or print name of actuary </div> <div style="text-align: center;"> Aon Consulting Firm name </div> <div style="text-align: center;"> 199 Water Street New York NY 10038 Address of the firm </div>	<div style="text-align: center;"> <div style="text-align: right;">10/14/10</div> Date </div> <div style="text-align: center;"> 08-05559 Most recent enrollment number </div> <div style="text-align: center;"> (212) 441-2107 Telephone number (including area code) </div>
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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)	19,700	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	19,700	0
10 Interest on item 9 using prior year's actual return of <u>24.15</u> %	(4,758)	
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>6.08</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)	14,942	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	75.49 %
15 Adjusted funding target attainment percentage.....	15	75.49 %
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	78.24 %
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
07/19/2010	66,525		09/14/2010	225,639	
07/19/2010	106,202				
07/19/2010	106,202				
07/19/2010	106,202				
07/19/2010	106,202				
08/16/2010	55,974				
Totals ►			18(b)	772,946	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 57,236
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 607,895

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 2
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	57,236
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	57,236
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	150,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2,309,115	457,853
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	607,853
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	607,853
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	607,895
38 Interest-adjusted excess contributions for current year (see instructions)	38	42
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

KRON/IBEW LOCAL 45 PENSION PLAN**EIN: #52-2242171****Plan: #031****Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)****(modified cash basis)****December 31, 2009**

Identity of Issuer	Description of Investment	Number of Shares	Cost	Current Value
Bank of America*	LargeCap Enhanced Core Fund	45,112	\$ 2,530,001	\$ 2,798,832
Bank of America*	Small Cap Enhanced Core Fund	15,615	419,401	488,927
Bank of America*	Columbia Multi-Advisory International Equity Fund	68,129	878,355	775,994
Bank of America*	Intermediate Fixed Income Fund	537,179	1,619,620	2,610,743
Bank of America*	Columbia Cash Reserves	143,556	143,564	143,564
			<u>\$ 5,590,941</u>	<u>\$ 6,818,060</u>

*Represents a party-in-interest.

KRON/IBEW LOCAL 45 PENSION PLAN**EIN: #52-2242171****Plan: #031****Schedule H, Line 4(j) - Schedule of Reportable Transactions****(modified cash basis)****Year Ended December 31, 2009**

Description	Purchase Price*	Selling Price*	Cost	Gain
Category (iii) - Series of transactions in excess of 5% of plan assets				
Large Cap Enhanced Core Fund	\$ 47,000		\$ 47,000	
Large Cap Enhanced Core Fund		\$ 478,000	490,685	\$ (12,685)
Small Cap Enhanced Core Fund	208,000		208,000	
Small Cap Enhanced Core Fund		227,000	202,454	24,546
Intermediate Fixed Income Fund	62,000		62,000	
Intermediate Fixed Income Fund		567,000	375,173	191,827
Columbia Cash Reserves	848,587		848,587	
Columbia Cash Reserves		726,011	726,011	

*Current value on date of transaction is equal to the purchase price of sale or redemption price.

There were no category (i), (ii) or (iv) reportable transactions during 2009.