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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                |                                                                                 |                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                 |                                            |
| For calendar plan year 2009 or fiscal plan year beginning <u>06/01/2009</u> and ending <u>05/31/2010</u> |                                                                |                                                                                 |                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |                                            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) ____                                   |                                            |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                               |                                            |
|                                                                                                          | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                       |                                                                                 |                                            |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                   | <input type="checkbox"/> the DFVC program; |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                 |                                            |

|                                                                                                                                                                                                                                                  |                                                                     |                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                   | <b>Basic Plan Information</b> —enter all requested information      |                                                             |  |
| <b>1a</b> Name of plan<br><u>RETIREMENT PLAN II FOR EMPLOYEES OF MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA</u>                                                                                                                           | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>002</u>                                                  |  |
|                                                                                                                                                                                                                                                  | <b>1c</b> Effective date of plan<br><u>07/01/1966</u>               |                                                             |  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><br><u>MIDWEST TELEVISION, INC.</u><br><br><br><u>7677 ENGINEER ROAD</u><br><u>SAN DIEGO, CA 92111-1515</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>37-0704427</u> | <b>2c</b> Sponsor's telephone number<br><u>858-571-8888</u> |  |
|                                                                                                                                                                                                                                                  | <b>2d</b> Business code (see instructions)<br><u>515100</u>         |                                                             |  |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |                   |                                                              |
|------------------|---------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | <u>03/03/2011</u> | <u>JEANNETTE SCHIERBAUM</u>                                  |
|                  | Signature of plan administrator                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Signature of employer/plan sponsor                | Date              | Enter name of individual signing as employer or plan sponsor |
|                  | Signature of DFE                                  | Date              | Enter name of individual signing as DFE                      |

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

Form 5500 (2009)  
v.092307.1

|                                                                                                                                                                       |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>RETIREMENT COMMITTEE<br><br>7677 ENGINEER ROAD<br>SAN DIEGO, CA 92111-1515 | <b>3b</b> Administrator's EIN<br>37-0704427<br><br><b>3c</b> Administrator's telephone number<br>858-571-8888 |
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|                                                                                                                                                                                                                       |                                   |     |
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| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                               | <b>5</b>                          | 268 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                |                                   |     |
| <b>a</b> Active participants.....                                                                                                                                                                                     | <b>6a</b>                         | 92  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                    | <b>6b</b>                         | 42  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                     | <b>6c</b>                         | 122 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                              | <b>6d</b>                         | 256 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                             | <b>6e</b>                         | 9   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                               | <b>6f</b>                         | 265 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                        | <b>6g</b>                         |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                            | <b>6h</b>                         | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                  | <b>7</b>                          |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 1A 1G 1I

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

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                        | <b>9b</b> Plan benefit arrangement (check all that apply)                                                                                                                                                                        |
| (1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | (1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

- (1) ☒ **H** (Financial Information)  
 (2) ☐ **I** (Financial Information – Small Plan)  
 (3) ☐ 0 **A** (Insurance Information)  
 (4) ☒ **C** (Service Provider Information)  
 (5) ☒ **D** (DFE/Participating Plan Information)  
 (6) ☐ **G** (Financial Transaction Schedules)

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>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 06/01/2009 and ending 05/31/2010                                         |                                                                                                                                                  |
| 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<br>RETIREMENT PLAN II FOR EMPLOYEES OF MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA                            | B Three-digit plan number (PN) 002                                                                                                               |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>MIDWEST TELEVISION, INC.                                      | D Employer Identification Number (EIN)<br>37-0704427                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                        |                                               |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Part I | Basic Information                                                                                                                                                                      |                                               |
| 1      | Enter the valuation date: Month 06 Day 01 Year 2009                                                                                                                                    |                                               |
| 2      | Assets:                                                                                                                                                                                |                                               |
| a      | Market value                                                                                                                                                                           | 2a 11118208                                   |
| b      | Actuarial value                                                                                                                                                                        | 2b 12230028                                   |
| 3      | Funding target/participant count breakdown                                                                                                                                             | (1) Number of participants (2) Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                           | 3a 49 5822147                                 |
| b      | For terminated vested participants                                                                                                                                                     | 3b 129 5946195                                |
| c      | For active participants:                                                                                                                                                               |                                               |
| (1)    | Non-vested benefits                                                                                                                                                                    | 3c(1) 0                                       |
| (2)    | Vested benefits                                                                                                                                                                        | 3c(2) 4359206                                 |
| (3)    | Total active                                                                                                                                                                           | 3c(3) 93 4359206                              |
| d      | Total                                                                                                                                                                                  | 3d 271 16127548                               |
| 4      | If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                          |                                               |
| 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 6.62 %                                      |
| 6      | Target normal cost                                                                                                                                                                     | 6 0                                           |

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                                     | 02/23/2011                                 |
| THOMAS J. DOHERTY                             | Date 08-04395                              |
| Type or print name of actuary                 | Most recent enrollment number 847-392-2999 |
| H P L & S INC.                                | Telephone number (including area code)     |
| 700 BUSSE ROAD<br>ELK GROVE VILLAGE, IL 60007 |                                            |
| Firm name                                     |                                            |
| Address of the firm                           |                                            |

| 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) ..... | 20597                 | 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).....                                                     | 20597                 | 0                      |
| 10                                                          | Interest on item 9 using prior year's actual return of <u>-18.54</u> % .....                    | -3819                 | 0                      |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| a                                                           | Excess contributions (Item 38 from prior year) .....                                            |                       | 74650                  |
| b                                                           | Interest on (a) using prior year's effective rate of <u>6.62</u> % .....                        |                       | 4942                   |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 79592                  |
| 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).....               | 16778                 | 0                      |

| Part III Funding percentages |                                                                                                                                                                 |    |         |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14                           | Funding target attainment percentage.....                                                                                                                       | 14 | 75.72 % |
| 15                           | Adjusted funding target attainment percentage.....                                                                                                              | 15 | 75.72 % |
| 16                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | 16 | 77.00 % |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 09/15/2009                                                                        | 163842                            | 0                               |                          |                                   |                                 |
| 12/14/2009                                                                        | 163842                            | 0                               |                          |                                   |                                 |
| 03/10/2010                                                                        | 163842                            | 0                               |                          |                                   |                                 |
| 06/09/2010                                                                        | 163842                            | 0                               |                          |                                   |                                 |
| 09/10/2010                                                                        | 120750                            | 0                               |                          |                                   |                                 |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b)                             | 776118                          |
|                                                                                   |                                   |                                 |                          | 18(c)                             | 0                               |

|                                                                                                                               |                                                                                                               |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                                                               |                                                                     |
| a                                                                                                                             | Contributions allocated toward unpaid minimum required contribution from prior years.....                     | 19a 0                                                               |
| b                                                                                                                             | Contributions made to avoid restrictions adjusted to valuation date .....                                     | 19b 0                                                               |
| c                                                                                                                             | Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | 19c 739783                                                          |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                                                               |                                                                     |
| a                                                                                                                             | Did the plan have a "funding shortfall" for the prior year? .....                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b                                                                                                                             | If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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                                                             |
| 0                                                                                                                             | 0                                                                                                             | 0                                                                   |
|                                                                                                                               |                                                                                                               | (4) 4th                                                             |
|                                                                                                                               |                                                                                                               | 0                                                                   |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.67 % | 2nd segment:<br>6.63 % | 3rd segment:<br>6.71 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 | <b>21b</b>             |                        |                        | 0                                                   |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              | <b>22</b>              |                        |                        | 65                                                  |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 0                  |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 3914298             | 739359             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 739359             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          |                     | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 739359             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 739783             |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 424                |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>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 06/01/2009 and ending 05/31/2010

|                                                                                                                                       |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>RETIREMENT PLAN II FOR EMPLOYEES OF MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA</div> | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>MIDWEST TELEVISION, INC.</div>                      | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>37-0704427</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

(b)

Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b)

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

(b)

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

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

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

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

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

BANK OF AMERICA

94-1687665

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 21                               | TRUSTEE                                                                                                              | 11718                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          | 0                                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2009 or fiscal plan year beginning 06/01/2009 and ending 05/31/2010                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| A Name of plan<br>RETIREMENT PLAN II FOR EMPLOYEES OF MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA                                                                                      |  |                                                                                                                                                                                                                                   |  | B Three-digit plan number (PN) ▶ 002                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>MIDWEST TELEVISION, INC.                                                                                                    |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>37-0704427                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(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) 0  |  |
| 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) 0  |  |
| 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)    |  |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                              |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| Schedule D (Form 5500) 2009 v.092308.                                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |

**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                |                                                                 |            |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <b>06/01/2009</b> and ending <b>05/31/2010</b>       |                                                                 |            |
| <b>A</b> Name of plan<br>RETIREMENT PLAN II FOR EMPLOYEES OF MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA | <b>B</b> Three-digit plan number (PN) ►                         | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MIDWEST TELEVISION, INC.                      | <b>D</b> Employer Identification Number (EIN)<br><br>37-0704427 |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 147457                | 284592          |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 2958                  | 51150           |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 156048                | 554685          |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    | 0                     | 2170070         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | 0                     | 1785945         |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 4050                  | 0               |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 1630138               | 2897218         |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 4882998               | 369071          |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 4259188               | 4159671         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | 35369                 | 0               |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 11118206              | 12272402        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 11118206 | 12272402 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 776118     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 776118    |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |       |       |
|------------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 89022 |       |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |       |       |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |       |       |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |       |       |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |       |       |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |       |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 89022 |

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |        |        |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 261058 |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |        |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 261058 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |          |        |
|-------------------------------------------------------------------------------------------|-----------------|----------|--------|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 12632405 |        |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> | 12488114 |        |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |          | 144291 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> | 126215     |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 126215    |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 267430    |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 151516    |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 605       |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 1816255   |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 650341 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 650341 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |        |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |        |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |        |        |
| (4) Other .....                                                                            | <b>2i(4)</b> | 11718  |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 11718  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 662059 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1154196 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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: CLIFTON GUNDERSON LLP

(2) EIN: 37-0802863

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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>b</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  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         |     | X  |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> 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   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     |    |        |
| <b>n</b> 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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2009 or fiscal plan year beginning 06/01/2009 and ending 05/31/2010

|                                                                                                                       |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>RETIREMENT PLAN II FOR EMPLOYEES OF MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA</u> | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MIDWEST TELEVISION, INC.</u>                      | <b>D</b> Employer Identification Number (EIN)<br><u>37-0704427</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>95-4326507</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>2</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                                        |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                                        |                                         |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                                        |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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?.....                                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2009  
v.092308.1

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA**

**FINANCIAL STATEMENTS**  
**May 31, 2010 and 2009**

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## Independent Auditor's Report

Plan Committee  
Retirement Plan II for Employees of  
Midwest Television, Inc. in  
San Diego, California

We were engaged to audit the accompanying statements of net assets available for benefits of the Retirement Plan II for Employees of Midwest Television, Inc. in San Diego, California (the Plan) as of May 31, 2010 and 2009 and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits at May 31, 2009, the related statement of changes in accumulated plan benefits for the year then ended, and supplemental schedules as of and for the year ended May 31, 2010. These financial statements and schedules are the responsibility of the plan administrator.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by the Trustees of the Plan, Bank of America from June 1, 2008 to November 20, 2009 and Busey Trust Company from November 20, 2009 to May 31, 2010, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained a certification from the Trustees as of, and for the years ended May 31, 2010 and 2009, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

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

*Clifton Gunderson LLP*

Champaign, Illinois  
February 15, 2011

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Champaign, IL 61821  
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**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
May 31, 2010 and 2009**

|                                          | <u><b>2010</b></u>          | <u><b>2009</b></u>          |
|------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                            |                             |                             |
| Investments                              | \$ 11,936,660               | \$ 10,967,791               |
| Accrued income                           | 51,150                      | 2,958                       |
| Employer contribution receivable         | <u>284,592</u>              | <u>147,457</u>              |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><b>\$ 12,272,402</b></u> | <u><b>\$ 11,118,206</b></u> |

The accompanying notes are an integral part of the financial statements.

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
Years Ended May 31, 2010 and 2009**

|                                                                 | <u><b>2010</b></u>          | <u><b>2009</b></u>          |
|-----------------------------------------------------------------|-----------------------------|-----------------------------|
| <b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>                   |                             |                             |
| Investment income (loss)                                        | 1,040,137                   | (2,476,189)                 |
| Employer contribution                                           | <u>776,118</u>              | <u>754,601</u>              |
| Total additions (loss)                                          | <u>1,816,255</u>            | <u>(1,721,588)</u>          |
| <b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</b>                |                             |                             |
| Benefits paid to participants                                   | 650,341                     | 561,782                     |
| Management fees and administrative expenses                     | <u>11,718</u>               | <u>32,117</u>               |
| Total deductions                                                | <u>662,059</u>              | <u>593,899</u>              |
| <b>NET INCREASE (DECREASE)</b>                                  | 1,154,196                   | (2,315,487)                 |
| <b>NET ASSETS AVAILABLE FOR BENEFITS,<br/>BEGINNING OF YEAR</b> | <u>11,118,206</u>           | <u>13,433,693</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS,<br/>END OF YEAR</b>       | <u><u>\$ 12,272,402</u></u> | <u><u>\$ 11,118,206</u></u> |

The accompanying notes are an integral part of the financial statements.

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
STATEMENT OF ACCUMULATED PLAN BENEFITS  
May 31, 2009**

**ACTUARIAL PRESENT VALUE  
OF ACCUMULATED PLAN  
BENEFITS**

Vested benefits:

|                                           |                   |
|-------------------------------------------|-------------------|
| Participants currently receiving payments | \$ 5,937,150      |
| Other participants                        | <u>10,977,547</u> |

**TOTAL ACTUARIAL PRESENT  
VALUE OF ACCUMULATED  
PLAN BENEFITS**

\$ 16,914,697

The accompanying notes are an integral part of the financial statements.

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS  
Year Ended May 31, 2009**

|                                                                                            |                                 |
|--------------------------------------------------------------------------------------------|---------------------------------|
| <b>ACTUARIAL PRESENT VALUE OF ACCUMULATED<br/>PLAN BENEFITS AT BEGINNING OF YEAR</b>       | <b>\$ 16,661,988</b>            |
| Increase (decrease) during the year attributable to:                                       |                                 |
| Benefits paid                                                                              | (561,782)                       |
| Changes due to decrease in discount period and due to<br>mortality and turnover experience | 1,124,099                       |
| Change in actuarial assumptions                                                            | <u>(309,608)</u>                |
| <br><b>ACTUARIAL PRESENT VALUE OF ACCUMULATED<br/>PLAN BENEFITS AT END OF YEAR</b>         | <br><b><u>\$ 16,914,697</u></b> |

The accompanying notes are an integral part of the financial statements.

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
NOTES TO FINANCIAL STATEMENTS  
May 31, 2010 and 2009**

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following brief description of the Retirement Plan II for Employees of Midwest Television Inc. in San Diego, California (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

The Plan is a defined benefit pension plan for non-union employees of Midwest Television, Inc.'s television and radio stations located in San Diego, California. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participants are eligible for benefits after normal retirement age of 65 with between at least three years of service (partially vested) and over 7 years of service (fully vested), early retirement after age 55 with at least 15 years of service. Participants' spouses are eligible for a pre-retirement death benefit if the employee has completed an hour of service on or after August 23, 1984 or the employee has at least 10 years of service and at least one hour of employment after June 30, 1976. Participant annual pension benefits at normal retirement are equal to 2 ½% of compensation after June 1, 1979 subject to limitation established by the Internal Revenue Code, less 1 ½% of estimated social security benefits. For participation prior to June 1, 1979 participants are credited with \$113 of annual pension provided annual compensation each year equals or exceeds \$10,000. The amounts of benefits paid are adjusted for early retirement. If any employee does not have at least 7 years of service before termination the participant would forfeit the right to receive a portion of their accumulated plan benefits. Participants may elect to receive benefits paid in a lifetime only, period-certain and lifetime benefit, direct rollover, or joint and contingent benefit.

On May 11, 1999 the Plan was amended effective June 1, 1999. This amendment froze Plan benefits at the accumulated benefits amount accrued as of June 1, 1999.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The following are the significant accounting policies of the Plan:

**Basis of Accounting**

The financial statements of the Plan are prepared under the accrual method of accounting.

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
NOTES TO FINANCIAL STATEMENTS  
May 31, 2010 and 2009**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Actuarial Present Value of Accumulated Plan Benefits**

Accumulated Plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provision to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

1. Retired or terminated employees or their beneficiaries.
2. Beneficiaries of employees who have died.
3. Present employees or their beneficiaries.

Benefits under the Plan are based on employees' compensation in each plan year. Benefits payable under all circumstances, retirement, death and disability, are included to the extent they are deemed attributable to employee service rendered to June 1, 2009, the valuation date for actuarial purposes.

The actuarial present value of accumulated plan benefits is determined by an actuary from HPL & S and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of June 1, 2009 are as follows:

**Life Expectancy of Participants**

A table prepared by HPL & S based on the 2009 Annuitant/Nonannuitant Mortality Tables.

**Investment Return**

As of June 1, 2009, 6.25% compounded annually (net of investment expense) in the determination of the benefit obligation.

**Retirement Age**

Age 65 and completion of 5 years of benefit service or age on valuation date if greater than 65.

**Percent Married**

80% of all employees are assumed to be married. Wives are assumed to be 2 years younger than husbands.

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
NOTES TO FINANCIAL STATEMENTS  
May 31, 2010 and 2009**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different assumptions would be applicable.

**Use of Estimates in Preparing Financial Statements**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities and the actuarial present values of accumulated Plan benefits at the date of the financial statements and the reported amounts of additions to net assets and deductions from net assets during the reporting period. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

**Recently Adopted Accounting Principle**

Effective July 1, 2008, the Plan adopted the "Fair Value Measurements" accounting standard which provides a comprehensive framework for measuring fair value and expanded disclosures which are required about fair value measurements. In April 2009, the FASB amended the requirements to provide additional guidance on fair value disclosure Requirements related to major categories of debt and equity securities. In September 2009, the FASB issued Accounting Standards Update 2009-12, Fair Value Measurements and Disclosures— Investment in Certain Estimates that Calculate Net Asset Value per Share (or Its Equivalent) (ASU 2009-12). The update provides guidance on estimating the fair value when an investment in an investment company does not have readily determinable fair value; ASU 2009-12 permits the use of the investment's net asset value as a practical expedient to determine fair value. ASU 2009-12 also requires additional disclosures regarding the investments. The adoption of these provisions did not have a material impact on the Plan's financial statements and all applicable disclosures are included in these financial statements.

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
NOTES TO FINANCIAL STATEMENTS  
May 31, 2010 and 2009**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**New Accounting Pronouncements**

In January 2010, the FASB issued Accounting Standards Update 2010-06, Fair Value Measurements and Disclosures – Improving Disclosures about Fair Value Measurements. This guidance requires: (i) separate disclosure of significant transfers between Level 1 and Level 2 and reasons for the transfers; (ii) disclosure, on a gross basis, of purchases, sales, issuances, and net 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 fair value for both recurring and nonrecurring fair value measurements. This guidance is effective for interim and annual reporting periods beginning after December 31, 2009, except for the Level 3 disclosure requirements, which will be effective for fiscal years beginning after December 15, 2010 and interim periods within those fiscal years with early adoption permitted. Management of the Plan does not believe the adoption of this guidance will impact the financial statement amounts; however, additional disclosures may be required.

**NOTE 3 - FUNDING POLICY**

The Company's maximum and minimum contributions to the Plan are determined by the Plan's actuary. Participants in the Plan are not allowed to make contributions to the Plan. The Company plans to make contributions to maintain the trust fund on a sound actuarial basis. The Company made contributions of \$776,118 and \$745,601 for the years ended May 31, 2010 and May 31, 2009. The Company's contributions for the years ended May 31, 2010 and 2009 exceeded or met the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provision set forth in ERISA.

**NOTE 4 - PLAN TERMINATION**

In the event the Plan terminates, the net assets of the Plan shall be liquidated subject to applicable law. Participants' accrued benefits as of the date of termination would become fully vested and nonforfeitable to the extent funded.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation if the Plan terminates. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the Pension Benefit Guaranty Corporation.

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
NOTES TO FINANCIAL STATEMENTS  
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**NOTE 5 - INVESTMENTS**

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustees have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

- a. Total investments as shown in the accompanying statements of net assets available for benefits of \$11,936,660 as of May 31, 2010 and \$10,967,791 as of May 31, 2009 and accrued income of \$51,150 and \$2,958 as of May 31, 2010 and 2009.
- b. Net investment earnings (losses) as shown in the accompanying statements of changes in net assets available for benefits of \$1,040,137 and \$(2,476,189) for the years ended May 31, 2010 and 2009, respectively.

Total investments at current value:

|                                 | <u><b>2010</b></u>         | <u><b>2009</b></u>         |
|---------------------------------|----------------------------|----------------------------|
| Common/Collective funds         | \$ 369,071                 | \$ 4,882,998               |
| Common and preferred stock      | 2,897,218                  | 1,634,188                  |
| Registered investment companies | 4,159,671                  | 4,259,188                  |
| Municipal obligations           | 1,146,061                  | -                          |
| Mortgage backed securities      | 384,311                    | -                          |
| Corporate bonds                 | 255,573                    | -                          |
| Certificates of deposit         | 221,323                    | -                          |
| Government obligations          | 2,170,070                  | -                          |
| Short term investments          | 333,362                    | -                          |
| Money market fund               | -                          | 156,048                    |
| Real estate investment trust    | -                          | 26,837                     |
| Convertible securities          | -                          | 8,532                      |
| Total investments               | <u><u>\$11,936,660</u></u> | <u><u>\$10,967,791</u></u> |

The fair value of individual investments that represent 5 percent or more of the Plan's net assets as of May 31 are as follows:

|                                 | <u><b>2010</b></u> | <u><b>2009</b></u> |
|---------------------------------|--------------------|--------------------|
| Registered investment companies |                    |                    |
| Columbia Large Cap Index Fund   | \$ -               | \$ 1,982,391       |
| Columbia Multi-Advisor Intl     | -                  | 913,360            |
| Columbia Mid Cap Index Fund -   | -                  | 1,363,437          |
| Acadian Emerging Market         | 668,532            | -                  |
| Common/collective funds         |                    |                    |
| Intermediate Fixed Income Fund  | -                  | 4,263,865          |
| Small Cap Enhanced Core Fund    | -                  | 619,134            |

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
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**NOTE 5 - INVESTMENTS (CONTINUED)**

The Plan's investment income (including gains and losses on investments bought and sold, as well as held for the years ended May 31) are as follows:

|                                                               | <u><b>2010</b></u>                | <u><b>2009</b></u>                  |
|---------------------------------------------------------------|-----------------------------------|-------------------------------------|
| Interest                                                      | \$ 89,022                         | \$ 5,527                            |
| Dividends                                                     | 261,058                           | 122,352                             |
| Other income                                                  | 605                               | 99,170                              |
| Net appreciation (depreciation) in fair value of investments: |                                   |                                     |
| Real estate investment trust                                  | (3,637)                           | (4,703)                             |
| Government obligations                                        | 48,365                            | -                                   |
| Municipal obligations                                         | 3,964                             | -                                   |
| Certificate of deposit                                        | 1,441                             | -                                   |
| Corporate bonds                                               | (1,216)                           | -                                   |
| Common/collective investment funds                            | 267,430                           | (64,414)                            |
| Mortgage-backed securities                                    | 6,152                             | -                                   |
| Convertible securities                                        | (819)                             | 4,319                               |
| Common stock                                                  | 216,256                           | (640,683)                           |
| Registered investment companies                               | <u>151,516</u>                    | <u>(1,997,757)</u>                  |
| Total investment income (loss)                                | <u><u><b>\$ 1,040,137</b></u></u> | <u><u><b>\$ (2,476,189)</b></u></u> |

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

**NOTE 6 - FAIR VALUE MEASUREMENTS**

Generally accepted accounting principles establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy are described as follows:

- Level 1—Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2—Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability;
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
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**NOTE 6 - FAIR VALUE MEASUREMENTS (CONTINUED)**

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 31, 2010 and 2009.

*Common stock and real estate investment trust:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Corporate bonds, government and municipal obligations:* Valued at benchmark yields, reported trades, broker/dealer quotes and other items.

*Registered investment companies:* Valued at the net asset value of shares held by the plan at year end.

*Mortgage-backed securities:* Valued based on the computation of cash flows from the mortgage pass-through based on the weighted-average maturity and weighted average coupon.

*Certificates of deposit:* Valued at fair valued based upon all future cash flows, plus, the present value of maturity price, discounted at required yield based on comparable offerings with similar interest rates and maturity dates in the market.

*Money market funds and short term investments:* Valued at \$1 per share.

*Common/collective funds:* Valued based upon the underlying investments of units held by the Plan at year end.

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

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
NOTES TO FINANCIAL STATEMENTS  
May 31, 2010 and 2009**

**NOTE 6 - FAIR VALUE MEASUREMENTS (CONTINUED)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31, 2010 and 2009:

| <b>Assets at Fair Value<br/>As of May 31, 2010</b> |                     |                     |                |                      |
|----------------------------------------------------|---------------------|---------------------|----------------|----------------------|
|                                                    | <b>Level 1</b>      | <b>Level 2</b>      | <b>Level 3</b> | <b>Total</b>         |
| Common stock                                       | \$ 2,897,218        | \$ -                | \$ -           | \$ 2,897,218         |
| Municipal obligations                              | -                   | 1,146,061           | -              | 1,146,061            |
| Registered investments:                            |                     |                     |                |                      |
| Emerging markets                                   | 668,532             | -                   | -              | 668,532              |
| Small cap                                          | 201,401             | -                   | -              | 201,401              |
| Large blend                                        | 566,216             | -                   | -              | 566,216              |
| Long-short                                         | 196,031             | -                   | -              | 196,031              |
| Foreign                                            | 1,401,973           | -                   | -              | 1,401,973            |
| Mid cap                                            | 441,170             | -                   | -              | 441,170              |
| Commodities                                        | 505,155             | -                   | -              | 505,155              |
| Real estate                                        | 179,193             | -                   | -              | 179,193              |
| Total registered investment companies              | 4,159,671           | -                   | -              | 4,159,671            |
| Government obligations                             | -                   | 2,170,070           | -              | 2,170,070            |
| Mortgage backed securities                         | -                   | 384,311             | -              | 384,311              |
| Certificates of deposit                            | -                   | 221,323             | -              | 221,323              |
| Short - term investments                           | -                   | 333,362             | -              | 333,362              |
| Corporate bonds                                    | 255,573             | -                   | -              | 255,573              |
| Common/collective funds                            | -                   | 369,071             | -              | 369,071              |
|                                                    | <u>\$ 7,312,462</u> | <u>\$ 4,624,198</u> | <u>\$ -</u>    | <u>\$ 11,936,660</u> |

| <b>Assets at Fair Value<br/>As of May 31, 2009</b> |                     |                     |                |                      |
|----------------------------------------------------|---------------------|---------------------|----------------|----------------------|
|                                                    | <b>Level 1</b>      | <b>Level 2</b>      | <b>Level 3</b> | <b>Total</b>         |
| Common stock                                       | \$ 1,630,138        | \$ -                | \$ -           | \$ 1,630,138         |
| Preferred stock                                    | 4,050               | -                   | -              | 4,050                |
| Registered investment                              | 4,259,188           | -                   | -              | 4,259,188            |
| Real estate investment trust                       | 26,837              | -                   | -              | 26,837               |
| Convertible securities                             | 8,532               | -                   | -              | 8,532                |
| Money market funds                                 | -                   | 156,048             | -              | 156,048              |
| Common/collective funds                            | -                   | 4,882,998           | -              | 4,882,998            |
|                                                    | <u>\$ 5,928,745</u> | <u>\$ 5,039,046</u> | <u>\$ -</u>    | <u>\$ 10,967,791</u> |

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
NOTES TO FINANCIAL STATEMENTS  
May 31, 2010 and 2009**

**NOTE 7 - RELATED PARTIES**

Investments are managed by Busey Trust Company and Bank of America, the Trustees, as defined by the Plan. Therefore, transactions with Bank of America qualify as party-in-interest transactions. Fees paid to Bank of America by the Plan for investment management services were \$11,718 and \$32,117 for the years ended May 31, 2010 and 2009, respectively. Some administrative expenses of the Plan, including all management fees payable to Busey Trust Company, are paid directly by the Plan Sponsor.

**NOTE 8 - TAX STATUS**

Effective January 1, 2008 the Plan was amended to comply with changes in the Internal Revenue Code. The Plan obtained its latest determination letter dated November 4, 2008 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter however, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

**NOTE 9 - RISKS AND UNCERTAINTIES**

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

**NOTE 10 - SUBSEQUENT EVENTS**

Management evaluated subsequent events through February 15, 2011, the date the financial statements were available to be issued. Events or transactions occurring after May 31, 2010, but prior to February 15, 2011 that provided additional evidence about conditions that existed at May 31, 2010, have been recognized in the financial statements for the year ended May 31, 2010. Events or transactions that provided evidence about conditions that did not exist at May 31, 2010 but arose before the financial statements were available to be issued have not been recognized in the financial statements for the year ended May 31, 2010.

This information is an integral part of the accompanying financial statements.

## **SUPPLEMENTAL SCHEDULES**

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
FEIN #37-0704427  
PLAN #002  
SCHEDULE H, LINE 4i -  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

| (a)                  | (b) & (c) Identity of Issue<br>and Description of Investment | (d) Cost | (e) Current<br>Value |
|----------------------|--------------------------------------------------------------|----------|----------------------|
| <b>COMMON STOCKS</b> |                                                              |          |                      |
|                      | AFLAC Inc. - 846 shares                                      | 44,432   | 37,478               |
|                      | Abbott Labs - 1,148 shares                                   | 50,822   | 54,599               |
|                      | Adobe - 2,172 shares                                         | 67,201   | 69,678               |
|                      | American Express Company - 1,515 shares                      | 44,782   | 60,403               |
|                      | Amgen Inc - 794 shares                                       | 46,622   | 41,113               |
|                      | ADP - 1,890 shares                                           | 66,528   | 77,263               |
|                      | BHP Billiton PLC - 911 shares                                | 51,809   | 59,069               |
|                      | Blackrock Com - 249 shares                                   | 45,437   | 41,802               |
|                      | Caterpillar - 1,208 shares                                   | 41,007   | 73,398               |
|                      | Chevron Corporation - 795 shares                             | 51,740   | 58,727               |
|                      | CISCO - 3,464 shares                                         | 70,908   | 80,226               |
|                      | Colgate Palmolive - 807 shares                               | 59,157   | 63,019               |
|                      | CONOCO Phillips - 1,218 shares                               | 51,582   | 63,165               |
|                      | Covance - 948 shares                                         | 46,526   | 50,016               |
|                      | Danaher - 580 shares                                         | 35,568   | 46,040               |
|                      | Dentsply - 1,662 shares                                      | 48,328   | 53,899               |
|                      | Diageo Plc - 1,020 shares                                    | 59,036   | 62,506               |
|                      | Walt Disney - 1,457 shares                                   | 35,753   | 48,693               |
|                      | Expeditors - 1,160 shares                                    | 35,844   | 44,358               |
|                      | Exxon Mobil Corporation - 754 shares                         | 51,559   | 45,587               |
|                      | Fluor Corporation New - 895 shares                           | 41,841   | 41,993               |
|                      | General Electric Company - 3,540 shares                      | 41,347   | 57,879               |
|                      | ITT - 798 shares                                             | 36,249   | 38,527               |
|                      | IBM - 865 shares                                             | 103,088  | 108,350              |
|                      | Ishares - Utilities - 573 shares                             | 38,288   | 40,116               |
|                      | Ishares - Telecom - 4,459 shares                             | 77,711   | 87,396               |
|                      | Johnson & Johnson - 1,403 shares                             | 84,472   | 81,795               |
|                      | Eli Lilly - 1,452 shares                                     | 48,526   | 47,611               |
|                      | McDonalds Corporation - 1,109 shares                         | 69,602   | 74,159               |
|                      | Medtronic - 1,340 shares                                     | 46,284   | 52,501               |
|                      | Microsoft - 2,851 shares                                     | 69,023   | 73,556               |
|                      | National-Oil Well - 1,906 shares                             | 64,760   | 72,676               |
|                      | Nike Inc - 679 shares                                        | 35,339   | 49,146               |
|                      | Northern Trust - 1,107 shares                                | 64,596   | 56,247               |
|                      | Oracle - 3,220 shares                                        | 69,777   | 72,675               |
|                      | Pepsico Inc - 1,081 shares                                   | 61,141   | 67,984               |
|                      | Proctor and Gamble - 1,121 shares                            | 62,372   | 68,482               |
|                      | SEI Investments - 2,424 shares                               | 45,289   | 51,122               |
|                      | Schlumberger - 1,162 shares                                  | 64,653   | 65,246               |

(CONTINUED)

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
FEIN #37-0704427  
PLAN #002  
SCHEDULE H, LINE 4i -  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

| (a)                              | (b) & (c) Identity of Issue<br>and Description of Investment                  | (d) Cost  | (e) Current<br>Value |
|----------------------------------|-------------------------------------------------------------------------------|-----------|----------------------|
| <b>COMMON STOCKS (CONTINUED)</b> |                                                                               |           |                      |
|                                  | Staples - 1,760 shares                                                        | 35,834    | 37,875               |
|                                  | Starbucks - 2,507 shares                                                      | 36,075    | 64,906               |
|                                  | Sysco Corporation - 2,591 shares                                              | 59,257    | 77,238               |
|                                  | Teva Pharma - 1,041 shares                                                    | 51,176    | 57,068               |
|                                  | United Technologies - 669 shares                                              | 35,894    | 45,077               |
|                                  | Walmart - 1,223 shares                                                        | 59,157    | 61,835               |
|                                  | Waste Management - 1,279 shares                                               | 35,850    | 41,580               |
|                                  | Wells Fargo & Company - 1.748 shares                                          | 45,026    | 50,150               |
|                                  | Accenture - 1,951 shares                                                      | 66,881    | 73,202               |
|                                  | Transocean - 877 shares                                                       | 64,451    | 49,787               |
|                                  |                                                                               | <hr/>     | <hr/>                |
|                                  | Total common stocks                                                           | 2,618,600 | 2,897,218            |
| <b>MUNICIPAL OBLIGATIONS</b>     |                                                                               |           |                      |
|                                  | Albany Wisconsin School District GO Bonds,<br>3.95%, 4/1/2014 - \$70,000      | 70,582    | 71,887               |
|                                  | Baltimore MD Consolidated PU B Import Bonds,<br>6%, 10/15/2010 - \$100,000    | 104,619   | 102,121              |
|                                  | Beechwood KY Indpt School District Rev Bonds,<br>1.95%, 8/1/2011 - \$100,000  | 100,000   | 100,850              |
|                                  | Brown Deer Wisconsin Taxable GO Corp Purp Bonds,<br>2.1%, 4/1/2012 - \$60,000 | 60,116    | 60,300               |
|                                  | Buncombe County N C LTD Obligation Cops,<br>4.3%, 6/1/2016 - \$150,000        | 150,000   | 152,789              |
|                                  | Harris County Texas Ref Tax Sub Lien Revenue,<br>5%, 8/15/2012 - \$50,000     | 52,815    | 53,178               |
|                                  | Kaukauna WI Electric System Revenue Bonds,<br>2.3%, 12/15/2012 - \$50,000     | 50,065    | 50,147               |
|                                  | Kronenwetter Wisconsin Taxable GO Bonds,<br>3.25%, 12/2/2012-2011 - \$100,000 | 101,080   | 102,367              |
|                                  | Macon Christian Dewitt ETC CNT GO Bonds,<br>4.8% 12/1/2017 - \$145,000        | 149,684   | 150,543              |
|                                  | Monona Wisconsin GO Ref Bonds,<br>5.65%, 9/1/2011-2010 - \$100,000            | 102,952   | 100,951              |
|                                  | Monona Wisconsin Taxable Prom NTS<br>1.125%, 10/1/2011 - \$100,000            | 100,185   | 100,270              |
|                                  | Tippecanoe County Indiana NSE,<br>3.74%, 7/15/2015 - \$100,000                | 100,000   | 100,658              |
|                                  |                                                                               | <hr/>     | <hr/>                |
|                                  | Total municipal obligations                                                   | 1,142,098 | 1,146,061            |

(CONTINUED)

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
FEIN #37-0704427  
PLAN #002  
SCHEDULE H, LINE 4i -  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

| (a)                                    | (b) & (c) Identity of Issue<br>and Description of Investment                                     | (d) Cost  | (e) Current<br>Value |
|----------------------------------------|--------------------------------------------------------------------------------------------------|-----------|----------------------|
| <b>MORTGAGE BACKED SECURITIES</b>      |                                                                                                  |           |                      |
|                                        | Federal National Mortgage Assoc Mtg Assn Call<br>5%, 3/2/2015 - \$100,000                        | 108,965   | 111,531              |
|                                        | FNMA Pass-Thru SHRT 4.5%, 7/1/2013 - \$18,106                                                    | 18,740    | 18,570               |
|                                        | FNMA Pass-Thru 4.5%, 6/1/2019 - \$132,131                                                        | 137,087   | 140,109              |
|                                        | Federal Home Loan Mortgage Corp Pass-Thru<br>5%, 8/1/2020 - \$30,752                             | 31,867    | 33,006               |
|                                        | FNMA Pass Thru 5%, 1/1/2022 - \$76,067                                                           | 79,252    | 81,095               |
|                                        | Total mortgage backed securities                                                                 | 375,911   | 384,311              |
| <b>CORPORATE BONDS</b>                 |                                                                                                  |           |                      |
|                                        | General Electric Cap Coporation, 4.375%, 11/21/11 - \$100,000                                    | 104,969   | 104,155              |
|                                        | JP Morgan Chase & Co SR NT, 3.7%, 1/20/2015 - \$150,000                                          | 151,820   | 151,418              |
|                                        | Total corporate bonds                                                                            | 256,789   | 255,573              |
| <b>REGISTERED INVESTMENT COMPANIES</b> |                                                                                                  |           |                      |
|                                        | Acadian Emerging Market - 42,527.472 shares                                                      | 580,500   | 668,532              |
|                                        | Dreyfus Small-Cap Value - 3,367.459 shares                                                       | 53,745    | 69,976               |
|                                        | Fidelity Small-Cap - 2,746.277 shares                                                            | 53,745    | 63,055               |
|                                        | Fidelity Diversified - 22,803.711 shares                                                         | 551,850   | 566,216              |
|                                        | Goldman Absolute Return Tracker - 22,050.718 shares                                              | 200,000   | 196,031              |
|                                        | Goldman Sachs Trade Emerging Market Debt<br>Institutional Fund - 21,277.02 shares                | 226,565   | 250,005              |
|                                        | Ishares MSCI EAFE Index - 11,748 shares                                                          | 549,719   | 567,663              |
|                                        | Ishares S&P Midcap 400 Index - 2,914 shares                                                      | 171,120   | 222,426              |
|                                        | Ishares Russell 2000 Index - 1,032 shares                                                        | 53,478    | 68,370               |
|                                        | PIMCO Commodity Real Return - 67,534.034 shares                                                  | 482,868   | 505,155              |
|                                        | PIMCO Funds Pacific Investment Management<br>Mutual Funds Service High Yield - 13,561.024 shares | 103,898   | 119,066              |
|                                        | T. Rowe Mid Cap Growth - 4,382.777 shares                                                        | 171,893   | 218,744              |
|                                        | Templeton Foreign - 32,480.859 shares                                                            | 551,850   | 553,149              |
|                                        | Third Avenue Global REIT - 8,840.293 shares                                                      | 150,285   | 179,193              |
|                                        | Vanguard International Explorer - 21,914.363 shares                                              | 259,466   | 281,161              |
|                                        | Total registered investment companies                                                            | 4,160,982 | 4,528,742            |

(CONTINUED)

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
FEIN #37-0704427  
PLAN #002  
SCHEDULE H, LINE 4i -  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

| (a)                            | (b) & (c) Identity of Issue<br>and Description of Investment                | (d) Cost | (e) Current<br>Value |
|--------------------------------|-----------------------------------------------------------------------------|----------|----------------------|
| <b>CERTIFICATES OF DEPOSIT</b> |                                                                             |          |                      |
|                                | GE Money, Bank of Salt Lake City Utah, 1.8% 8/8/11                          | 119,882  | 121,130              |
|                                | S&T Bank of Indiana PA, 1% 11/30/10                                         | 100,000  | 100,193              |
|                                | Total certificates of deposit                                               | 219,882  | 221,323              |
| <b>SHORT TERM INVESTMENTS</b>  |                                                                             |          |                      |
|                                | Goldman Federal Fund - 333,361 shares                                       | 333,362  | 333,362              |
|                                | Total short term investments                                                | 333,362  | 333,362              |
| <b>GOVERNMENT OBLIGATIONS</b>  |                                                                             |          |                      |
|                                | Federal Home Loan Mortgage Corporate Call,<br>3%, 11/26/2013 - \$50,000     | 50,000   | 50,316               |
|                                | Federal Farm Credit Banks Global Cons Bond<br>4.65%, 12/12/2016 - \$100,000 | 103,835  | 110,125              |
|                                | Federal Farm Credit Bank, 4.9%, 12/29/2014 - \$50,000                       | 53,536   | 55,875               |
|                                | Federal Farm Credit Bank Cons Bond,<br>4.95%, 12/27/2016 - \$100,000        | 107,336  | 111,875              |
|                                | Federal Home Loan Bank Cons Bond, 5.5%, 8/15/2016<br>\$100,000              | 110,234  | 114,531              |
|                                | Federal Home Loan Bank<br>4.75% 2/13/2015 - \$100,000                       | 106,244  | 111,125              |
|                                | Federal Home Loan Bank<br>4.75% 11/14/2014 - \$25,000                       | 26,580   | 27,766               |
|                                | Federal Home Loan Bank Cons Bond,<br>5%, 9/13/2013 - \$50,000               | 54,403   | 55,734               |
|                                | Federal Home Loan Bank Cons Bond,<br>5%, 10/13/2011 - \$100,000             | 106,478  | 105,813              |
|                                | Federal Home Loan Bank Cons Bond,<br>5% 12/9/2016 - \$100,000               | 109,542  | 112,219              |
|                                | Federal Home Loan Bank Cons Bond,<br>4.875%, 12/13/2013 - \$100,000         | 108,425  | 110,625              |
|                                | Federal Home Loan Bank Cons Bond,<br>4.875%, 6/13/2014 - \$100,000          | 107,697  | 110,719              |
|                                | Federal Home Loan Bank<br>4.75%, 12/12/2014 - \$100,000                     | 106,840  | 110,719              |

(CONTINUED)

**RETIREMENT PLAN II FOR EMPLOYEES OF**  
**MIDWEST TELEVISION, INC.**  
**IN SAN DIEGO, CALIFORNIA**  
**FEIN #37-0704427**  
**PLAN #002**  
**SCHEDULE H, LINE 4i -**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

| (a)                                       | (b) & (c) Identity of Issue<br>and Description of Investment             | (d) Cost             | (e) Current<br>Value |
|-------------------------------------------|--------------------------------------------------------------------------|----------------------|----------------------|
| <b>GOVERNMENT OBLIGATIONS (CONTINUED)</b> |                                                                          |                      |                      |
|                                           | Federal Home Loan Bank Cons Bond,<br>3.55%, 11/4/2011 - \$100,000        | 104,541              | 103,969              |
|                                           | Federal Home Loan Banks Cons Bond,<br>3.75% 6/14/2013 - \$100,000        | 104,233              | 106,375              |
|                                           | Federal Home Loan Banks Cons Bond,<br>3.25%, 9/12/2014 - \$200,000       | 206,912              | 209,626              |
|                                           | Federal Home Loan Banks Cons Bond,<br>1.75%, 12/14/2012 - \$200,000      | 198,810              | 202,250              |
|                                           | Federal Home Loan Banks Cons Bond,<br>2.75%, 3/13/2015 - \$100,000       | 100,204              | 102,125              |
|                                           | Federal Home Loan Banks Cons Bond,<br>2%, 10/30/2013 - \$150,000         | 150,000              | 151,595              |
|                                           | Federal National Mortgage Association Call,<br>4%, 4/29/2013 - \$100,000 | <u>105,855</u>       | <u>106,688</u>       |
|                                           | Total government obligations                                             | <u>2,121,705</u>     | <u>2,170,070</u>     |
| <b>TOTAL INVESTMENTS</b>                  |                                                                          | <u>\$ 11,229,329</u> | <u>\$ 11,936,660</u> |

RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
FEIN #37-0704427  
PLAN #002

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
Year Ended May 31, 2010

| (a) Identity<br>of party<br>involved                                  | (b) Description of Asset                                              | (c) Purchase |            |    | (d) Selling<br>Price | (g) Cost of<br>Asset | (h) Current Value<br>of Asset on<br>Transaction<br>Date |    | (i) Net Gain<br>or (Loss) |    |           |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------|--------------|------------|----|----------------------|----------------------|---------------------------------------------------------|----|---------------------------|----|-----------|
|                                                                       |                                                                       | Price        |            |    |                      |                      |                                                         |    |                           |    |           |
| Single Transactions or Series of Transactions<br>in the Same Security |                                                                       |              |            |    |                      |                      |                                                         |    |                           |    |           |
|                                                                       | Goldman Sachs Tr Em Mkt Debt Instl Fund<br>73,188.37 shares           | \$           | 672,500    | \$ | -                    | \$                   | 672,500                                                 | \$ | 672,500                   | \$ | -         |
|                                                                       | Intermediate Fixed Income Fund<br>937,669.474 shares                  | \$           | -          | \$ | 4,366,352            | \$                   | 2,801,356                                               | \$ | 4,366,352                 | \$ | 1,564,996 |
|                                                                       | Small Cap Enhanced Core Fund<br>24,767.845 shares                     | \$           | -          | \$ | 598,748              | \$                   | 806,526                                                 | \$ | 598,748                   | \$ | (207,778) |
|                                                                       | Columbia Large Cap Index Fund<br>112,485.934 shares                   | \$           | -          | \$ | 1,916,760            | \$                   | 2,671,890                                               | \$ | 1,916,760                 | \$ | (755,130) |
|                                                                       | Columbia Multi-Advisor International Equity Fund<br>87,738.692 shares | \$           | -          | \$ | 825,621              | \$                   | 1,469,256                                               | \$ | 825,621                   | \$ | (643,635) |
|                                                                       | Columbia Mid Cap Index Fund<br>189,026.678 shares                     | \$           | -          | \$ | 1,321,296            | \$                   | 1,784,728                                               | \$ | 1,321,296                 | \$ | (463,432) |
|                                                                       | Columbia Cash Reserves Trust<br>10,530,179 shares                     | \$           | 10,851,865 | \$ | -                    | \$                   | 10,851,865                                              | \$ | 10,851,865                | \$ | -         |

(Continued)

RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
FEIN #37-0704427  
PLAN #002

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
Year Ended May 31, 2010

| (a) Identity<br>of party<br>involved                                          | (b) Description of Asset                                      | (c) Purchase<br>Price | (d) Selling<br>Price | (g) Cost of<br>Asset | (h) Current Value<br>of Asset on<br>Transaction<br>Date | (i) Net Gain<br>or (Loss) |
|-------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------|----------------------|----------------------|---------------------------------------------------------|---------------------------|
| <b>Single Transactions or Series of Transactions<br/>in the Same Security</b> |                                                               |                       |                      |                      |                                                         |                           |
|                                                                               | Columbia Cash Reserves Trust<br>19,789,162 shares             | \$ -                  | \$ 11,007,913        | \$ 11,007,913        | \$ 11,007,913                                           | \$ -                      |
|                                                                               | PIMCO Funds Pac Inv't Mgmt Ser High Yield<br>80,154 shares    | \$ 612,000            | -                    | \$ 612,000           | \$ 612,000                                              | \$ -                      |
|                                                                               | PIMCO Funds Pac Inv't Mgmt Ser High Yield<br>66,597.67 shares | \$ -                  | \$ 600,000           | \$ 508,102           | \$ 600,000                                              | \$ 91,898                 |
|                                                                               | Acadian Emerging Market<br>42,527.47 shares                   | \$ 580,500            | -                    | \$ 580,500           | \$ 580,500                                              | \$ -                      |
|                                                                               | PIMCO Commodity Real Return<br>79,655.24 shares               | \$ 569,535            | -                    | \$ 569,535           | \$ 569,535                                              | \$ -                      |

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

| Attained Age | Under 1 |           | 1 To 4 |           | 5 To 9 |           | 10 To 14 |           | 15 To 19 |           | 20 To 24 |           | 25 To 29 |           | 30 To 34 |           | 35 To 39 |           | 40 & Up |           |
|--------------|---------|-----------|--------|-----------|--------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|---------|-----------|
|              | No.     | Avg. Comp | No.    | Avg. Comp | No.    | Avg. Comp | No.      | Avg. Comp | No.      | Avg. Comp | No.      | Avg. Comp | No.      | Avg. Comp | No.      | Avg. Comp | No.      | Avg. Comp | No.     | Avg. Comp |
| Under 25     | 0       | 0         | 0      | 0         | 0      | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |
| 25 to 29     | 0       | 0         | 0      | 0         | 0      | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |
| 30 to 34     | 0       | 0         | 0      | 0         | 1      | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |
| 35 to 39     | 0       | 0         | 0      | 0         | 4      | 0         | 5        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |
| 40 to 44     | 0       | 0         | 0      | 0         | 5      | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |
| 45 to 49     | 0       | 0         | 0      | 0         | 5      | 0         | 5        | 0         | 8        | 0         | 5        | 0         | 1        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |
| 50 to 54     | 0       | 0         | 0      | 0         | 6      | 0         | 5        | 0         | 3        | 0         | 10       | 0         | 6        | 0         | 1        | 0         | 0        | 0         | 0       | 0         |
| 55 to 59     | 0       | 0         | 0      | 0         | 2      | 0         | 2        | 0         | 1        | 0         | 2        | 0         | 1        | 0         | 5        | 0         | 0        | 0         | 0       | 0         |
| 60 to 64     | 0       | 0         | 0      | 0         | 0      | 0         | 2        | 0         | 1        | 0         | 1        | 0         | 4        | 0         | 2        | 0         | 0        | 0         | 0       | 0         |
| 65 to 69     | 0       | 0         | 0      | 0         | 0      | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |
| 70 & Up      | 0       | 0         | 0      | 0         | 0      | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |

Name of plan: Retirement Plan for Midwest Television, Inc. in San Diego CA      Plan number: 002  
Plan sponsor's name: Midwest Television, Inc. in San Diego CA      EIN: 95-4326507

RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA

EIN/PN: 37-0704427/002

Schedule SB, Part V  
Statement of Actuarial Assumptions/Methods

For the plan year 6/1/2009 – 5/31/2010  
Valuation Date 6/1/2009

## Economic Assumptions

Interest rates:

|   |                       |                 |               |                |
|---|-----------------------|-----------------|---------------|----------------|
| ➤ | Projected out         | Initial 5 years | 5 to 15 years | After 20 years |
|   | Funding Segment Rates | 5.67%           | 6.63%         | 6.71%          |
| ➤ | Salary Scale          |                 |               | N/A            |

### Demographic Assumptions for Participants

### Pre-retirement Mortality

2009 Nonannuitant Table for Males  
2009 Nonannuitant Table for Females

### Post-retirement Mortality

2009 Annuitant Table for Males  
2009 Annuitant Table for Females

## Termination

### Annual Probabilities of Termination

| <u>Age</u> | <u>Males</u> | <u>Females</u> |
|------------|--------------|----------------|
| 20         | .149         | .250           |
| 25         | .099         | .190           |
| 30         | .069         | .119           |
| 35         | .049         | .081           |
| 40         | .028         | .057           |
| 45         | .017         | .037           |
| 50         | .005         | .022           |
| 55         | .000         | .010           |

### Assumed Retirement

Age 65 and completion of 5 years of Benefit Service, or age on valuation date if greater than 65

Percentage Married

80%

Spouse Age

Spouse 2 years younger than participant

## Actuarial Methods

- Value of plan assets

Averaging method over a 24<sup>th</sup> month period

RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA

EIN/PN: 37-0704427/002

Schedule SB, Part V  
Statement of Actuarial Assumptions/Methods

For the plan year 6/1/2009 – 5/31/2010  
Valuation Date 6/1/2009

**Benefits Not Valued**

All benefits described in the Summary of Plan Provisions were valued.

**Change in Methods and Assumptions Since Last Year**

None

**Data Sources**

HPL&S Inc. used asset and census data supplied by Midwest Television, Inc. in San Diego, California. Data were reviewed for reasonableness and consistency. No audit was performed by HPL&S Inc. and we are unaware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2009 or fiscal plan year beginning <u>06/01/2009</u> and ending <u>05/31/2010</u>                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |

► 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.

|                                                                                                                                                         |                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>RETIREMENT PLAN II FOR EMPLOYEES OF MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA                                          | <b>B</b> Three-digit plan number (PN) ►                     | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>MIDWEST TELEVISION, INC.                                                    | <b>D</b> Employer Identification Number (EIN)<br>37-0704427 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                             |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |                                                             |     |

| Part I Basic Information |                                                                                                                                                                                                       |                            |                    |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b>                 | Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2009</u>                                                                                                                              |                            |                    |
| <b>2</b>                 | Assets:                                                                                                                                                                                               |                            |                    |
|                          | <b>a</b> Market value.....                                                                                                                                                                            | <b>2a</b>                  | 11118208           |
|                          | <b>b</b> Actuarial value.....                                                                                                                                                                         | <b>2b</b>                  | 12230028           |
| <b>3</b>                 | Funding target/participant count breakdown                                                                                                                                                            | (1) Number of participants | (2) Funding Target |
|                          | <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                           | <b>3a</b>                  | 49                 |
|                          | <b>b</b> For terminated vested participants .....                                                                                                                                                     | <b>3b</b>                  | 129                |
|                          | <b>c</b> For active participants:                                                                                                                                                                     |                            |                    |
|                          | (1) Non-vested benefits.....                                                                                                                                                                          | <b>3c(1)</b>               | 0                  |
|                          | (2) Vested benefits.....                                                                                                                                                                              | <b>3c(2)</b>               | 4359206            |
|                          | (3) Total active .....                                                                                                                                                                                | <b>3c(3)</b>               | 93                 |
|                          | <b>d</b> Total.....                                                                                                                                                                                   | <b>3d</b>                  | 271                |
| <b>4</b>                 | If the plan is at-risk, check the box and complete items (a) and (b) .....                                                                                                                            |                            |                    |
|                          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                             | <b>4a</b>                  |                    |
|                          | <b>b</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 ..... | <b>4b</b>                  |                    |
| <b>5</b>                 | Effective interest rate .....                                                                                                                                                                         | <b>5</b>                   | 6.62%              |
| <b>6</b>                 | Target normal cost.....                                                                                                                                                                               | <b>6</b>                   | 0                  |

**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.

|                                                                                                                                                                  |                                                                                                                               |                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                 | Thomas J. Doherty <br>Signature of actuary | <u>02/23/2011</u><br>Date<br><u>0804395</u><br>Most recent enrollment number<br><u>847-392-2999</u><br>Telephone number (including area code) |
| Thomas J. Doherty<br>Type or print name of actuary<br><br>H P L & S Inc.<br>Firm name<br><br>700 Busse Road<br>Elk Grove Village IL 60007<br>Address of the firm |                                                                                                                               |                                                                                                                                               |

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

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

Schedule SB (Form 5500) 2009  
v.092308.1

## Part II

|    |                                                                                                 |       |       |
|----|-------------------------------------------------------------------------------------------------|-------|-------|
| 7  | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 20597 | 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).....                                                     | 20597 | 0     |
| 10 | Interest on item 9 using prior year's actual return of <u>-18.54%</u> .....                     | -3819 | 0     |
| 11 | Prior year's excess contributions to be added to prefunding balance:                            |       |       |
| a  | Excess contributions (Item 38 from prior year) .....                                            |       | 74650 |
| b  | Interest on (a) using prior year's effective rate of <u>6.62%</u> .....                         |       | 4942  |
| c  | Total available at beginning of current plan year to add to prefunding balance .....            |       | 79592 |
| 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).....               | 16778 | 0     |

## Part III

|    |                                                                                                                                                                 |    |        |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 14 | Funding target attainment percentage.....                                                                                                                       | 14 | 75.72% |
| 15 | Adjusted funding target attainment percentage.....                                                                                                              | 15 | 75.72% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | 16 | 77.00% |
| 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

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 09/15/2009               | 163842                            | 0                               |                          |                                   |                                 |
| 12/14/2009               | 163842                            | 0                               |                          |                                   |                                 |
| 03/10/2010               | 163842                            | 0                               |                          |                                   |                                 |
| 06/09/2010               | 163842                            | 0                               |                          |                                   |                                 |
| 09/10/2010               | 120750                            | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 | Totals ►                 | 18(b)                             | 776118 18(c)                    |
|                          |                                   |                                 |                          |                                   | 0                               |

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

|                                                                                                                         |            |        |
|-------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years.....                      | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 739783 |

## 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       |

|                                                                                                                                                                                                                                     |                       |                       |                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|---------------------------------------------------------------------------|
| <b>Part V Assumptions used to determine funding target and target normal cost</b>                                                                                                                                                   |                       |                       |                                                                           |
| 21 Discount rate:                                                                                                                                                                                                                   |                       |                       |                                                                           |
| a Segment rates:                                                                                                                                                                                                                    | 1st segment:<br>5.67% | 2nd segment:<br>6.63% | 3rd segment:<br>6.71% <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) .....                                                                                                                                                                                               | 21b                   |                       | 0                                                                         |
| 22 Weighted average retirement age .....                                                                                                                                                                                            | 22                    |                       | 65                                                                        |
| 23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                               |                       |                       |                                                                           |
| <b>Part VI Miscellaneous items</b>                                                                                                                                                                                                  |                       |                       |                                                                           |
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                       |                       |                                                                           |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                      |                       |                       |                                                                           |
| 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            |                       |                       |                                                                           |
| 27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment .....                                                                                      |                       | 27                    |                                                                           |
| <b>Part VII Reconciliation of unpaid minimum required contributions for prior years</b>                                                                                                                                             |                       |                       |                                                                           |
| 28 Unpaid minimum required contribution for all prior years .....                                                                                                                                                                   |                       | 28                    | 0                                                                         |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) .....                                                                                                       |                       | 29                    | 0                                                                         |
| 30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....                                                                                                                                          |                       | 30                    | 0                                                                         |
| <b>Part VIII Minimum required contribution for current year</b>                                                                                                                                                                     |                       |                       |                                                                           |
| 31 Target normal cost, adjusted, if applicable (see instructions) .....                                                                                                                                                             |                       | 31                    | 0                                                                         |
| 32 Amortization installments:                                                                                                                                                                                                       |                       | Outstanding Balance   | Installment                                                               |
| a Net shortfall amortization installment .....                                                                                                                                                                                      |                       | 3914298               | 739359                                                                    |
| 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                    | 0                                                                         |
| 34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) .....                                                                                                        |                       | 34                    | 739359                                                                    |
|                                                                                                                                                                                                                                     |                       | Carryover balance     | Prefunding balance                                                        |
| 35 Balances used to offset funding requirement .....                                                                                                                                                                                |                       |                       | 0                                                                         |
| 36 Additional cash requirement (item 34 minus item 35) .....                                                                                                                                                                        |                       | 36                    | 739359                                                                    |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c) .....                                                                                                        |                       | 37                    | 739783                                                                    |
| 38 Interest-adjusted excess contributions for current year (see instructions) .....                                                                                                                                                 |                       | 38                    | 424                                                                       |
| 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                                                                         |

RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
FEIN #37-0704427  
PLAN #002

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
Year Ended May 31, 2010

| (a) Identity<br>of party<br>involved                                  | (b) Description of Asset                                              | (c) Purchase |            |    | (d) Selling<br>Price | (g) Cost of<br>Asset | (h) Current Value<br>of Asset on<br>Transaction |    | (i) Net Gain<br>or (Loss) |    |           |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------|--------------|------------|----|----------------------|----------------------|-------------------------------------------------|----|---------------------------|----|-----------|
|                                                                       |                                                                       | Price        |            |    |                      |                      | Date                                            |    |                           |    |           |
| Single Transactions or Series of Transactions<br>in the Same Security |                                                                       |              |            |    |                      |                      |                                                 |    |                           |    |           |
|                                                                       | Goldman Sachs Tr Em Mkt Debt Instl Fund<br>73,188.37 shares           | \$           | 672,500    | \$ | -                    | \$                   | 672,500                                         | \$ | 672,500                   | \$ | -         |
|                                                                       | Intermediate Fixed Income Fund<br>937,669.474 shares                  | \$           | -          | \$ | 4,366,352            | \$                   | 2,801,356                                       | \$ | 4,366,352                 | \$ | 1,564,996 |
|                                                                       | Small Cap Enhanced Core Fund<br>24,767.845 shares                     | \$           | -          | \$ | 598,748              | \$                   | 806,526                                         | \$ | 598,748                   | \$ | (207,778) |
|                                                                       | Columbia Large Cap Index Fund<br>112,485.934 shares                   | \$           | -          | \$ | 1,916,760            | \$                   | 2,671,890                                       | \$ | 1,916,760                 | \$ | (755,130) |
|                                                                       | Columbia Multi-Advisor International Equity Fund<br>87,738.692 shares | \$           | -          | \$ | 825,621              | \$                   | 1,469,256                                       | \$ | 825,621                   | \$ | (643,635) |
|                                                                       | Columbia Mid Cap Index Fund<br>189,026.678 shares                     | \$           | -          | \$ | 1,321,296            | \$                   | 1,784,728                                       | \$ | 1,321,296                 | \$ | (463,432) |
|                                                                       | Columbia Cash Reserves Trust<br>10,530,179 shares                     | \$           | 10,851,865 | \$ | -                    | \$                   | 10,851,865                                      | \$ | 10,851,865                | \$ | -         |

(Continued)

RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
FEIN #37-0704427  
PLAN #002

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
Year Ended May 31, 2010

| (a) Identity<br>of party<br>involved                                          | (b) Description of Asset                                      | (c) Purchase<br>Price | (d) Selling<br>Price | (g) Cost of<br>Asset | (h) Current Value<br>of Asset on<br>Transaction<br>Date | (i) Net Gain<br>or (Loss) |
|-------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------|----------------------|----------------------|---------------------------------------------------------|---------------------------|
| <b>Single Transactions or Series of Transactions<br/>in the Same Security</b> |                                                               |                       |                      |                      |                                                         |                           |
|                                                                               | Columbia Cash Reserves Trust<br>19,789,162 shares             | \$ -                  | \$ 11,007,913        | \$ 11,007,913        | \$ 11,007,913                                           | \$ -                      |
|                                                                               | PIMCO Funds Pac Inv't Mgmt Ser High Yield<br>80,154 shares    | \$ 612,000            | -                    | \$ 612,000           | \$ 612,000                                              | \$ -                      |
|                                                                               | PIMCO Funds Pac Inv't Mgmt Ser High Yield<br>66,597.67 shares | \$ -                  | \$ 600,000           | \$ 508,102           | \$ 600,000                                              | \$ 91,898                 |
|                                                                               | Acadian Emerging Market<br>42,527.47 shares                   | \$ 580,500            | -                    | \$ 580,500           | \$ 580,500                                              | \$ -                      |
|                                                                               | PIMCO Commodity Real Return<br>79,655.24 shares               | \$ 569,535            | -                    | \$ 569,535           | \$ 569,535                                              | \$ -                      |

RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA

EIN/PN: 37-0704427/002

Schedule SB, Part V  
Summary of Plan Provisions

For the plan year 6/1/2009 – 5/31/2010  
Valuation Date 6/1/2009

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective Date</b>        | July 1, 1966                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Covered Employees</b>     | Nonunion employees are eligible to participate on the first day of the month following the date of hire.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Definitions</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Benefit Service              | Continuous employment measured in years and completed months.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Normal Retirement Date (NRD) | First of month coinciding with or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Monthly Pension Benefit      | <p>The sum of (1) and (2) below, divided by 12:</p> <p>(1) The benefit credited for service in all plan years of participation ending on or before May 31, 1979, equal for each such plan year to 1.7 multiplied by the sum of (i) and (ii) below:</p> <p>(i) <math>\frac{1}{2}\%</math> of the first \$6,600 of compensation annualized for less than 12 months of employment for the year;</p> <p>(ii) 1% of the excess of annualized compensation over \$6,600, such excess not to exceed \$3,400.</p> <p>If less than 12 months of employment were completed during any such year, the amount determined above is prorated in accordance with the actual number of months of employment.</p> |

RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA

EIN/PN: 37-0704427/002

Schedule SB, Part V  
Summary of Plan Provisions

For the plan year 6/1/2009 – 5/31/2010  
Valuation Date 6/1/2009

(2) The benefit credited for service on or after June 1, 1979 equal to the amounts in (i) less (ii) below:

- (i) 2½% of Compensation for each plan year of participation commencing on or after June 1, 1979,
- (ii) 1½% of the annual, Estimated Social Security Benefit multiplied by years and completed months of service after June 1, 1979.

Estimated Social Security Benefit is the estimated monthly amount payable at age 65 to a participant under Title II of the Social Security Act as in effect on January 1 of the year of the participant's retirement date, date of termination, or determination date, if earlier, as if the Participant's wages for purposes of the Federal Insurance Contributions Act were based on his/her W-2 wages in the preceding calendar year. If a Participant terminates or retires prior to his/her normal retirement date, his/her age 65 Estimated Social Security benefit is determined as if his/her annual compensation rate prior to retirement or termination had continued unchanged until his/her normal retirement age.

Spousal Preretirement  
Death Benefit

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and further reduced for payment as of the earliest distribution date.

Early Retirement Benefit

Monthly Pension Benefit calculated at NRD, reduced by ½% for each complete calendar month by which the early retirement date precedes the normal retirement date.

RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA

EIN/PN: 37-0704427/002

Schedule SB, Part V  
Summary of Plan Provisions

For the plan year 6/1/2009 – 5/31/2010  
Valuation Date 6/1/2009

|                      |                                            |
|----------------------|--------------------------------------------|
| Postponed Retirement | Monthly Pension Benefit calculated at NRD. |
|----------------------|--------------------------------------------|

**Eligibility for Benefits**

|                               |                                                                                                                   |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Normal Retirement             | Retirement on NRD.                                                                                                |
| Early Retirement              | Retirement on or after both attaining age 55 and completion of at least 15 years of Benefit Service               |
| Postponed Retirement          | Retirement after NRD.                                                                                             |
| Deferred Vested               | Termination for reasons other than death or retirement after completing five years of Benefit Service             |
| Preretirement Spousal Benefit | Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse |

**Monthly Benefits Paid Upon the Following Events**

|                      |                                                                                                |
|----------------------|------------------------------------------------------------------------------------------------|
| Normal Retirement    | Monthly Pension Benefit determined at NRD                                                      |
| Early Retirement     | Monthly Pension Benefit determined as of early retirement date, reduced for payment before NRD |
| Postponed Retirement | Monthly Pension Benefit determined as of actual retirement date                                |

RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA

EIN/PN: 37-0704427/002

Schedule SB, Part V  
Summary of Plan Provisions

For the plan year 6/1/2009 – 5/31/2010  
Valuation Date 6/1/2009

|                                              |                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Termination with Deferred Vested Benefit     | Monthly Pension Benefit determined as of termination date, payable at NRD                                                                                                                                                                                                                                                                                                         |
| Death with Preretirement<br>Spousal Benefits | Monthly preretirement spousal benefit is payable at the earliest distribution date                                                                                                                                                                                                                                                                                                |
| Forms of Payment                             | Monthly pension benefits are paid for the life of the participant, if the participant has no spouse as of the date payments begin or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. |

**Vesting Schedule**

| <u>Years of<br/>Service</u> | <u>Vesting<br/>Percentage</u> |
|-----------------------------|-------------------------------|
| 0 to 2                      | 0%                            |
| 3                           | 20%                           |
| 4                           | 40%                           |
| 5                           | 60%                           |
| 6                           | 80%                           |
| 7 or more                   | 100%                          |

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
FEIN #37-0704427  
PLAN #002  
SCHEDULE H, LINE 4i -  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

| (a)                  | (b) & (c) Identity of Issue<br>and Description of Investment | (d) Cost | (e) Current<br>Value |
|----------------------|--------------------------------------------------------------|----------|----------------------|
| <b>COMMON STOCKS</b> |                                                              |          |                      |
|                      | AFLAC Inc. - 846 shares                                      | 44,432   | 37,478               |
|                      | Abbott Labs - 1,148 shares                                   | 50,822   | 54,599               |
|                      | Adobe - 2,172 shares                                         | 67,201   | 69,678               |
|                      | American Express Company - 1,515 shares                      | 44,782   | 60,403               |
|                      | Amgen Inc - 794 shares                                       | 46,622   | 41,113               |
|                      | ADP - 1,890 shares                                           | 66,528   | 77,263               |
|                      | BHP Billiton PLC - 911 shares                                | 51,809   | 59,069               |
|                      | Blackrock Com - 249 shares                                   | 45,437   | 41,802               |
|                      | Caterpillar - 1,208 shares                                   | 41,007   | 73,398               |
|                      | Chevron Corporation - 795 shares                             | 51,740   | 58,727               |
|                      | CISCO - 3,464 shares                                         | 70,908   | 80,226               |
|                      | Colgate Palmolive - 807 shares                               | 59,157   | 63,019               |
|                      | CONOCO Phillips - 1,218 shares                               | 51,582   | 63,165               |
|                      | Covance - 948 shares                                         | 46,526   | 50,016               |
|                      | Danaher - 580 shares                                         | 35,568   | 46,040               |
|                      | Dentsply - 1,662 shares                                      | 48,328   | 53,899               |
|                      | Diageo Plc - 1,020 shares                                    | 59,036   | 62,506               |
|                      | Walt Disney - 1,457 shares                                   | 35,753   | 48,693               |
|                      | Expeditors - 1,160 shares                                    | 35,844   | 44,358               |
|                      | Exxon Mobil Corporation - 754 shares                         | 51,559   | 45,587               |
|                      | Fluor Corporation New - 895 shares                           | 41,841   | 41,993               |
|                      | General Electric Company - 3,540 shares                      | 41,347   | 57,879               |
|                      | ITT - 798 shares                                             | 36,249   | 38,527               |
|                      | IBM - 865 shares                                             | 103,088  | 108,350              |
|                      | Ishares - Utilities - 573 shares                             | 38,288   | 40,116               |
|                      | Ishares - Telecom - 4,459 shares                             | 77,711   | 87,396               |
|                      | Johnson & Johnson - 1,403 shares                             | 84,472   | 81,795               |
|                      | Eli Lilly - 1,452 shares                                     | 48,526   | 47,611               |
|                      | McDonalds Corporation - 1,109 shares                         | 69,602   | 74,159               |
|                      | Medtronic - 1,340 shares                                     | 46,284   | 52,501               |
|                      | Microsoft - 2,851 shares                                     | 69,023   | 73,556               |
|                      | National-Oil Well - 1,906 shares                             | 64,760   | 72,676               |
|                      | Nike Inc - 679 shares                                        | 35,339   | 49,146               |
|                      | Northern Trust - 1,107 shares                                | 64,596   | 56,247               |
|                      | Oracle - 3,220 shares                                        | 69,777   | 72,675               |
|                      | Pepsico Inc - 1,081 shares                                   | 61,141   | 67,984               |
|                      | Proctor and Gamble - 1,121 shares                            | 62,372   | 68,482               |
|                      | SEI Investments - 2,424 shares                               | 45,289   | 51,122               |
|                      | Schlumberger - 1,162 shares                                  | 64,653   | 65,246               |

(CONTINUED)

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
FEIN #37-0704427  
PLAN #002  
SCHEDULE H, LINE 4i -  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

| (a)                              | (b) & (c) Identity of Issue<br>and Description of Investment                  | (d) Cost  | (e) Current<br>Value |
|----------------------------------|-------------------------------------------------------------------------------|-----------|----------------------|
| <b>COMMON STOCKS (CONTINUED)</b> |                                                                               |           |                      |
|                                  | Staples - 1,760 shares                                                        | 35,834    | 37,875               |
|                                  | Starbucks - 2,507 shares                                                      | 36,075    | 64,906               |
|                                  | Sysco Corporation - 2,591 shares                                              | 59,257    | 77,238               |
|                                  | Teva Pharma - 1,041 shares                                                    | 51,176    | 57,068               |
|                                  | United Technologies - 669 shares                                              | 35,894    | 45,077               |
|                                  | Walmart - 1,223 shares                                                        | 59,157    | 61,835               |
|                                  | Waste Management - 1,279 shares                                               | 35,850    | 41,580               |
|                                  | Wells Fargo & Company - 1.748 shares                                          | 45,026    | 50,150               |
|                                  | Accenture - 1,951 shares                                                      | 66,881    | 73,202               |
|                                  | Transocean - 877 shares                                                       | 64,451    | 49,787               |
|                                  |                                                                               | <hr/>     | <hr/>                |
|                                  | Total common stocks                                                           | 2,618,600 | 2,897,218            |
| <b>MUNICIPAL OBLIGATIONS</b>     |                                                                               |           |                      |
|                                  | Albany Wisconsin School District GO Bonds,<br>3.95%, 4/1/2014 - \$70,000      | 70,582    | 71,887               |
|                                  | Baltimore MD Consolidated PU B Import Bonds,<br>6%, 10/15/2010 - \$100,000    | 104,619   | 102,121              |
|                                  | Beechwood KY Indpt School District Rev Bonds,<br>1.95%, 8/1/2011 - \$100,000  | 100,000   | 100,850              |
|                                  | Brown Deer Wisconsin Taxable GO Corp Purp Bonds,<br>2.1%, 4/1/2012 - \$60,000 | 60,116    | 60,300               |
|                                  | Buncombe County N C LTD Obligation Cops,<br>4.3%, 6/1/2016 - \$150,000        | 150,000   | 152,789              |
|                                  | Harris County Texas Ref Tax Sub Lien Revenue,<br>5%, 8/15/2012 - \$50,000     | 52,815    | 53,178               |
|                                  | Kaukauna WI Electric System Revenue Bonds,<br>2.3%, 12/15/2012 - \$50,000     | 50,065    | 50,147               |
|                                  | Kronenwetter Wisconsin Taxable GO Bonds,<br>3.25%, 12/2/2012-2011 - \$100,000 | 101,080   | 102,367              |
|                                  | Macon Christian Dewitt ETC CNT GO Bonds,<br>4.8% 12/1/2017 - \$145,000        | 149,684   | 150,543              |
|                                  | Monona Wisconsin GO Ref Bonds,<br>5.65%, 9/1/2011-2010 - \$100,000            | 102,952   | 100,951              |
|                                  | Monona Wisconsin Taxable Prom NTS<br>1.125%, 10/1/2011 - \$100,000            | 100,185   | 100,270              |
|                                  | Tippecanoe County Indiana NSE,<br>3.74%, 7/15/2015 - \$100,000                | 100,000   | 100,658              |
|                                  |                                                                               | <hr/>     | <hr/>                |
|                                  | Total municipal obligations                                                   | 1,142,098 | 1,146,061            |

(CONTINUED)

**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
FEIN #37-0704427  
PLAN #002  
SCHEDULE H, LINE 4i -  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

| (a)                                    | (b) & (c) Identity of Issue<br>and Description of Investment                                     | (d) Cost  | (e) Current<br>Value |
|----------------------------------------|--------------------------------------------------------------------------------------------------|-----------|----------------------|
| <b>MORTGAGE BACKED SECURITIES</b>      |                                                                                                  |           |                      |
|                                        | Federal National Mortgage Assoc Mtg Assn Call<br>5%, 3/2/2015 - \$100,000                        | 108,965   | 111,531              |
|                                        | FNMA Pass-Thru SHRT 4.5%, 7/1/2013 - \$18,106                                                    | 18,740    | 18,570               |
|                                        | FNMA Pass-Thru 4.5%, 6/1/2019 - \$132,131                                                        | 137,087   | 140,109              |
|                                        | Federal Home Loan Mortgage Corp Pass-Thru<br>5%, 8/1/2020 - \$30,752                             | 31,867    | 33,006               |
|                                        | FNMA Pass Thru 5%, 1/1/2022 - \$76,067                                                           | 79,252    | 81,095               |
|                                        | Total mortgage backed securities                                                                 | 375,911   | 384,311              |
| <b>CORPORATE BONDS</b>                 |                                                                                                  |           |                      |
|                                        | General Electric Cap Coporation, 4.375%, 11/21/11 - \$100,000                                    | 104,969   | 104,155              |
|                                        | JP Morgan Chase & Co SR NT, 3.7%, 1/20/2015 - \$150,000                                          | 151,820   | 151,418              |
|                                        | Total corporate bonds                                                                            | 256,789   | 255,573              |
| <b>REGISTERED INVESTMENT COMPANIES</b> |                                                                                                  |           |                      |
|                                        | Acadian Emerging Market - 42,527.472 shares                                                      | 580,500   | 668,532              |
|                                        | Dreyfus Small-Cap Value - 3,367.459 shares                                                       | 53,745    | 69,976               |
|                                        | Fidelity Small-Cap - 2,746.277 shares                                                            | 53,745    | 63,055               |
|                                        | Fidelity Diversified - 22,803.711 shares                                                         | 551,850   | 566,216              |
|                                        | Goldman Absolute Return Tracker - 22,050.718 shares                                              | 200,000   | 196,031              |
|                                        | Goldman Sachs Trade Emerging Market Debt<br>Institutional Fund - 21,277.02 shares                | 226,565   | 250,005              |
|                                        | Ishares MSCI EAFE Index - 11,748 shares                                                          | 549,719   | 567,663              |
|                                        | Ishares S&P Midcap 400 Index - 2,914 shares                                                      | 171,120   | 222,426              |
|                                        | Ishares Russell 2000 Index - 1,032 shares                                                        | 53,478    | 68,370               |
|                                        | PIMCO Commodity Real Return - 67,534.034 shares                                                  | 482,868   | 505,155              |
|                                        | PIMCO Funds Pacific Investment Management<br>Mutual Funds Service High Yield - 13,561.024 shares | 103,898   | 119,066              |
|                                        | T. Rowe Mid Cap Growth - 4,382.777 shares                                                        | 171,893   | 218,744              |
|                                        | Templeton Foreign - 32,480.859 shares                                                            | 551,850   | 553,149              |
|                                        | Third Avenue Global REIT - 8,840.293 shares                                                      | 150,285   | 179,193              |
|                                        | Vanguard International Explorer - 21,914.363 shares                                              | 259,466   | 281,161              |
|                                        | Total registered investment companies                                                            | 4,160,982 | 4,528,742            |

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**RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC.  
IN SAN DIEGO, CALIFORNIA  
FEIN #37-0704427  
PLAN #002  
SCHEDULE H, LINE 4i -  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

| (a)                            | (b) & (c) Identity of Issue<br>and Description of Investment                | (d) Cost | (e) Current<br>Value |
|--------------------------------|-----------------------------------------------------------------------------|----------|----------------------|
| <b>CERTIFICATES OF DEPOSIT</b> |                                                                             |          |                      |
|                                | GE Money, Bank of Salt Lake City Utah, 1.8% 8/8/11                          | 119,882  | 121,130              |
|                                | S&T Bank of Indiana PA, 1% 11/30/10                                         | 100,000  | 100,193              |
|                                | Total certificates of deposit                                               | 219,882  | 221,323              |
| <b>SHORT TERM INVESTMENTS</b>  |                                                                             |          |                      |
|                                | Goldman Federal Fund - 333,361 shares                                       | 333,362  | 333,362              |
|                                | Total short term investments                                                | 333,362  | 333,362              |
| <b>GOVERNMENT OBLIGATIONS</b>  |                                                                             |          |                      |
|                                | Federal Home Loan Mortgage Corporate Call,<br>3%, 11/26/2013 - \$50,000     | 50,000   | 50,316               |
|                                | Federal Farm Credit Banks Global Cons Bond<br>4.65%, 12/12/2016 - \$100,000 | 103,835  | 110,125              |
|                                | Federal Farm Credit Bank, 4.9%, 12/29/2014 - \$50,000                       | 53,536   | 55,875               |
|                                | Federal Farm Credit Bank Cons Bond,<br>4.95%, 12/27/2016 - \$100,000        | 107,336  | 111,875              |
|                                | Federal Home Loan Bank Cons Bond, 5.5%, 8/15/2016<br>\$100,000              | 110,234  | 114,531              |
|                                | Federal Home Loan Bank<br>4.75% 2/13/2015 - \$100,000                       | 106,244  | 111,125              |
|                                | Federal Home Loan Bank<br>4.75% 11/14/2014 - \$25,000                       | 26,580   | 27,766               |
|                                | Federal Home Loan Bank Cons Bond,<br>5%, 9/13/2013 - \$50,000               | 54,403   | 55,734               |
|                                | Federal Home Loan Bank Cons Bond,<br>5%, 10/13/2011 - \$100,000             | 106,478  | 105,813              |
|                                | Federal Home Loan Bank Cons Bond,<br>5% 12/9/2016 - \$100,000               | 109,542  | 112,219              |
|                                | Federal Home Loan Bank Cons Bond,<br>4.875%, 12/13/2013 - \$100,000         | 108,425  | 110,625              |
|                                | Federal Home Loan Bank Cons Bond,<br>4.875%, 6/13/2014 - \$100,000          | 107,697  | 110,719              |
|                                | Federal Home Loan Bank<br>4.75%, 12/12/2014 - \$100,000                     | 106,840  | 110,719              |

(CONTINUED)

**RETIREMENT PLAN II FOR EMPLOYEES OF**  
**MIDWEST TELEVISION, INC.**  
**IN SAN DIEGO, CALIFORNIA**  
**FEIN #37-0704427**  
**PLAN #002**  
**SCHEDULE H, LINE 4i -**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

| (a)                                       | (b) & (c) Identity of Issue<br>and Description of Investment             | (d) Cost             | (e) Current<br>Value |
|-------------------------------------------|--------------------------------------------------------------------------|----------------------|----------------------|
| <b>GOVERNMENT OBLIGATIONS (CONTINUED)</b> |                                                                          |                      |                      |
|                                           | Federal Home Loan Bank Cons Bond,<br>3.55%, 11/4/2011 - \$100,000        | 104,541              | 103,969              |
|                                           | Federal Home Loan Banks Cons Bond,<br>3.75% 6/14/2013 - \$100,000        | 104,233              | 106,375              |
|                                           | Federal Home Loan Banks Cons Bond,<br>3.25%, 9/12/2014 - \$200,000       | 206,912              | 209,626              |
|                                           | Federal Home Loan Banks Cons Bond,<br>1.75%, 12/14/2012 - \$200,000      | 198,810              | 202,250              |
|                                           | Federal Home Loan Banks Cons Bond,<br>2.75%, 3/13/2015 - \$100,000       | 100,204              | 102,125              |
|                                           | Federal Home Loan Banks Cons Bond,<br>2%, 10/30/2013 - \$150,000         | 150,000              | 151,595              |
|                                           | Federal National Mortgage Association Call,<br>4%, 4/29/2013 - \$100,000 | <u>105,855</u>       | <u>106,688</u>       |
|                                           | Total government obligations                                             | <u>2,121,705</u>     | <u>2,170,070</u>     |
| <b>TOTAL INVESTMENTS</b>                  |                                                                          | <u>\$ 11,229,329</u> | <u>\$ 11,936,660</u> |

RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA

EIN/PN: 37-0704427/002

Schedule SB, line 32  
Schedule of Amortization Bases

For the plan year 6/1/2009 – 5/31/2010  
Valuation Date 6/1/2009

| <u>Base<br/>Type</u> | <u>Present Value<br/>of Remaining<br/>Installments</u> | <u>Date<br/>Base<br/>Established</u> | <u>Remaining<br/>Term</u> | <u>Amortization<br/>Installment</u> |
|----------------------|--------------------------------------------------------|--------------------------------------|---------------------------|-------------------------------------|
| Shortfall            | \$3,418,975                                            | 6/1/2008                             | 6                         | \$655,366                           |
| Shortfall            | <u>495,323</u>                                         | 6/1/2009                             | 7                         | <u>83,993</u>                       |
|                      | \$3,914,298                                            |                                      |                           | \$739,359                           |

RETIREMENT PLAN II FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA

EIN/PN: 37-0704427/002

Schedule SB, line 22  
Description of Weighted Average Retirement Age

For the plan year 6/1/2009 – 5/31/2010  
Valuation Date 6/1/2009

Participants are expected to retire at the plan's Normal Retirement Age 65.