

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |
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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                          |
| For calendar plan year 2009 or fiscal plan year beginning 06/01/2009 and ending 05/31/2010 |                                                                                                                                                                                                                                                                                                                   |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>                     |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. <input type="checkbox"/>                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>                             |

|         |                                                                                                                                                                                                                                  |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                           |
| 1a      | Name of plan<br>401K SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA                                                                                                              |
| 1b      | Three-digit plan number (PN) ▶ 006                                                                                                                                                                                               |
| 1c      | Effective date of plan<br>01/01/1988                                                                                                                                                                                             |
| 2a      | Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>MIDWEST TELEVISION, INC.<br><br>JEANNETTE SCHIERBAUM<br><br>7677 ENGINEER ROAD<br>SAN DIEGO, CA 92111 |
| 2b      | Employer Identification Number (EIN)<br>37-0704427                                                                                                                                                                               |
| 2c      | Sponsor's telephone number<br>858-571-8888                                                                                                                                                                                       |
| 2d      | Business code (see instructions)<br>515100                                                                                                                                                                                       |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 03/07/2011 | JEANNETTE SCHIERBAUM                                         |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

MIDWEST TELEVISION, INC.  
JEANNETTE SCHIERBAUM  
7677 ENGINEER ROAD  
SAN DIEGO, CA 92111

**3b** Administrator's EIN  
37-0704427

**3c** Administrator's telephone number  
858-571-8888

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

**5** Total number of participants at the beginning of the plan year

**5**

255

**6** Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).

**a** Active participants.....

**6a**

189

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

**6b**

7

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

**6c**

44

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

**6d**

240

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

**6e**

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

**6f**

240

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

**6g**

225

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

**6h**

12

**7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....

**7**

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

2A 2E 2F 2G 2J 2K 3D

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

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

**9b** Plan benefit arrangement (check all that apply)

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

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

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

**b General Schedules**

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</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>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<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>401K SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA                                                                                              | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 006                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <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>37-0704427                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| CAPITAL RESEARCH AND MANAGEMENT CO.                                                                               |
| 95-1411037                                                                                                        |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

CAPITAL RESEARCH AND MANAGEMENT CO.

95-1411037

| <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? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 64 52 60 62<br>25 49 72 37       | RECORDKEEPER                                                                                                         | 875                                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input checked="" 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"/>                                                        |

**(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                                                                                                                     |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>A Name of plan</div> <div>401K SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA</div>                                                                       |  |                                                                                                                                                                                                                                   |  | <div>B Three-digit plan number (PN) ▶</div> <div>006</div>                                                                 |  |
| <div>C Plan or DFE sponsor's name as shown on line 2a of Form 5500</div> <div>MIDWEST TELEVISION, INC.</div>                                                                                                   |  |                                                                                                                                                                                                                                   |  | <div>D Employer Identification Number (EIN)</div> <div>37-0704427</div>                                                    |  |
| <div>Part I</div> <div>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</div> <div>(Complete as many entries as needed to report all interests in DFEs)</div> |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>INVESCO STABLE VALUE FUND</div>                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>b Name of sponsor of entity listed in (a):</div> <div>INVESCO FUNDS</div>                                                                                                                                 |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>c EIN-PN</div> <div>84-1142974-001</div>                                                                                                                                                                  |  | <div>d Entity code</div> <div>C</div>                                                                                                                                                                                             |  | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>2457822</div> |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          |  | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                    |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          |  | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                    |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          |  | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                    |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          |  | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                    |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          |  | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                    |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          |  | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                    |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          |  | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                    |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          |  | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                    |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          |  | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                    |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                                                                            |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          |  | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                    |  |

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>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>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                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2009</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <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><b>401K SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA</b> | <b>B</b> Three-digit plan number (PN) ►                                | <b>006</b> |
|                                                                                                                                     |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MIDWEST TELEVISION, INC.</b>                                    | <b>D</b> Employer Identification Number (EIN)<br><br><b>37-0704427</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <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>       | 26288                 | 11352           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 318789                | 508222          |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <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> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <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>    | 344793                | 311419          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 2541391               | 2457822         |
| <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>   | 12130226              | 14570128        |
| <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>   |                       |                 |

**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>    | 15361487              | 17858943        |

**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> | 9856 |  |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 9856 |  |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 15351631 | 17858943 |
|-----------------------------------------------------------|-----------|----------|----------|

**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> | 723607     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 911544     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 1540       |           |
| (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>    |            | 1636691   |

**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> |       |       |
| <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> | 24903 |       |
| <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> |       | 24903 |

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |        |        |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |        |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 212028 |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 212028 |

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

|                                                                                           |                 |  |  |
|-------------------------------------------------------------------------------------------|-----------------|--|--|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |  |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |  |
| <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> |  |  |

|                                                                                                   |                 | (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> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            |           |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 70981     |
| (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>   |            | 1816190   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 3760793   |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 1251686 |         |
| (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> |         | 1251686 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         | 920     |
| <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> | 875     |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |         |         |
| (4) Other .....                                                                            | <b>2i(4)</b> |         |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 875     |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 1253481 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 2507312 |
| <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   |    | 1500000 |
| <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.).....                                                                                                                                                                                     |     | X  |         |
| <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. ....                                                                                                                        |     | X  |         |

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <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>401K SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA</u> | <b>B</b> Three-digit plan number (PN) ▶<br><u>006</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>20-3691658</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> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 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 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 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): \_\_\_\_\_



## Independent Auditor's Report

Plan Committee  
401(k) Savings and Retirement Plan  
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 401(k) Savings and Retirement Plan for Employees of Midwest Television, Inc. in San Diego, California, 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 supplemental schedule as of the year ended May 31, 2010. These financial statements and the schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Capital Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended May 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited 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 17, 2011

2511 Galen Drive  
Champaign, IL 61821  
tel: 217.351.7400  
fax: 217.355.9549

[www.cliftoncpa.com](http://www.cliftoncpa.com)

**401(K) SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA**

**FEIN #37-0704427**

**PLAN #006**

**SCHEDULE H, LINE 4i SCHEDULE OF ASSETS**

**HELD AT END OF YEAR**

| a)                                                                                                                                                                                                                                    | b & c) Identity of<br>Issue and Description of Investment | e) Current<br>Value  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------|
| <b>REGISTERED INVESTMENT COMPANIES</b>                                                                                                                                                                                                |                                                           |                      |
| *                                                                                                                                                                                                                                     | EuroPacific Growth Fund 44,742 shares                     | \$ 1,507,820         |
| *                                                                                                                                                                                                                                     | The Growth Fund of America 46,293 shares                  | 1,209,198            |
| *                                                                                                                                                                                                                                     | The New Economy Fund 100,898 shares                       | 2,144,092            |
|                                                                                                                                                                                                                                       | Allianz CCM Mid Cap Fund 60,427 shares                    | 1,178,949            |
|                                                                                                                                                                                                                                       | Davis New York Venture Fund 76,212 shares                 | 2,281,798            |
|                                                                                                                                                                                                                                       | Oppenheimer Small & Mid Cap Value Fund 25,405 shares      | 677,555              |
| *                                                                                                                                                                                                                                     | Capital World Growth and Income Fund 23,028 shares        | 698,220              |
| *                                                                                                                                                                                                                                     | Washington Mutual Fund 83,778 shares                      | 1,983,886            |
|                                                                                                                                                                                                                                       | Invesco Real Estate Fund 19,630 shares                    | 373,371              |
| *                                                                                                                                                                                                                                     | American Balanced Fund 28,340 shares                      | 454,574              |
| *                                                                                                                                                                                                                                     | The Bond Fund of America 109,293 shares                   | 1,316,981            |
| *                                                                                                                                                                                                                                     | Short-term Bond of America 22,581 shares                  | 227,391              |
| *                                                                                                                                                                                                                                     | American Funds 2010 Target Date Fund 41,699 shares        | 356,944              |
| *                                                                                                                                                                                                                                     | American Funds 2020 Target Date Fund 3,553 shares         | 29,313               |
| *                                                                                                                                                                                                                                     | American Funds 2025 Targe Date Fund 9,653 shares          | 78,094               |
| *                                                                                                                                                                                                                                     | American Funds 2030 Targe Date Fund 6,021 shares          | 49,197               |
| *                                                                                                                                                                                                                                     | American Funds 2035 Targe Date Fund 218 shares            | 1,775                |
| *                                                                                                                                                                                                                                     | American Funds 2040 Targe Date Fund 34 shares             | 282                  |
| *                                                                                                                                                                                                                                     | American Funds 2050 Targe Date Fund 85 shares             | 688                  |
| <b>TOTAL REGISTERED INVESTMENT COMPANIES</b>                                                                                                                                                                                          |                                                           | <b>14,570,128</b>    |
| <b>COMMON COLLECTIVE TRUST FUNDS</b>                                                                                                                                                                                                  |                                                           |                      |
|                                                                                                                                                                                                                                       | Invesco Stable Value Fund 2,457,820 units                 | 2,560,067            |
| <b>TOTAL PARTICIPANT DIRECTED INVESTMENTS</b>                                                                                                                                                                                         |                                                           | <b>17,130,195</b>    |
| <b>LOANS TO PARTICIPANTS</b>                                                                                                                                                                                                          |                                                           |                      |
| Interest rates range from 4.25% to 9.25%.                                                                                                                                                                                             |                                                           |                      |
| Maximum 5-year repayment period or 20-year<br>repayment period if the loan is for the purpose<br>of acquiring participant's principal residence,<br>secured by participant vested account balance<br>maturing through September 2017. |                                                           | 311,419              |
| <b>TOTAL</b>                                                                                                                                                                                                                          |                                                           | <b>\$ 17,441,614</b> |

\* Party in interest

|                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security<br>Administration<br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4085 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><b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1510-0110<br>1510-0089<br><b>2009</b><br>This Form is Open to Public Inspection |
|                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |
|                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |

|                                                                                                                                                                    |                                                                                                                        |                                                                                                                                      |                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I Annual Report Identification Information</b><br>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> This return/report is for:                                                                                                                                | <input type="checkbox"/> a multiemployer plan;<br><input checked="" type="checkbox"/> a single-employer plan;          | <input type="checkbox"/> a multiple-employer plan; or<br><input type="checkbox"/> a DFE (specify) _____                              |                                            |
| <b>B</b> This return/report is:                                                                                                                                    | <input type="checkbox"/> the first return/report;<br><input type="checkbox"/> an amended return/report;                | <input type="checkbox"/> the final return/report;<br><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;<br><input type="checkbox"/> special extension (enter description) _____ | <input type="checkbox"/> automatic extension;                                                                                        | <input type="checkbox"/> the DFVC program; |

|                                                                                                                                                                                                                                                                       |  |                                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| <b>Part II Basic Plan Information - enter all requested information</b>                                                                                                                                                                                               |  |                                                                     |  |
| <b>1a</b> Name of plan<br><b>401K SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA</b>                                                                                                                                  |  | <b>1b</b> Three-digit plan number (PN) <b>006</b>                   |  |
|                                                                                                                                                                                                                                                                       |  | <b>1c</b> Effective date of plan<br><b>01/01/1988</b>               |  |
| <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><b>MIDWEST TELEVISION, INC.</b><br><br><b>JEANNETTE SCHIERBAUM</b><br><b>7677 ENGINEER ROAD</b><br><br><b>SAN DIEGO CA 92111</b> |  | <b>2b</b> Employer Identification Number (EIN)<br><b>37-0704427</b> |  |
|                                                                                                                                                                                                                                                                       |  | <b>2c</b> Sponsor's telephone number<br><b>858-571-8888</b>         |  |
|                                                                                                                                                                                                                                                                       |  | <b>2d</b> Business code (see instructions)<br><b>515100</b>         |  |

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

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

|              |                                    |               |                                                              |
|--------------|------------------------------------|---------------|--------------------------------------------------------------|
| SIGN<br>HERE | <i>Jeannette Schierbaum</i>        | <b>3-3-11</b> | <b>Jeannette Schierbaum</b>                                  |
|              | Signature of plan administrator    | Date          | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | <i>Jeannette Schierbaum</i>        | <b>3-3-11</b> | <b>Jeannette Schierbaum</b>                                  |
|              | Signature of employer/plan sponsor | Date          | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                    |               |                                                              |
|              | Signature of DFE                   | Date          | Enter name of individual signing as DFE                      |

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

Form 5500 (2009)  
V.092307.1

**401(k) SAVINGS AND RETIREMENT PLAN  
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  
401(k) Savings and Retirement Plan  
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 401(k) Savings and Retirement Plan for Employees of Midwest Television, Inc. in San Diego, California, 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 supplemental schedule as of the year ended May 31, 2010. These financial statements and the schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Capital Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended May 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited 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 17, 2011

2511 Galen Drive  
Champaign, IL 61821  
tel: 217.351.7400  
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**401(K) SAVINGS AND RETIREMENT PLAN 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>                                                                                     |                             |                             |
| Cash                                                                                              | \$ 11,352                   | \$ 26,288                   |
| Investments:                                                                                      |                             |                             |
| Participant directed investments                                                                  | 17,130,195                  | 14,638,579                  |
| Participant loans                                                                                 | <u>311,419</u>              | <u>344,793</u>              |
| Total investments                                                                                 | 17,441,614                  | 14,983,372                  |
| Receivables:                                                                                      |                             |                             |
| Employer's contributions                                                                          | <u>508,222</u>              | <u>318,789</u>              |
| Total assets                                                                                      | 17,961,188                  | 15,328,449                  |
| <b>LIABILITIES</b>                                                                                |                             |                             |
| Excess contribution payable                                                                       | <u>-</u>                    | <u>9,856</u>                |
| <b>NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE</b>                                            | 17,961,188                  | 15,318,593                  |
| Adjustment from fair value to contract value for fully<br>benefit-responsive investment contracts | <u>(102,245)</u>            | <u>33,038</u>               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                                                          | <u><u>\$ 17,858,943</u></u> | <u><u>\$ 15,351,631</u></u> |

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

**401(K) SAVINGS AND RETIREMENT PLAN 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>2010</u>          | <u>2009</u>          |
|-----------------------------------------------------------------|----------------------|----------------------|
| <b>ADDITIONS TO NET ASSETS<br/>ATTRIBUTED TO:</b>               |                      |                      |
| Investment income (loss)                                        | \$ 2,124,102         | \$ (5,427,773)       |
| Contributions:                                                  |                      |                      |
| Employer                                                        | 723,607              | 543,233              |
| Participant                                                     | 911,544              | 1,134,946            |
| Rollover                                                        | <u>1,540</u>         | <u>101,933</u>       |
| Total contributions                                             | <u>1,636,691</u>     | <u>1,780,112</u>     |
| Total additions (loss)                                          | <u>3,760,793</u>     | <u>(3,647,661)</u>   |
| <b>DEDUCTIONS FROM NET ASSETS<br/>ATTRIBUTED TO:</b>            |                      |                      |
| Benefits paid to participants                                   | 1,252,606            | 1,403,567            |
| Refund of excess contributions                                  | -                    | 9,856                |
| Administrative expenses                                         | <u>875</u>           | <u>881</u>           |
| Total deductions                                                | <u>1,253,481</u>     | <u>1,414,304</u>     |
| <b>CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS</b>              | 2,507,312            | (5,061,965)          |
| <b>NET ASSETS AVAILABLE FOR BENEFITS,<br/>BEGINNING OF YEAR</b> | <u>15,351,631</u>    | <u>20,413,596</u>    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS,<br/>END OF YEAR</b>       | <u>\$ 17,858,943</u> | <u>\$ 15,351,631</u> |

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

**401(K) SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA  
NOTES TO THE FINANCIAL STATEMENTS  
May 31, 2010 and 2009**

**NOTE 1- DESCRIPTION OF PLAN**

The following description of the 401(k) Savings and Retirement Plan for Employees of Midwest Television, Inc. ("Company") in San Diego, California ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution plan covering all full-time, non-collectively bargained, non-scholarship, and non-training program employees of KFMB-AM, KFMB-TV and KFMB-FM, in San Diego, California who are age twenty-one or older. Collectively bargained employees are not excluded from participating if the collective bargaining agreement specifically provides for coverage under the Plan. Employees who are eligible for the Plan may participate in the 401(k) deferral and matching portion of the Plan after one fourth of one year of service and in the profit sharing contribution after one year of service. Employee eligibility for the Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA).

**Contributions**

Each year participants may contribute up to 100% (subject to dollar limitations established by the Internal Revenue Code) of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers twenty registered investment companies and one guaranteed investment contract as investment options for participants. The Company may contribute a matching contribution and an additional profit sharing contribution at the option of the Company's Board of Directors. For the years ended May 31, 2010 and 2009, the Company matched 50 percent of the first four percent of participant deferrals. For the years ended May 31, 2010 and 2009, the Company made profit sharing contributions of \$493,810 and \$313,263, respectively. Participants direct the investment of both the matching and profit sharing contributions credited to their accounts.

**Participant Accounts**

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and Plan earnings. Allocations are based on participant age and years of service or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting**

Participants are vested immediately in their own contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100 percent vested after five years of credited service.

**401(K) SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA  
NOTES TO THE FINANCIAL STATEMENTS  
May 31, 2010 and 2009**

**NOTE 1- DESCRIPTION OF PLAN (CONTINUED)**

**Participant Loans**

Participants may borrow a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50 percent of their account balance in the Plan. The loans are secured by the balance in the participant's account and bear interest at rates that are 1% higher than the prime lending rate at a commercial lending institution on the date of the loan application. Principal and interest is paid ratably through biweekly payroll deductions.

**Payment of Benefits**

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

**Forfeited Accounts**

At May 31, 2010 and 2009 forfeited nonvested accounts totaled \$11,352 and \$26,288, respectively. These accounts will be used to reduce future employer contributions. Employer contributions for the year ended May 31, 2010 will be reduced by \$10,359 and for the year ended May 31, 2009 were reduced by \$29,691, respectively, from forfeited nonvested accounts.

**Recently Adopted Accounting Principle**

Effective June 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.

**401(K) SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA  
NOTES TO THE FINANCIAL STATEMENTS  
May 31, 2010 and 2009**

**NOTE 1- DESCRIPTION OF PLAN (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.

In September 2010, the FASB issued Accounting Standards Update 2010-25, *Plan Accounting-Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans*. Under the new rules, for financial reporting purposes, participant loans will be classified as notes receivable rather than investments, and will be measured at unpaid principal balance plus accrued but unpaid interest. This is effective for plan years ending after December 15, 2010.

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

**Basis of Accounting**

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

As described in Financial Accounting Standards Board Staff Position (FSP) AAG INV-1 and SOP 94-4-1, Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans (the FSP), investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The plan invests in investment contracts through a collective trust. As required by the FSP, the statement of net assets available for benefits presents the fair value of the investment in the collective trust as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The statements of changes in net assets available for benefits is prepared on a contract value basis.

**401(K) SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA  
NOTES TO THE FINANCIAL STATEMENTS  
May 31, 2010 and 2009**

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

**Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles require management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions 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 4 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.

**Administrative Expenses**

The plan sponsor pays the majority of expenses incurred to maintain and administer the Plan and Trust.

**Payment of Benefits**

Benefits are recorded when paid.

**NOTE 3 - INVESTMENTS**

For the years ended May 31, 2010 and 2009, 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 trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- a. Total investments and cash as shown in the accompanying statements of net assets available for benefits of \$17,350,720 (fully benefit responsive investments at contract value) and \$15,009,660 (fully benefit responsive investments at fair value) as of May 31, 2010 and 2009, respectively.
- b. Net investment income/(losses) as shown in the accompanying statements of changes in net assets available for benefits of \$2,124,102 and \$(5,427,773) for the years ended May 31, 2010 and 2009, respectively.

**401(K) SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA  
NOTES TO THE FINANCIAL STATEMENTS  
May 31, 2010 and 2009**

**NOTE 3 - INVESTMENTS (CONTINUED)**

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.

The following table presents investments that represent 5 percent or more of the Plans' net assets:

|                                        | <u><b>2010</b></u> | <u><b>2009</b></u> |
|----------------------------------------|--------------------|--------------------|
| <b>Registered Investment Companies</b> |                    |                    |
| Allianz CCM Mid Cap Fund               | \$ 1,178,949       | \$ 945,036         |
| Washington Mutual Fund                 | 1,983,886          | 1,556,877          |
| The New Economy Fund                   | 2,144,092          | 1,911,919          |
| EuroPacific Growth Fund                | 1,507,820          | 1,440,639          |
| The Bond Fund of America               | 1,316,981          | 1,180,676          |
| The Growth Fund of America             | 1,209,198          | 1,024,933          |
| Davis New York Venture Fund            | 2,281,798          | 1,839,544          |
| <b>Common Collective Trust Funds</b>   |                    |                    |
| Invesco Stable Value Fund              | 2,560,067          | 2,508,353          |

Investment income is comprised of the following for the years ended December 31:

|                                                                                     | <u><b>2010</b></u>         | <u><b>2009</b></u>           |
|-------------------------------------------------------------------------------------|----------------------------|------------------------------|
| Interest and dividends                                                              | \$ 307,912                 | \$ 468,575                   |
| Net depreciation in fair value of investments<br>in registered investment companies | <u>1,816,190</u>           | <u>(5,896,348)</u>           |
| <b>Total</b>                                                                        | <u><u>\$ 2,124,102</u></u> | <u><u>\$ (5,427,773)</u></u> |

**Investment Contract with INVESCO National Trust Company**

The INVESCO Stable Value Trust purchases Guaranteed Investment Contracts (GIC) from the INVESCO National Trust Company. The interest rate provided to all retirement plan participants is a weighted average of the interest rate of all outstanding GICs owned by the Trust. All investments into the Trust during each month received the same rate of return. The minimum rate on the contract is zero.

Exchanges between the Trust and any other funds within the Plan can be made any business day. There are no penalties assessed by the Stable Value Trust for benefit payments or loan amounts taken by participants. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

The average yield on the contract for the years ended May 31, 2010 and 2009 was 3.66% and 3.29%, respectively.

**401(K) SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA  
NOTES TO THE FINANCIAL STATEMENTS  
May 31, 2010 and 2009**

**NOTE 4 - FAIR VALUE MEASUREMENTS**

Generally accepted accounting principles establishes 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). 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 of the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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.

*Registered investment companies:* Valued at the net asset value (NAV) of shares held by the Plan year end.

*Common collective trust fund:* Valued at estimated fair values based on the unit values of the fund, which have been determined by dividing the fund's net assets at fair value by its units outstanding at the valuation dates.

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

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

**401(K) SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA  
NOTES TO THE FINANCIAL STATEMENTS  
May 31, 2010 and 2009**

**NOTE 4 - 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>                |
| Registered investment companies:                   |                             |                            |                          |                             |
| Target Date                                        | \$ 516,293                  | \$ -                       | \$ -                     | \$ 516,293                  |
| International                                      | 2,206,040                   | -                          | -                        | 2,206,040                   |
| Bonds                                              | 1,544,372                   | -                          | -                        | 1,544,372                   |
| Real Estate                                        | 373,371                     | -                          | -                        | 373,371                     |
| Small & Mid Cap                                    | 2,959,353                   | -                          | -                        | 2,959,353                   |
| Large Growth                                       | 3,353,290                   | -                          | -                        | 3,353,290                   |
| Large Blend                                        | 1,178,949                   | -                          | -                        | 1,178,949                   |
| Large Value                                        | 1,983,886                   | -                          | -                        | 1,983,886                   |
| Moderate Allocation                                | <u>454,574</u>              | <u>-</u>                   | <u>-</u>                 | <u>454,574</u>              |
| Total registered investment companies              | 14,570,128                  | -                          | -                        | 14,570,128                  |
| Common collective funds                            | -                           | 2,560,067                  | -                        | 2,560,067                   |
| Participant loans                                  | <u>-</u>                    | <u>-</u>                   | <u>311,419</u>           | <u>311,419</u>              |
|                                                    | <u><u>\$ 14,570,128</u></u> | <u><u>\$ 2,560,067</u></u> | <u><u>\$ 311,419</u></u> | <u><u>\$ 17,441,614</u></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>                |
| Registered investment companies                    | \$ 12,130,226               | \$ -                       | \$ -                     | \$ 12,130,226               |
| Common collective funds                            | -                           | 2,508,353                  | -                        | 2,508,353                   |
| Participant loans                                  | <u>-</u>                    | <u>-</u>                   | <u>344,793</u>           | <u>344,793</u>              |
|                                                    | <u><u>\$ 12,130,226</u></u> | <u><u>\$ 2,508,353</u></u> | <u><u>\$ 344,793</u></u> | <u><u>\$ 14,983,372</u></u> |

**401(K) SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA  
NOTES TO THE FINANCIAL STATEMENTS  
May 31, 2010 and 2009**

**NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)**

The following is a reconciliation of the beginning and ending balance of assets and liabilities measured at fair value on a recurring basis using significant unobservable (Level 3) inputs during the year ended May 31, 2010 and 2009:

|                   | <b>Participant Loans</b> |                    |
|-------------------|--------------------------|--------------------|
|                   | <b><u>2010</u></b>       | <b><u>2009</u></b> |
| Balance, June 1   | \$ 344,793               | \$ 428,333         |
| Loan issued       | 131,934                  | 55,000             |
| Interest assessed | 24,903                   | 33,019             |
| Loan payments     | (189,291)                | (161,075)          |
| Loans distributed | (920)                    | (10,484)           |
| Balance, May 31   | <u>\$ 311,419</u>        | <u>\$ 344,793</u>  |

**NOTE 5 - PLAN TERMINATION**

Although it has not expressed any intent 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 provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their accounts.

**NOTE 6 - TAX STATUS**

The Internal Revenue Service has determined and informed the Company by letter dated February 4, 1999, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code. As of June 1, 2005 the Plan was amended to change from a non-standardized prototype plan to an individually designed plan. The plan administrator believes that the Plan as amended is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

**NOTE 7 - 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 change could materially affect the amounts reported in the statement of net assets available for benefits.

**401(K) SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA  
NOTES TO THE FINANCIAL STATEMENTS  
May 31, 2010 and 2009**

**NOTE 8 - RELATED PARTY TRANSACTIONS**

Certain plan investments are shares of mutual funds managed by Capital Research and Management Company, Inc. Capital Bank and Trust Company (plan trustee) is a wholly owned subsidiary of The Capital Group Companies, Inc. one of its subsidiaries includes Capital Research and Management Company, Inc., which manages all of the mutual funds in the American Funds family of mutual funds.

Fees paid to Capital Bank and Trust Company totaled \$875 and \$881 for the years ended May 31, 2010 and 2009, respectively.

**NOTE 9 - SUBSEQUENT EVENT**

Management evaluated subsequent events through February 17, 2011, the date the financial statements were available to be issued. Events or transactions occurring after May 31, 2010, but prior to February 17, 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**

**401(K) SAVINGS AND RETIREMENT PLAN FOR EMPLOYEES OF  
MIDWEST TELEVISION, INC. IN SAN DIEGO, CALIFORNIA  
FEIN #37-0704427  
PLAN #006**

**SCHEDULE H, LINE 4i SCHEDULE OF ASSETS  
HELD AT END OF YEAR**

| a) | b & c) Identity of<br>Issue and Description of Investment | e) Current<br>Value |
|----|-----------------------------------------------------------|---------------------|
|----|-----------------------------------------------------------|---------------------|

**REGISTERED INVESTMENT COMPANIES**

|   |                                                      |              |
|---|------------------------------------------------------|--------------|
| * | EuroPacific Growth Fund 44,742 shares                | \$ 1,507,820 |
| * | The Growth Fund of America 46,293 shares             | 1,209,198    |
| * | The New Economy Fund 100,898 shares                  | 2,144,092    |
|   | Allianz CCM Mid Cap Fund 60,427 shares               | 1,178,949    |
|   | Davis New York Venture Fund 76,212 shares            | 2,281,798    |
|   | Oppenheimer Small & Mid Cap Value Fund 25,405 shares | 677,555      |
| * | Capital World Growth and Income Fund 23,028 shares   | 698,220      |
| * | Washington Mutual Fund 83,778 shares                 | 1,983,886    |
|   | Invesco Real Estate Fund 19,630 shares               | 373,371      |
| * | American Balanced Fund 28,340 shares                 | 454,574      |
| * | The Bond Fund of America 109,293 shares              | 1,316,981    |
| * | Short-term Bond of America 22,581 shares             | 227,391      |
| * | American Funds 2010 Target Date Fund 41,699 shares   | 356,944      |
| * | American Funds 2020 Target Date Fund 3,553 shares    | 29,313       |
| * | American Funds 2025 Targe Date Fund 9,653 shares     | 78,094       |
| * | American Funds 2030 Targe Date Fund 6,021 shares     | 49,197       |
| * | American Funds 2035 Targe Date Fund 218 shares       | 1,775        |
| * | American Funds 2040 Targe Date Fund 34 shares        | 282          |
| * | American Funds 2050 Targe Date Fund 85 shares        | 688          |

|                                              |            |
|----------------------------------------------|------------|
| <b>TOTAL REGISTERED INVESTMENT COMPANIES</b> | 14,570,128 |
|----------------------------------------------|------------|

**COMMON COLLECTIVE TRUST FUNDS**

|                                           |           |
|-------------------------------------------|-----------|
| Invesco Stable Value Fund 2,457,820 units | 2,560,067 |
|-------------------------------------------|-----------|

|                                               |            |
|-----------------------------------------------|------------|
| <b>TOTAL PARTICIPANT DIRECTED INVESTMENTS</b> | 17,130,195 |
|-----------------------------------------------|------------|

**LOANS TO PARTICIPANTS**

Interest rates range from 4.25% to 9.25%.

Maximum 5-year repayment period or 20-year repayment period if the loan is for the purpose of acquiring participant's principal residence, secured by participant vested account balance maturing through September 2017.

311,419

|              |                      |
|--------------|----------------------|
| <b>TOTAL</b> | <b>\$ 17,441,614</b> |
|--------------|----------------------|

\* Party in interest