

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

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

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/17/2011</u>	<u>DAN DONOHUE</u>
	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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") LIN TV CORP. ONE WEST EXCHANGE STREET SUITE 5A PROVIDENCE, RI 02903	3b Administrator's EIN 13-3581627 3c Administrator's telephone number 401-454-2880
---	---

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

5 Total number of participants at the beginning of the plan year	5	1995
---	----------	------

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	601
b Retired or separated participants receiving benefits.....	6b	356
c Other retired or separated participants entitled to future benefits.....	6c	1038
d Subtotal. Add lines 6a , 6b , and 6c	6d	1995
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1995
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	19

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

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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
---	---	---

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan LIN TELEVISION CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500. LIN TV CORP.	D Employer Identification Number (EIN) 13-3581627	

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	016997		01/01/2010	12/31/2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	7580685
5 Current value of plan's interest under this contract in separate accounts at year end	5	71024778

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

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

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

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

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

b Balance at the end of the previous year	7b	5093595
c Additions: (1) Contributions deposited during the year	7c(1)	5000000
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	302985
(4) Transferred from separate account	7c(4)	1280000
(5) Other (specify below)	7c(5)	0
▶		
(6) Total additions	7c(6)	6582985
d Total of balance and additions (add b and c(6))	7d	11676580
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4284498
(2) Administration charge made by carrier	7e(2)	0
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below)	7e(4)	371220
▶ CONTRACT EXP CHG, ELECTIVE SER CHG, GPS FEE, PLAN EXP, PBGC FEE, PAY PL EXP BY PRU, REIMB PL EXP PD BY PRU		
(5) Total deductions	7e(5)	4655718
f Balance at the end of the current year (subtract e(5) from d)	7f	7020862

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

A Name of plan <u>LIN TELEVISION CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LIN TV CORP.</u>	D Employer Identification Number (EIN) <u>13-3581627</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month _____ Day _____ Year _____	
2 Assets:	
a Market value	2a <u>69375273</u>
b Actuarial value	2b <u>73408335</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>324</u> <u>33183608</u>
b For terminated vested participants	3b <u>1059</u> <u>37510334</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>456022</u>
(2) Vested benefits	3c(2) <u>20945574</u>
(3) Total active	3c(3) <u>664</u> <u>21401596</u>
d Total	3d <u>2047</u> <u>92095538</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.64</u> %
6 Target normal cost	6 <u>110000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/19/2011</u>
Signature of actuary <u>MICHAEL J. GRENIER, ASA, EA</u>	Date <u>11-05523</u>
Type or print name of actuary <u>PRIAC</u>	Most recent enrollment number <u>860-554-2695</u>
Firm name <u>P.O. BOX 2975</u> <u>280 TRUMBULL STREET</u> <u>HARTFORD, CT 06103</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4886020	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	3035914	0
9	Amount remaining (Item 7 minus item 8).....	1850106	0
10	Interest on item 9 using prior year's actual return of <u>20.99</u> %	388337	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>7.07</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	2238443	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	77.11 %
15	Adjusted funding target attainment percentage.....	15	77.27 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	78.38 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls		
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
04/15/2010	900000		
07/15/2010	900000		
09/16/2010	1100000		
10/07/2010	1500000		
01/14/2011	1435000		
09/15/2011	1025000		
Totals ▶		18(b)	6860000
		18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0	
b Contributions made to avoid restrictions adjusted to valuation date	19b	0	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	6493689	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No			
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No			
c If 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.81 %	2nd segment: 6.69 %	3rd segment: 6.78 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	110000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	17241824	3253166
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	3363166
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	3363166
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	6493689
38 Interest-adjusted excess contributions for current year (see instructions).....	38	3130523
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL RETIREMENT INS AND ANNUI
06-1050034

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

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

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

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

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

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

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

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

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

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

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

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

GLOBAL PORTFOLIO STRATEGIES

06-1055669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INV MGMT	50316	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL RETIRE INS AND ANNUITY

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 49 65	CONTRACT ADM	26299	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEFKOWITZ GARFUNKAL CHAMPI DERIENZ

05-0456296

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	22275	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOCKTON INVESTMENT ADV

20-8874282

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INV ADV	13579	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name: LEFKOWITZ,GRAFINKEL,CHAMPI,DERIENZO	b EIN: 05-0456296
c Position: AUDITOR	
d Address: 10 WEYBOSSETT STREET SUITE 700 PROVIDENCE, RI 02903	e Telephone: 401-421-4800

Explanation: RESIGNED DUTIES

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE BOND ENHANCED INDEX/PIM</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>			
c EIN-PN <u>06-1050034-036</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10988223</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL GROWTH/ARTISAN</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>			
c EIN-PN <u>06-1050034-259</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8711083</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP GROWTH/TURNER INV</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>			
c EIN-PN <u>06-1050034-141</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP VALUE/WELLINGTON</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>			
c EIN-PN <u>06-1050034-184</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8008641</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP GROWTH/ARTISAN PARTNER</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>			
c EIN-PN <u>06-1050034-185</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6358579</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP VALUE/TS & W</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>			
c EIN-PN <u>06-1050034-256</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET GLOBAL ADV RUSS 3000</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>			
c EIN-PN <u>06-1050034-048</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND/PIMCO FUND

PRUDENTIAL RETIREMENT INSURANCE

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

c EIN-PN 06-1050034-299	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11051398
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH/JENNISON

PRUDENTIAL RETIREMENT INSURANCE

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

c EIN-PN 06-1050034-409	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GRW/COLUMBUS

PRUDENTIAL RETIREMENT INSURANCE

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

c EIN-PN 06-1050034-650	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4770608
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SA WELLS FARGO SMCAP VAL STGY

PRUDENTIAL RETIREMENT INSURANCE

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

c EIN-PN 06-1050034-269	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4064951
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA R AC INDX SEC LNDG S

PRUDENTIAL RETIREMENT INSURANCE

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

c EIN-PN 06-1050034-048	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9393237
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE GROWTH STK STGY

PRUDENTIAL RETIREMENT INSURANCE

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

c EIN-PN 06-1050034-435	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7678058
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan LIN TELEVISION CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 LIN TV CORP.	D Employer Identification Number (EIN) 13-3581627	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	600000	2460000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	63703181	71024778
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	5093595	7020862
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	69396776	80505640

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	69396776	80505640
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6860000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6860000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	302986	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		302986
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		8895728
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		16058714

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4284498	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4284498
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	22575	
(2) Contract administrator fees	2i(2)	26299	
(3) Investment advisory and management fees	2i(3)	63895	
(4) Other	2i(4)	290553	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		403322
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4687820

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11370894
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		262030

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: CARON & BLETZER, PLLC

(2) EIN: 04-3499945

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan LIN TELEVISION CORPORATION RETIREMENT PLAN		B Three-digit plan number (PN) ► 005
C Plan sponsor's name as shown on line 2a of Form 5500 LIN TV CORP.		D Employer Identification Number (EIN) 13-3581627
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 22-1211670		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 16
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2010 v.092308.1		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

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

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



Independent Auditors' Report

To the Plan Administrator of the
LIN Television Corporation Retirement Plan:

We were engaged to audit the accompanying statement of net assets available for plan benefits of the LIN Television Corporation Retirement Plan (the "Plan") as of December 31, 2010, and the related statement of changes in net assets available for plan benefits for the year then ended and the supplemental schedules as of December 31, 2010 and the year then ended, as listed in the accompanying index. The financial statements and supplemental schedules are the responsibility of the Plan's management. The statement of net assets available for plan benefits as of December 31, 2009 and the statement of changes in net assets available for plan benefits for the year then ended were reported on by other auditors whose report dated October 12, 2010 disclaimed an opinion for the reasons described in the following paragraph.

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 F, which was certified by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of December 31, 2010 and for the year then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Effective April 6, 2009, limitations on lump sum payments were imposed due to the Plan's funding status. See Note A for further discussion.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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.

Caron & Bletzer, PLLC

Kingston, NH
October 14, 2011

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

A Name of plan LIN TELEVISION CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LIN TV CORP.	D Employer Identification Number (EIN) 13-3581627	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1	Enter the valuation date: Month _____ Day _____ Year _____		
2	Assets:		
	a Market value.....	2a	69,375,273
	b Actuarial value.....	2b	73,408,335
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment.....	3a	324
	b For terminated vested participants.....	3b	1,059
	c For active participants:		
	(1) Non-vested benefits.....	3c(1)	456,022
	(2) Vested benefits.....	3c(2)	20,945,574
	(3) Total active.....	3c(3)	664
	d Total.....	3d	2,047
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐		
	a Funding target disregarding prescribed at-risk assumptions.....	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate.....	5	6.64 %
6	Target normal cost.....	6	110,000

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

SIGN HERE	 Signature of actuary Michael J. Grenier, ASA, EA Type or print name of actuary	<u>9/19/2011</u> Date 11-05523 Most recent enrollment number (860) 554-2695 Telephone number (including area code)
PRIAC Firm name P.O. Box 2975 280 Trumbull Street Hartford CT 06103 Address of the firm		

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4,886,020	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	3,035,914	0
9	Amount remaining (Item 7 minus item 8).....	1,850,106	0
10	Interest on item 9 using prior year's actual return of <u>20.99</u> %	388,337	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>7.07</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	2,238,443	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	77.27 %
15	Adjusted funding target attainment percentage.....	15	77.27 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	78.38 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2010	900,000				
07/15/2010	900,000				
09/16/2010	1,100,000				
10/07/2010	1,500,000				
01/14/2011	1,435,000				
09/15/2011	1,025,000				
			Totals ▶	18(b)	6,860,000
				18(c)	0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	6,493,689

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.81 %	2nd segment: 6.69 %	3rd segment: 6.78 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	110,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	17,241,824	3,253,166
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	3,363,166
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	3,363,166
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	6,493,689
38 Interest-adjusted excess contributions for current year (see instructions).....	38	3,130,523
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

LIN Television Corporation Retirement Plan
EIN / PN: 13-3581627 / 005
Attachment to 2010 Schedule SB (Form 5500)
Line 22 - Description of Weighted Average Retirement Age

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

ACTUARIAL COST METHOD**I. ACTUARIAL COST METHOD**

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

Target Normal Cost

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

Target Liability and Funding Shortfall

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

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

Discount Rate

The plan sponsor has elected to use the non-transitional segment rates, with an applicable month that is 2 months prior to the valuation date.

The plan sponsor elected not to phase in the new interest rate basis. Refer to the plan assumptions section (Appendix E) for additional detail.

II. ASSET VALUATION METHOD

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

All funds invested are valued in the following manner:

Definitions

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

ACTUARIAL COST METHOD (CONT'D)

Method

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

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

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

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

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

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

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

Corridor Limits

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

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

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

The actuarial assumptions as of January 1, 2010 used in this report are:

Investment Return:Funding Liability:

Non-transitional segment rates with a 2 month look-back:
November 2009 rates, 4.81%, 6.69%, and 6.78%

Funding Expected Rate of Return:

8.00% per annum, but limited to the third segment rate for the applicable year.

Accounting Information for ASC #960 (formerly FAS 35):

Non-transitional segment rates with a 2 month look-back:
November 2009 rates, 4.81%, 6.69%, and 6.78%

Salary Scale:

N/A

Interest Credited for Cash Balance:

5.25%

Estimated Expenses:

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

Mortality:Funding:

The IRS 2010 Static Mortality Table

Accounting Information for ASC #960 (formerly FAS35):

The IRS 2010 Static Mortality Table

Termination:

The annual rates of termination at selected ages are:

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

Retirement:*Active Participants:*

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

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

The weighted average retirement age is 64.

Terminated Vested Participants:

Age 65

Disability:

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

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

Form of Payment:

Traditional formula: Life annuity
Cash Balance formula: Lump sum

Spouse's Benefit:

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

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

Income Payable

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

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

Early Retirement Date***Traditional Participant***

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

Cash Balance Participant

Vested Participant.

Early Benefit Amount***Traditional Participant***

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

Cash Balance Participant

Account Balance is payable at Early Retirement.

Vesting Schedule

Three years of vesting = 100%

Cash Balance Account***Benefit Accrual:***

Determined quarterly, based on 250 hours per quarter.

Interest:

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

Pre-retirement Spouse Benefit***Eligibility***

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

Benefit Formula

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

SECTION I***SUMMARY OF VALUATION RESULTS (Continued)*****Changes Since Last Year's Valuation****Changes in Pension Plan Provisions**

There were no changes in the pension plan provisions recognized with this actuarial valuation.

New Legislation

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

Changes in Actuarial Assumptions

There were no changes in the non-prescribed Actuarial Assumptions recognized with this valuation.

Changes in Actuarial Cost Method

Effective with this valuation, we have changed the interest rate basis from the Full Yield Curve with no lookback to the Segment Rate basis with a 2 month lookback.

Benefit Restrictions and "At Risk" Status

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

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

DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND SERVICE**Number of Active Employees as of January 1, 2010 -- Distribution by Age and Service**

Attained Age	Years of Credited Service										Total
	<u>Under 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40+</u>	
Under 25	1	24	1								26
25-29	1	87	14	1							103
30-34		55	42	12							109
35-39	1	34	31	46	9						121
40-44		27	16	23	12	3					81
45-49		24	13	21	14	16	7				95
50-54		10	9	6	6	12	9	5			57
55-59		12	5	7	4	5	10	5	1		49
60-64		2	4	1	1	1	4	4	1	1	19
65-69			1			1				1	3
70 +			1								1
Total	3	275	137	117	46	38	30	14	2	2	664

SECTION IV**MINIMUM CONTRIBUTION AMORTIZATION**

The interest rates and corresponding present value factors as of January 1, 2010 are reflected below. Also shown are prior year amortization values and the development of the amortization for the 2010 plan year.

I. Interest Rate Table - Calculation of Shortfall Amortization Factors

<u>Year</u>	<u>Applicable Interest Rate</u>	<u>Discount Factor</u>	<u>Present Value Factor</u>
1	4.81%	1.000000	1.000000
2	4.81%	0.954107	1.954107
3	4.81%	0.910321	2.864428
4	4.81%	0.868544	3.732972
5	4.81%	0.828684	4.561657
6	6.69%	0.723405	5.285061
7	6.69%	0.678044	5.963105

II. Prior Year Amortization Amounts

<u>Plan Year</u>	<u>Installment</u>	<u>PV Factor</u>	<u>Present Value</u>
2009	3,181,428	5.285061	16,814,043
2008	0	4.561657	0
2007	0	3.732972	0
2006	0	2.864428	0
2005	0	1.954107	0
2004	0	1.000000	0
	\$3,181,428		\$16,814,043

III. Current Year Amortization

Exemption from Current year Amortization	No
1. Funding Shortfall to be amortized ¹	\$17,241,824
2. Present Value of Prior Year Amortization Installments	16,814,043
3. Current Year Amortization Base (1 - 2)	427,781
4. Shortfall Amortization Factor	5.963105
5. Current Year Amortization Installment (3 divided by 4)	71,738
6. Sum of Prior Year Amortization Installments	3,181,428
7. Net Shortfall Amortization Charge (5 + 6)	\$3,253,166

¹The Funding Shortfall to be amortized is calculated as (\$92,095,538 * 0.96) - \$71,169,892

LIN Television Corporation Retirement Plan
EIN / PN: 13-3581627 / 005
Attachment to 2010 Schedule SB (Form 5500)
Line 22 - Description of Weighted Average Retirement Age

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

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

Income Payable

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

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

Early Retirement Date***Traditional Participant***

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

Cash Balance Participant

Vested Participant.

Early Benefit Amount***Traditional Participant***

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

Cash Balance Participant

Account Balance is payable at Early Retirement.

Vesting Schedule

Three years of vesting = 100%

Cash Balance Account***Benefit Accrual:***

Determined quarterly, based on 250 hours per quarter.

Interest:

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

Pre-retirement Spouse Benefit***Eligibility***

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

Benefit Formula

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

SECTION IV**MINIMUM CONTRIBUTION AMORTIZATION**

The interest rates and corresponding present value factors as of January 1, 2010 are reflected below. Also shown are prior year amortization values and the development of the amortization for the 2010 plan year.

I. Interest Rate Table - Calculation of Shortfall Amortization Factors

<u>Year</u>	<u>Applicable Interest Rate</u>	<u>Discount Factor</u>	<u>Present Value Factor</u>
1	4.81%	1.000000	1.000000
2	4.81%	0.954107	1.954107
3	4.81%	0.910321	2.864428
4	4.81%	0.868544	3.732972
5	4.81%	0.828684	4.561657
6	6.69%	0.723405	5.285061
7	6.69%	0.678044	5.963105

II. Prior Year Amortization Amounts

<u>Plan Year</u>	<u>Installment</u>	<u>PV Factor</u>	<u>Present Value</u>
2009	3,181,428	5.285061	16,814,043
2008	0	4.561657	0
2007	0	3.732972	0
2006	0	2.864428	0
2005	0	1.954107	0
2004	0	1.000000	0
	\$3,181,428		\$16,814,043

III. Current Year Amortization

Exemption from Current year Amortization	No
1. Funding Shortfall to be amortized ¹	\$17,241,824
2. Present Value of Prior Year Amortization Installments	16,814,043
3. Current Year Amortization Base (1 - 2)	427,781
4. Shortfall Amortization Factor	5.963105
5. Current Year Amortization Installment (3 divided by 4)	71,738
6. Sum of Prior Year Amortization Installments	3,181,428
7. Net Shortfall Amortization Charge (5 + 6)	\$3,253,166

¹The Funding Shortfall to be amortized is calculated as (\$92,095,538 * 0.96) - \$71,169,892

DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND SERVICE**Number of Active Employees as of January 1, 2010 -- Distribution by Age and Service**

Attained Age	Years of Credited Service										Total
	<u>Under 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40+</u>	
Under 25	1	24	1								26
25-29	1	87	14	1							103
30-34		55	42	12							109
35-39	1	34	31	46	9						121
40-44		27	16	23	12	3					81
45-49		24	13	21	14	16	7				95
50-54		10	9	6	6	12	9	5			57
55-59		12	5	7	4	5	10	5	1		49
60-64		2	4	1	1	1	4	4	1	1	19
65-69			1			1				1	3
70 +			1								1
Total	3	275	137	117	46	38	30	14	2	2	664

SECTION I***SUMMARY OF VALUATION RESULTS (Continued)*****Changes Since Last Year's Valuation****Changes in Pension Plan Provisions**

There were no changes in the pension plan provisions recognized with this actuarial valuation.

New Legislation

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

Changes in Actuarial Assumptions

There were no changes in the non-prescribed Actuarial Assumptions recognized with this valuation.

Changes in Actuarial Cost Method

Effective with this valuation, we have changed the interest rate basis from the Full Yield Curve with no lookback to the Segment Rate basis with a 2 month lookback.

Benefit Restrictions and "At Risk" Status

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

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

ACTUARIAL COST METHOD

I. ACTUARIAL COST METHOD

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

Target Normal Cost

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

Target Liability and Funding Shortfall

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

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

Discount Rate

The plan sponsor has elected to use the non-transitional segment rates, with an applicable month that is 2 months prior to the valuation date.

The plan sponsor elected not to phase in the new interest rate basis. Refer to the plan assumptions section (Appendix E) for additional detail.

II. ASSET VALUATION METHOD

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

All funds invested are valued in the following manner:

Definitions

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

ACTUARIAL COST METHOD (CONT'D)

Method

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

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

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

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

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

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

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

Corridor Limits

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

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

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

The actuarial assumptions as of January 1, 2010 used in this report are:

Investment Return:Funding Liability:

Non-transitional segment rates with a 2 month look-back:
November 2009 rates, 4.81%, 6.69%, and 6.78%

Funding Expected Rate of Return:

8.00% per annum, but limited to the third segment rate for the applicable year.

Accounting Information for ASC #960 (formerly FAS 35):

Non-transitional segment rates with a 2 month look-back:
November 2009 rates, 4.81%, 6.69%, and 6.78%

Salary Scale:

N/A

Interest Credited for Cash Balance:

5.25%

Estimated Expenses:

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

Mortality:Funding:

The IRS 2010 Static Mortality Table

Accounting Information for ASC #960 (formerly FAS35):

The IRS 2010 Static Mortality Table

Termination:

The annual rates of termination at selected ages are:

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

Retirement:*Active Participants:*

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

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

The weighted average retirement age is 64.

Terminated Vested Participants:

Age 65

Disability:

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

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

Form of Payment:

Traditional formula: Life annuity
Cash Balance formula: Lump sum

Spouse's Benefit:

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



LEFKOWITZ GARFINKEL CHAMPI & DERIENZO P.C.
10 Weybosset Street, Suite 700
Providence, RI 02903

I, as plan administrator, verify that the explanation that is reproduced below is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2010 Annual Return/Report Form 5500 for the LIN TELEVISION CORPORATION RETIREMENT PLAN. This Form 5500 is identified in line 2b by the nine-digit EIN 13-3581627, and in line 1b by the three-digit PN 005.

Explanation: Resigned Duties

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to:

Office of Enforcement
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, D.C. 20210.

A handwritten signature in blue ink, appearing to read "Sam Alonshue", written over a horizontal line.

Signature of Plan Administrator

A handwritten date "10/3/11" in blue ink, written over a horizontal line.

Date

**LIN TELEVISION CORPORATION
RETIREMENT PLAN**

FINANCIAL STATEMENTS

December 31, 2010 and 2009 and
For the Years Then Ended



CARON & BLETZER, PLLC

Certified Public Accountants and Business Consultants

LIN TELEVISION CORPORATION RETIREMENT PLAN
INDEX OF FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
December 31, 2010 and 2009

	<i>Page(s)</i>
Independent Auditors' Report	1
Financial Statements:	
Statements of Net Assets Available for Plan Benefits December 31, 2010 and 2009	2
Statements of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2010 and 2009	3
Notes to Financial Statements	4 – 13
Supplemental Schedules:	
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) December 31, 2010	14
Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2010	15

Certain schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

FINANCIAL STATEMENTS AND SUPPLEMENTAL
SCHEDULES TO ACCOMPANY THE 2010 FORM 5500
ANNUAL REPORT OF EMPLOYEE BENEFIT PLAN
UNDER ERISA OF 1974



Independent Auditors' Report

To the Plan Administrator of the
LIN Television Corporation Retirement Plan:

We were engaged to audit the accompanying statement of net assets available for plan benefits of the LIN Television Corporation Retirement Plan (the "Plan") as of December 31, 2010, and the related statement of changes in net assets available for plan benefits for the year then ended and the supplemental schedules as of December 31, 2010 and the year then ended, as listed in the accompanying index. The financial statements and supplemental schedules are the responsibility of the Plan's management. The statement of net assets available for plan benefits as of December 31, 2009 and the statement of changes in net assets available for plan benefits for the year then ended were reported on by other auditors whose report dated October 12, 2010 disclaimed an opinion for the reasons described in the following paragraph.

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 F, which was certified by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of December 31, 2010 and for the year then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Effective April 6, 2009, limitations on lump sum payments were imposed due to the Plan's funding status. See Note A for further discussion.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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.

Caron & Bletzer, PLLC

Kingston, NH
October 14, 2011

LIN TELEVISION CORPORATION RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Investments, at fair value:		
Guaranteed deposit account	\$ 7,580,685	\$ 5,093,595
Pooled separate accounts	<u>71,024,778</u>	<u>63,703,181</u>
 Total investments	 78,605,463	 68,796,776
 Receivables:		
Employer contributions	<u>2,460,000</u>	<u>600,000</u>
 Net assets available for plan benefits	 <u>\$ 81,065,463</u>	 <u>\$ 69,396,776</u>

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

LIN TELEVISION CORPORATION RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Years Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Additions:		
Employer contributions	\$ 6,860,000	\$ 600,000
Net appreciation in fair value of investments	8,592,431	11,185,071
Interest and dividend income	<u>1,166,106</u>	<u>1,573,427</u>
Total additions	16,618,537	13,358,498
Deductions:		
Benefits paid to participants	4,284,498	4,733,507
Administrative expenses	<u>665,352</u>	<u>709,836</u>
Total deductions	<u>4,949,850</u>	<u>5,443,343</u>
Net increase	11,668,687	7,915,155
Net assets available for plan benefits, beginning of the year	<u>69,396,776</u>	<u>61,481,621</u>
Net assets available for plan benefits, end of the year	<u><u>\$ 81,065,463</u></u>	<u><u>\$ 69,396,776</u></u>

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

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

A. PLAN DESCRIPTION:

The following brief description of the LIN Television Corporation Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan is a non-contributory defined benefit pension plan of LIN Television Corporation (the "Company") covering substantially all employees of the Company in locations designated by the plan document who are not members of collective bargaining agreements, unless participation has been provided through such agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). All investments are non-participant directed.

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

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

Employees who were active participants in the traditional plan prior to January 1, 2002 continued to accrue benefits under the traditional plan through April 1, 2009, provided the following requirements were met:

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

Employees who were active participants in the traditional plan prior to January 1, 2002 who did not meet the requirements above became participants in the cash balance plan. Prior to April 1, 2009, all other eligible employees became participants in the cash balance plan as of the first day of the month coincident with or after their date of hire. Participants in the cash balance plan received Company service credits through April 1, 2009.

Contributions and Funding Policy

The Company makes annual contributions to the Plan in amounts required to provide the benefits under the Plan determined by the application of accepted actuarial methods and assumptions, as calculated by an enrolled actuary using the aggregate cost method. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2010 and 2009.

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

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

Pension Benefits

In the traditional plan, employees who have obtained normal retirement age (65) and were active employees on and after January 1, 2002 are entitled to annual pension benefits accrued prior to February 1, 2009 equal to their average annual earnings, defined as the average of three highest years of pay, multiplied by 1.5%. Employees who have obtained normal retirement age and were terminated prior to January 1, 2002 are entitled to annual pension benefits equal to 1.25% of their average annual earnings multiplied by their credited years of service up to a maximum of 32 years. Annual pension benefits accrued after February 1, 2009 are equal to .90% of the participants average annual earnings for active participants employed on and after February 1, 2009 multiplied by their credited years of service earned from January 1, 2009 to March 31, 2009 to a maximum of 32 years, when added to the years of service used previously in the calculation.

In the cash balance plan, eligible participants' normal retirement benefit shall be the vested value of their cash balance account.

Participants are eligible for early retirement benefits upon the attainment of age 55 and five years of vested service. Participants are eligible for an ancillary disability benefit upon the attainment of age 45 and ten years of vested service, prior to April 1, 2009.

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

Effective April 6, 2009, the Plan was required to enact provisions of the Pension Protection Act of 2006 due to the Plan's funding ratio being between 60% and 80%. As a result, the Plan cannot distribute a cash balance participant's or beneficiary's plan interest in a lump sum if it exceeds the lesser of 50% of the lump payment for which the participant would otherwise be eligible or the present value of the participant's maximum Pension Benefit Guaranty Corporation benefit ("PBGC"). The Plan cannot be amended to increase benefits. These restrictions will remain in effect as long as the Plan is within the specified funding levels. As of December 31, 2010, there is no change in status.

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Vesting

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

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Adoption of Accounting Pronouncement

In January 2010, FASB issued Accounting Standards Update No. 2010-06, "Fair Value Measurements and Disclosures: Improving Disclosures about Fair Value Measurements" ("ASU 2010-06"). ASU 2010-06 requires new disclosures relating to certain transfers and other activity within the fair value hierarchy and provides clarification with respect to disclosures about inputs and valuation techniques and the level of disaggregation required for fair value measurement disclosures. The Plan adopted required provisions of this amendment on December 31, 2010, resulting in no effect on its financial position.

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting.

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 on the measurement date. See Note D 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements and the actuarial present value of accumulated plan benefits as of the benefit information date, the changes in net assets available for plan benefits during the reporting period and, when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

The Plan invests in a combination of pooled separate accounts, a guaranteed account, and other 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 value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The administrative expenses of the Plan, including the expenses of the investment manager, accountant, and PBGC, are paid by the Plan.

C. INVESTMENTS:

The following table presents investments as of December 31, 2010 or 2009 that represented 5% or more of the Plan's net assets:

	2010		2009
Guaranteed Deposit Account	\$ 7,580,685 *		\$ 5,093,595 *
Turner Investments Large Cap Growth Fund	-		3,663,045 *
Wellington Management Large Cap Value Fund	8,008,641 *		7,090,396 *
Artisan Partners Mid-Cap Growth Fund	6,358,579 *		5,440,918 *
Wells Fargo Small Cap Value Strategy Fund	4,064,950 *		-
Columbus Small Cap Growth Fund	4,770,608 *		3,561,986 *
Thomas Siegel & Walmsley Small Cap Fund	-		3,697,067 *
SSGA Russell All Cap Index Securities Lending Fund	9,393,237 *		8,054,580 *
T. Rowe Price Growth Stock Strategy Fund	7,678,058 *		-
Artisan Partners International Growth Fund	8,711,083 *		8,607,502 *
Prudential Investment Management Core Bond			
Enhanced Index Fund	10,988,223 *		10,151,502 *
PIMCO Core Plus Bond Fund	11,051,399 *		9,984,812 *

* Represents balance greater than 5% of net assets available for plan benefits.

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

During the years ended December 31, 2010 and 2009, the Plan's pooled separate accounts (including investments bought, sold and held during the year) appreciated in value by \$8,592,431 and \$11,185,071, respectively.

D. FAIR VALUE MEASUREMENTS:

Accounting standards establish a framework for measuring fair value. That framework sets forth a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The 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 below.

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

Level 2 - Inputs to the valuation methodology are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; or other inputs that are observable or can be corroborated by observable market data for substantially the full terms of the assets or liabilities.

Level 3 - Inputs to the valuation methodology are unobservable and supported by little or no market activity and are significant to the fair value of the assets or liabilities.

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.

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Guaranteed deposit account – Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations, considering the creditworthiness of the issuer.

Pooled separate accounts - Valued at net asset value based on information reported by the trustee with reference to the market value of the fund's underlying assets at year end.

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

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

The following tables set forth by level and by investment class, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

<u>Description</u>	2010			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Guaranteed deposit account	\$ 7,580,685	\$ -	\$ -	\$ 7,580,685
Pooled separate accounts:				
U.S. equity - small cap (a)	18,228,795	-	18,228,795	-
U.S. equity - mid cap (b)	6,358,579	-	6,358,579	-
U.S. equity - large cap (c)	15,686,699	-	15,686,699	-
International equity - growth (d)	8,711,083	-	8,711,083	-
U.S. bonds (e)	22,039,622	-	22,039,622	-
Total pooled separate accounts	71,024,778	-	71,024,778	-
Total	<u>\$ 78,605,463</u>	<u>\$ -</u>	<u>\$ 71,024,778</u>	<u>\$ 7,580,685</u>

<u>Description</u>	2009			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Guaranteed deposit account	\$ 5,093,595	\$ -	\$ -	\$ 5,093,595
Pooled separate accounts:				
U.S. equity - small cap (a)	15,313,633	-	15,313,633	-
U.S. equity - mid cap (b)	5,440,918	-	5,440,918	-
U.S. equity - large cap (c)	14,204,814	-	14,204,814	-
International equity - growth (d)	8,607,502	-	8,607,502	-
U.S. bonds (e)	20,136,314	-	20,136,314	-
Total pooled separate accounts	63,703,181	-	63,703,181	-
Total	<u>\$ 68,796,776</u>	<u>\$ -</u>	<u>\$ 63,703,181</u>	<u>\$ 5,093,595</u>

Pooled separate accounts may require a 30 day notice period, and have no unfunded commitments. Investment strategies for the pooled separate accounts, by major investment class, are as follows:

- (a) U.S. equity small cap pooled separate accounts seek capital appreciation and income and normally invest in common stocks and other equity securities of companies with smaller market capitalizations.
- (b) U.S. equity mid cap pooled separate accounts seek long-term growth and capital appreciation and normally invest in common stocks of medium-sized companies.
- (c) U.S. equity large cap pooled separate accounts seek to provide capital appreciation and typically invest to outperform certain indexes such as the Russell 1000.
- (d) The international equity growth pooled separate account seeks to provide income and normally invests in fixed income securities.
- (e) The U.S. bond pooled separate account seeks to achieve performance results similar to those of the Barclays Capital U.S. Aggregate Bond Index.

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

In the event of a complete redemption in the guaranteed deposit account, the Plan will receive the fair value of the account, or may request to receive the contract value of the account paid in installment payments over five to ten years.

The table below sets forth a summary of changes in fair value of the Plan's level three investment assets for the year ended December 31, 2010:

	<u>Guaranteed deposit account</u>
Balance at beginning of year	\$ 5,093,595
Interest	862,808
Purchases	6,280,000
Sales	<u>(4,655,718)</u>
Balance at end of year	<u>\$ 7,580,685</u>

E. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable, under the Plan's provisions, to the service employees have rendered and include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' highest three calendar years of compensation. Benefits payable under all circumstances, retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2010 and 2009 were: (a) life expectancy of participants (IRS 2010 and 2009 Static Mortality Tables were used as of January 1, 2010 and 2009, respectively), (b) retirement age assumptions (assumed average retirement age 64), (c) investment return of 8%, (d) Interest credited on cash balance accounts 5.25%, and (e) a salary scale of 7.00% for 2009.

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

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

The Plan utilizes the General Agreement on Tariffs and Trade (GATT) interest rates to calculate present value of benefits. A summary of the Plan's accumulated benefits is as follows as of January 1, 2010:

Vested benefits:	
Retired participants	\$ 33,183,608
Terminated participants	37,510,334
Active participants	<u>20,945,574</u>
Total vested benefits	91,639,516
Nonvested benefits	<u>456,022</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 92,095,538</u>

Changes in the actuarial present value of accumulated plan benefits were as follows for the year ended January 1, 2010:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 86,273,762
Increase (decrease) during the year attributable to:	
Benefits accumulated, including experience gains and losses	168,742
Benefits paid	(4,733,507)
Increase for changes in assumptions	4,451,458
Increase in interest due to decrease in discount period	<u>5,935,083</u>
Net increase in actuarial present value of accumulated plan benefits	<u>5,821,776</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 92,095,538</u>

F. COMPLIANCE AND ERISA:

The plan administrator has elected the method of compliance permitted under 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. Accordingly, no auditing procedures with respect to information certified as complete and accurate by Prudential Retirement Insurance and Annuity Company, the trustee, were performed by the independent auditors except for comparing the information to the financial statements and supplemental schedules. The trustee has certified as to the completeness and accuracy of the investments held by the Plan as of December 31, 2010, the investment earnings and other investment-related transactions of the Plan for the year then ended, and the information contained in the supplemental schedules.

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

G. TERMINATION:

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

H. TAX STATUS:

The Internal Revenue Service has determined and informed the Company by a letter dated June 25, 2009 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter, however, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting standards require recording uncertain income tax positions that exist in the Plan's financial statements. Plan management has determined there are no uncertain tax positions and believes there is no adjustment or disclosure required in the Plan's financial statements. The Plan did not recognize any interest or penalty expense for the year ended December 31, 2010. The Form 5500 remains subject to examination by the IRS for the years ended December 31, 2007 through December 31, 2010.

I. PARTY-IN INTEREST TRANSACTIONS:

Certain plan investments are shares of pooled separate accounts managed by the trustee and therefore, these transactions qualify as party-in-interest. Expenses paid to the trustee by the Plan qualify as party-in-interest transactions.

J. SUBSEQUENT EVENTS:

The Company has evaluated subsequent events through October 14, 2011, the date these financial statements were available for issuance.

LIN TELEVISION CORPORATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

K. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The following is a reconciliation of net assets available for plan benefits on the financial statements to the Form 5500 for the year ended December 31, 2010:

	<u>2010</u>
Net assets available for plan benefits on the financial statements	\$ 81,065,463
Adjustment from fair value to contract value for interest in fully benefit-responsive investment contracts	<u>(559,823)</u>
Net assets available for plan benefits on the Form 5500	<u>\$ 80,505,640</u>

The following is a reconciliation of net investment income on the financial statements to the Form 5500 for the year ended December 31, 2010:

Net investment income on the financial statements	\$ 9,758,537
Adjustment from fair value to contract value for interest in fully benefit-responsive investment contracts	<u>(559,823)</u>
Net investment income on the Form 5500	<u>\$ 9,198,714</u>

LIN TELEVISION CORPORATION RETIREMENT PLAN

EIN: 13-3581627

Plan Number: 005

SCHEDULE H, LINE 4(i)-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Guaranteed Deposit Account	Guaranteed account	\$ 7,020,862	\$ 7,580,685
*	Wellington Management Large Cap Value Fund	Pooled separate account	6,232,351	8,008,641
*	Artisan Partners Mid-Cap Growth Fund	"	2,797,982	6,358,579
*	Wells Fargo Small Cap Value Strategy Fund	"	4,085,204	4,064,950
*	Columbus Small Cap Growth Fund	"	3,215,501	4,770,608
*	SSgA Russell All Cap Index Securities Lending Fund	"	6,064,801	9,393,237
*	T. Rowe Price Growth Stock Strategy Fund	"	7,700,999	7,678,058
*	Artisan Partners International Growth Fund	"	5,682,595	8,711,083
*	Prudential Investment Management Core Bond Enhanced Index Fund	"	8,890,466	10,988,223
*	PIMCO Core Plus Bond Fund	"	10,835,218	11,051,399
	Total investments		<u>\$ 62,525,979</u>	<u>\$ 78,605,463</u>

* Indicates party-in-interest to the Plan.

LIN TELEVISION CORPORATION RETIREMENT PLAN

EIN: 13-3581627

Plan Number: 005

SCHEDULE H, LINE 4(j)-SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2010

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>SINGLE TRANSACTION:</u>						
Jennison Large Cap Growth Fund	Pooled separate account	\$ -	\$ 3,842,960	\$ 3,364,936	\$ 3,842,960	\$ 478,024
Wells Fargo Small Cap Value Strategy Fund	Pooled separate account	4,085,516	-	4,085,516	4,085,516	-
<u>SERIES TRANSACTION:</u>						
Turner Investments Large Cap Growth Fund	Pooled separate account	-	4,083,256	3,237,115	4,083,256	846,141
Thomas Siegal & Walmsley Small Cap Value Fur	Pooled separate account	-	4,340,516	2,320,276	4,340,516	2,020,240
T. Rowe Price Growth Stock Strategy Fund	Pooled separate account	7,701,216	-	7,701,216	7,701,216	-
Guaranteed Deposit Account	Guaranteed account	6,294,219	-	6,294,219	6,294,219	-



LIN TELEVISION CORPORATION RETIREMENT PLAN

EIN: 13-3581627

Plan Number: 005

SCHEDULE H, LINE 4(i)-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Guaranteed Deposit Account	Guaranteed account	\$ 7,020,862	\$ 7,580,685
*	Wellington Management Large Cap Value Fund	Pooled separate account	6,232,351	8,008,641
*	Artisan Partners Mid-Cap Growth Fund	"	2,797,982	6,358,579
*	Wells Fargo Small Cap Value Strategy Fund	"	4,085,204	4,064,950
*	Columbus Small Cap Growth Fund	"	3,215,501	4,770,608
*	SSgA Russell All Cap Index Securities Lending Fund	"	6,064,801	9,393,237
*	T. Rowe Price Growth Stock Strategy Fund	"	7,700,999	7,678,058
*	Artisan Partners International Growth Fund	"	5,682,595	8,711,083
*	Prudential Investment Management Core Bond Enhanced Index Fund	"	8,890,466	10,988,223
*	PIMCO Core Plus Bond Fund	"	<u>10,835,218</u>	<u>11,051,399</u>
	Total investments		<u>\$ 62,525,979</u>	<u>\$ 78,605,463</u>

* Indicates party-in-interest to the Plan.

LIN TELEVISION CORPORATION RETIREMENT PLAN
 EIN: 13-3581627
 Plan Number: 005

SCHEDULE H, LINE 4(j)-SCHEDULE OF REPORTABLE TRANSACTIONS
 For the year ended December 31, 2010

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity)	Purchase price	Selling price	Cost of asset	Current value of asset on	
					transaction date	Net gain (loss)
<u>SINGLE TRANSACTION:</u>						
Jennison Large Cap Growth Fund	Pooled separate account	\$ -	\$ 3,842,960	\$ 3,364,936	\$ 3,842,960	\$ 478,024
Wells Fargo Small Cap Value Strategy Fund	Pooled separate account	4,085,516	-	4,085,516	4,085,516	-
<u>SERIES TRANSACTION:</u>						
Turner Investments Large Cap Growth Fund	Pooled separate account	-	4,083,256	3,237,115	4,083,256	846,141
Thomas Siegal & Walmsley Small Cap Value Fur	Pooled separate account	-	4,340,516	2,320,276	4,340,516	2,020,240
T. Rowe Price Growth Stock Strategy Fund	Pooled separate account	7,701,216	-	7,701,216	7,701,216	-
Guaranteed Deposit Account	Guaranteed account	6,294,219	-	6,294,219	6,294,219	-