

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div> 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>SINCLAIR BROADCAST GROUP PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/29/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>04/29/1999</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>04/29/1999</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>SINCLAIR BROADCAST GROUP, INC.</u> <u>10706 BEAVER DAM RD</u> <u>HUNT VALLEY, MD 21030-2207</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>52-1494660</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>410-568-1500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>515100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-1494660</u>	2c Sponsor's telephone number <u>410-568-1500</u>	2d Business code (see instructions) <u>515100</u>	
2b Employer Identification Number (EIN) <u>52-1494660</u>					
2c Sponsor's telephone number <u>410-568-1500</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	Filed with authorized/valid electronic signature.	10/17/2011	BARBARA HOOVER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	DON THOMPSON
	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") SINCLAIR BROADCAST GROUP, INC. 10706 BEAVER DAM RD HUNT VALLEY, MD 21030-2207	3b Administrator's EIN 52-1494660 3c Administrator's telephone number 410-568-1500
--	---

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	425
---	----------	-----

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	81
b Retired or separated participants receiving benefits.....	6b	83
c Other retired or separated participants entitled to future benefits.....	6c	229
d Subtotal. Add lines 6a , 6b , and 6c	6d	393
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	17
f Total. Add lines 6d and 6e	6f	410
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	5

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 3H 1I

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 SINCLAIR BROADCAST GROUP PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. SINCLAIR BROADCAST GROUP, INC.	D Employer Identification Number (EIN) 52-1494660	

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

MASSACHUSETTS MUTUAL LIFE INSURANCE 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
04-1590850	65935	SA 12871	410	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
22152	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

NFP INSURANCE SERVICES INC
340 MADISON AVENUE
NEW YORK, NY 10173

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22152			3

(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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	9822130

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

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>SINCLAIR BROADCAST GROUP PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SINCLAIR BROADCAST GROUP, INC.</u>	D Employer Identification Number (EIN) <u>52-1494660</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>9015800</u>
b Actuarial value	2b <u>9015800</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>97</u> <u>3914380</u>
b For terminated vested participants	3b <u>234</u> <u>4378576</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>19938</u>
(2) Vested benefits	3c(2) <u>2033526</u>
(3) Total active	3c(3) <u>91</u> <u>2053464</u>
d Total	3d <u>422</u> <u>10346420</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>38239</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>09/23/2011</u>
Signature of actuary	Date
<u>HOWARD L. SIMON</u>	<u>11-06153</u>
Type or print name of actuary	Most recent enrollment number
<u>MASSMUTUAL LIFE INSURANCE CO.</u>	<u>413-744-3214</u>
Firm name	Telephone number (including area code)
<u>1295 STATE STREET</u> <u>SPRINGFIELD, MA 01111-0001</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 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)	3304	202202
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	3304	202202
10	Interest on item 9 using prior year's actual return of <u>26.19</u> %	865	52957
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		20740
b	Interest on (a) using prior year's effective rate of <u>8.06</u> %		1672
c	Total available at beginning of current plan year to add to prefunding balance		22412
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).....	4169	255159

Part III Funding percentages			
14	Funding target attainment percentage.....	14	84.63 %
15	Adjusted funding target attainment percentage.....	15	84.63 %
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	82.25 %
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
04/14/2010	60548		01/21/2010		100
07/13/2010	60548		01/29/2010		101
10/14/2010	60548				
01/14/2011	60548				
09/15/2011	30000				
01/15/2010		100			
			Totals ►	18(b)	272192
				18(c)	301

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 259092
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			0
22 Weighted average retirement age	22			65
23 Mortality table(s) (see instructions) ☐ 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	38239
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1176091	217450
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	255689
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	255689
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	259092
38 Interest-adjusted excess contributions for current year (see instructions).....	38	3403
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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 SINCLAIR BROADCAST GROUP PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SINCLAIR BROADCAST GROUP, INC.	D Employer Identification Number (EIN) 52-1494660	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

(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)

MASSACHUSETTS MUTUAL

04-1590850

(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	CONTRACT ADMINISTRATOR	11450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
52 63 68 72	CONTRACT ADMINISTRATOR	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0

(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.
PREM INFLAT PROT AND INCM BABSON 03-0532475	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0

(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.
PREM SHORT DURATION BOND BABSON 04-3212057	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0

(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.
PREMIER CORE BOND BABSON 04-3277549	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0

(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.
SELECT SM CAP GR W AND R WELLINGTON 04-3464205	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0

(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.
SEL AGGRESSIVE GR SANDS DELAWARE 04-3512589	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0

(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.
SELECT FOCUSED VALUE HARRIS 04-3512590	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0

(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.
SELECT MID CAP GR II TRP FRONTIER 04-3512596	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0

(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.
SELECT LARGE CAP VALUE DAVIS 04-3513019	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0

(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.
SEL BLUE CHIP GROWTH T. ROWE PRICE 04-3556992	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0

(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.
SELECT OVERSEAS MFS HARRIS ALLBER 04-3557000	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0

(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.
SELECT FUNDAMENTAL VAL WELLINGTON 04-3584138	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0

(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.
SEL SMCVAL FED CLOV TRP ERNST 04-3584140	BASIS POINTS * PLAN ASSETS

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: RICHARD A. ERICKSON	b EIN: 04-1590850
c Position: ENROLLED ACTUARY	
d Address: MASSMUTUAL LIFE INSURANCE COMPANY 1295 STATE STREET SPRINGFIELD, MA 01111-0001	e Telephone: 413-744-3601

Explanation: INTERNAL REASSIGNMENT WITHIN ACTUARIAL FIRM.

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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div> 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 SINCLAIR BROADCAST GROUP PENSION PLAN		B Three-digit plan number (PN) ► 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SINCLAIR BROADCAST GROUP, INC.		D Employer Identification Number (EIN) 52-1494660

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: SIA-Y4	
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE	
c EIN-PN 04-1590850-243	d Entity code P
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 981245	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-A1	
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE	
c EIN-PN 04-1590850-157	d Entity code P
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 673296	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AY	
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE	
c EIN-PN 04-1590850-177	d Entity code P
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 552805	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AV	
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE	
c EIN-PN 04-1590850-027	d Entity code P
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 554841	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AT	
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE	
c EIN-PN 04-1590850-026	d Entity code P
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 622276	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AK	
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE	
c EIN-PN 04-1590850-175	d Entity code P
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 774728	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AJ	
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE	
c EIN-PN 04-1590850-018	d Entity code P
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 688586	

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AH**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1175070
--------------------------------	------------------------	---	---------

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AG**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	60501
--------------------------------	------------------------	---	-------

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AF**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1167813
--------------------------------	------------------------	---	---------

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AE**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-014	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1260436
--------------------------------	------------------------	---	---------

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AD**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-013	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	741761
--------------------------------	------------------------	---	--------

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AC**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-012	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	568772
--------------------------------	------------------------	---	--------

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 SINCLAIR BROADCAST GROUP PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 SINCLAIR BROADCAST GROUP, INC.	D Employer Identification Number (EIN) 52-1494660	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	300000	90548
	(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)	8731675	9822130
	(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)	0	0
	(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	9031675	9912678

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	9031675	9912678
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	272192	
(B) Participants	2a(1)(B)	301	
(C) Others (including rollovers)	2a(1)(C)	3687	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		276180

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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(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)		1119358
(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		1395538

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	476411	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	26674	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		503085
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	11450	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11450
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		514535

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		881003
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: REZNIK GROUP INC

(2) EIN: 52-1088612

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		1000000
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)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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>SINCLAIR BROADCAST GROUP PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SINCLAIR BROADCAST GROUP, INC.</u>	D Employer Identification Number (EIN) <u>52-1494660</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1590850</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>4</u>

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

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

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

SINCLAIR BROADCAST GROUP
PENSION PLAN

Financial Statements and Supplemental Schedule

Years ended December 31, 2010 and 2009
with Report of Independent Auditors

Sinclair Broadcast Group Pension Plan

Financial Statements and Supplemental Schedule

Years ended December 31, 2010 and 2009

Contents

Independent Auditors' Report.....	3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements.....	6
Supplemental Schedule	
Schedule H, Line 4i—Schedule of Assets (Held at End of Year)	19

INDEPENDENT AUDITORS' REPORT

To the Administrator
Sinclair Broadcast Group Pension Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Sinclair Broadcast Group Pension Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act (ERISA) 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 4, which was certified by Massachusetts Mutual Life Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

Reznick Group, P.C.

Baltimore, Maryland
September 12, 2011

Sinclair Broadcast Group Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2010	2009
Assets		
Investments, at fair value:		
Pooled separate accounts	\$ 9,822,130	\$ 8,731,675
Receivables:		
Employer contribution receivable	90,548	300,000
Net assets available for benefits	<u>\$ 9,912,678</u>	<u>\$ 9,031,675</u>

See accompanying notes.

Sinclair Broadcast Group Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year ended December 31	
	2010	2009
Additions:		
Contributions from merged and predecessor plans	\$ 3,687	\$ 3,171
Employer contributions	272,192	300,000
Employee contributions	301	2,172
	<u>276,180</u>	<u>305,343</u>
Deductions:		
Benefits paid to participants	476,411	519,476
Administrative expenses	38,124	53,223
	<u>514,535</u>	<u>572,699</u>
	(238,355)	(267,356)
Net realized and unrealized appreciation in fair value of investments	<u>1,119,358</u>	<u>1,900,935</u>
Net increase	<u>881,003</u>	<u>1,633,579</u>
Net assets available for benefits at beginning of year	9,031,675	7,398,096
Net assets available for benefits at end of year	<u><u>\$ 9,912,678</u></u>	<u><u>\$ 9,031,675</u></u>

See accompanying notes.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements

December 31, 2010

1. Description of Plan

The Plan (formerly known as the Successor Pension Fund for Former Employees of Guy Gannett) is a contributory defined benefit plan established by Sinclair Broadcast Group, Inc. (the Company) to provide a basic retirement program for employees. During the year ended December 31, 2000 the Plan covered the two television stations, WGME-TV and WGGB-TV (the Stations), acquired by the Company from Guy Gannett during 1999. On December 31, 2000, the KGAN-TV Pension Fund for Former Employees of Guy Gannett and the WLOS-TV, Inc. (WLOS) Retirement Plan (the Predecessor Plans) were merged into the Plan. In conjunction with the merger, all the assets of the Predecessor Plans were transferred into the Plan. It is the Company's position that all participants in the Plan would receive a benefit immediately after the merger that is equal to or greater than the benefit the participant would have been entitled to receive immediately before the merger. The Plan covers all of the purchased stations' employees that were participants in the Guy Gannett Retirement Plans and substantially all other employees of the Stations, provided they are full-time employees over the age of 40 or have completed one year of service and are at least 21 years of age. The Plan is administered by the Company.

The accrued benefits related to former participants in the WLOS, Inc. Retirement Plan were frozen as of January 10, 1994, and employees of WLOS that met the eligibility requirements to participate in the Plan after January 10, 1994, are not eligible to participate in the Plan.

The Plan was amended on June 18, 2008 to freeze all current participants of the Plan except the employees at WGME-TV in the American Federation of Television and Radio Artists Division 11 (AFTRA Division 11) effective June 30, 2008. No new participants are permitted to enter the Plan effective June 30, 2008 and no new benefit accruals are permitted after June 30, 2008.

The Plan was amended on August 22, 2008 to freeze all AFTRA Division 11 participants effective August 31, 2008. No new AFTRA Division 11 employees are permitted to enter into the Plan as of August 31, 2008 and no new benefit accruals are permitted after August 31, 2008.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2010

Funding and Contribution Policy

Employer contributions for each fiscal year of the Plan are accrued based on amounts required to be funded to meet the cost of benefits earned by participants in that year, plus appropriate amounts to amortize unfunded liabilities and experienced gains and losses. Funding calculations were performed by Massachusetts Mutual Life Insurance Company (Mass Mutual), the actuary, for the years ended December 31, 2010 and 2009. The company, if required, makes contributions on a quarterly basis; total contributions for the years ended December 31, 2010 and 2009, were \$272,192 and \$300,000, respectively. The Plan has met or exceeded the minimum funding requirements of the Employee Retirement Income Security Act of 1974 for the years ended December 31, 2010 and 2009.

Certain employees subject to collective bargaining contribute to the Plan based on 1% of earnings up to the Federal Insurance Contributions Act (FICA) taxable wage base, plus 3% of earnings in excess of the FICA taxable wage base.

Pension Benefits

Participants at age 65 are entitled to normal retirement benefits; for unmarried participants, benefits are payable monthly for life; for married participants, a joint marital pension is payable for the life of the participant or spouse, whichever is longer. The Plan permits early retirement for any participant who has attained age 55 and, for WGGB employees, has accumulated 10 years of vested service. The Plan also permits, subject to certain conditions, various other payment options. Benefits are primarily based on accrued benefits through December 31, 1991, under the Predecessor Plan, plus 1% of regular earnings for each year plus the greater of ½% of regular earnings and \$78, for WGME and KGAN employees, or \$18, for WGGB employees, commencing on January 1, 1992. Regular earnings for commissioned employees of WGGB are considered to be 70% of average annual commissions for the three previous years.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2010

If an employee dies before becoming vested in the Plan, there is no death benefit. If a vested employee who has not begun to receive retirement benefits dies, the employee's spouse will receive a monthly pension benefit, commencing on the date the participant would have turned 65, equal to that which the spouse would have been entitled had retirement occurred on the date of death and the employee had elected to receive benefits in the form of a joint marital pension.

Vesting is determined as follows:

Combined Years of Continuous Services with the Company and Guy Gannett	Percentage Vested
Less than 5	0%
5 or more	100%

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's benefits, subject to specified limitations.

Upon termination of the Plan, all participants become fully vested. Whether all participants would receive their benefits in the event of Plan termination will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Information about the Plan agreement, the vesting and benefit provisions, and the PBGC benefit guarantee is contained in the Summary Plan Description. Copies of this pamphlet are available from the Company's Human Resources Department.

Discontinued Operations

On July 31, 2007, the Company entered into an agreement to sell WGGB-TV in Springfield, Massachusetts, including the FCC license, to an unrelated third party. The sale was completed November 1, 2007. The unrelated third party did not assume the Plan as part of the closing and all participants employed at WGGB are treated as any other vested terminated employee.

Sinclair Broadcast Group Pension Plan
Notes to Financial Statements (continued)
December 31, 2010

Party-in-Interest

Certain Plan investments are shares of pooled separate accounts managed by Mass Mutual. Transactions involving these instruments are party-in-interest transactions.

Administrative Expenses

The Company pays substantially all administrative expenses of the Plan. Certain investment management fees and other charges paid to the trustee, Mass Mutual, are offset against fund performance in net realized and unrealized appreciations in fair value of investments and are not, therefore, separately reflected as administrative expenses.

2. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Valuation of Investments

Investments are stated at fair value, which includes realized and unrealized gains and losses. Purchases and sales of securities are recorded on a trade-date basis. For further information see Note 7, Fair Value Measurements.

Benefit Payments

Benefits are recorded when paid.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2010

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) are estimated future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to services rendered by the employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries. The accumulated plan benefits for active employees are based on the more favorable of average compensation during the five years preceding the valuation date or the average of the highest consecutive five years of the employee's 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 through the valuation date.

Subsequent Events

The Company has evaluated subsequent events for recognition and disclosure through the date of this report, September 12, 2011.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2010

3. Accumulated Plan Benefits

The Plan's actuary estimates the actuarial present value of accumulated plan benefits. These estimates result from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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 accumulated plan benefit information is as follows:

	December 31	
	2010	2009
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants and beneficiaries currently receiving payments	\$ 3,921,294	\$ 3,751,231
Other participants	5,901,164	6,218,899
	<u>9,822,458</u>	<u>9,970,130</u>
Nonvested benefits	303,300	19,388
	<u>\$10,125,758</u>	<u>\$ 9,989,518</u>

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2010

The changes in the actuarial present value of accumulated benefits were as follows:

	Year ended December 31	
	2010	2009
Actuarial present value of accumulated plan benefits, beginning of period	\$ 9,989,518	\$ 10,059,748
Increase (decrease) attributable to:		
Interest, due to the decrease in the discount period	682,638	686,001
Benefits paid to participants	(475,097)	(519,476)
Benefits accumulated and other	(71,301)	(236,755)
Net increase (decrease)	136,240	(70,230)
Actuarial present value of accumulated plan benefits, end of period	<u>\$ 10,125,758</u>	<u>\$ 9,989,518</u>

Significant assumptions underlying the actuarial present value of accumulated plan benefits as of December 31, 2010 and 2009 are as follows:

Assumed discount rate	7.00% compounded annually
Mortality basis	The adjusted RP-2000 Combined Mortality Table
Assumed retirement age	65
Plan expenses	None

These 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.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2010

4. Investments

Investments are stated at fair value at December 2010 and 2009. During 2010 and 2009, the Plan's investments (including investments bought, sold, as well as held during the year), as determined by Level 2 inputs (see footnote 8 for further information), appreciated in fair value by \$1,119,358 and \$1,900,935, respectively.

Investments are held by Mass Mutual, the trustee of the Plan. The investments that are included in the financial statements are based on information certified by the trustee as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974.

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

	December 31	
	2010	2009
Mass Mutual Premier Core Bond	\$ 1,260,436	\$ 1,191,352
Mass Mutual Select Overseas	1,175,070	1,074,950
Mass Mutual Prem Short-Duration Bond	1,167,813	1,119,420
Mass Mutual Prem Inflat-Protect Bond	981,245	933,413
Mass Mutual Select Fundamental Value	774,728	686,784
Mass Mutual Select Aggressive Growth	741,761	621,310
Mass Mutual Select Large Cap Value	688,586	611,389
Mass Mutual Select Blue Chip Growth	673,296	578,142
Mass Mutual Select Mid Cap Growth II	622,276	494,488
Mass Mutual Select Small Cap Growth	568,772	468,709
Mass Mutual Select Focused Value	554,841	460,839
Mass Mutual Select Small Co Value	552,805	453,854

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2010

5. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated July 24, 2003, stating that the Plan is qualified under section 401(a) of the Internal Revenue Code (the Code), and therefore, the related trust is exempt from taxation. Once qualified, the trust is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2010

7. Fair Value Measurements

Accounting guidance provides for valuation techniques, such as the market approach (comparable market prices), the income approach (present value of future income or cash flow), and the cost approach (cost to replace the service capacity of an asset or replacement cost). The statement utilizes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The following is a brief description of those three levels:

- *Level 1*: Observable inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;
- *Level 2*: Inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active; or
- *Level 3*: Unobservable inputs that reflect the reporting entity's own assumptions.

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2010

Investment measured at fair value on a recurring basis consisted of the following types of instruments as of December 31, 2010 and 2009, respectively (Level 1, 2 and 3 inputs are defined above):

Fair Value Measurements **Using Input Type** **December 31, 2010**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:				
Multi Cap Value	\$ —	\$ 554,841	\$ —	\$ 554,841
Large Cap Growth	—	1,415,057	—	1,415,057
Mid Cap Growth	—	622,276	—	622,276
Intl/Global Large Core	—	1,175,070	—	1,175,070
Small Cap Growth	—	568,772	—	568,772
Large Cap Value	—	1,463,314	—	1,463,314
Small Cap Value	—	552,805	—	552,805
Intermediate Term Bond	—	2,241,681	—	2,241,681
Short Term Bond	—	1,167,813	—	1,167,813
Money market fund	—	60,501	—	60,501
Total investments measured at fair value	\$ —	\$9,822,130	\$ —	\$9,822,130

Fair Value Measurements **Using Input Type** **December 31, 2009**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:				
Multi Cap Value	\$ —	\$ 460,839	\$ —	\$ 460,839
Large Cap Growth	—	1,199,452	—	1,199,452
Mid Cap Growth	—	494,488	—	494,488
Intl/Global Large Core	—	1,074,950	—	1,074,950
Small Cap Growth	—	468,709	—	468,709
Large Cap Value	—	1,298,173	—	1,298,173
Small Cap Value	—	453,854	—	453,854
Intermediate Term Bond	—	2,124,765	—	2,124,765

Sinclair Broadcast Group Pension Plan

Notes to Financial Statements (continued)

December 31, 2010

Short Term Bond	—	1,119,420	—	1,119,420		
Money market fund	—	37,025	—	37,025		
<hr/>						
Total investments measured at fair value	\$	—	\$8,731,675	\$	—	\$ 8,731,675

Pooled separate accounts: The fair value of the participation units owned by the Plan in the pooled separate accounts is based on the net assets of the underlying pool of securities on the last business day of the Plan year as determined by Mass Mutual.

Supplemental Schedule

Sinclair Broadcast Group Pension Plan
 EIN: 52-1494660 Plan #002

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)

December 31, 2010

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*MassMutual Prem Money Market	Pooled Separate Account	\$ 60,501	\$ 60,501
*MassMutual Select Focused Value	Pooled Separate Account	372,204	554,841
*MassMutual Select Small Cap Growth	Pooled Separate Account	375,255	568,772
*MassMutual Select Mid Cap Growth II	Pooled Separate Account	375,680	622,276
*MassMutual Select Small Co Value	Pooled Separate Account	378,507	552,805
*MassMutual Select Aggressive Growth	Pooled Separate Account	561,499	741,761
*MassMutual Select Large Cap Value	Pooled Separate Account	563,337	688,586
*MassMutual Select Fundamental Value	Pooled Separate Account	565,666	774,728
*MassMutual Select Blue Chip Growth	Pooled Separate Account	648,172	673,296
*MassMutual Prem Inflat-Protect Bond	Pooled Separate Account	754,119	981,245
*MassMutual Select Overseas	Pooled Separate Account	756,147	1,175,070
*MassMutual Prem Short-Duration Bond	Pooled Separate Account	903,170	1,167,813
*MassMutual Premier Core Bond	Pooled Separate Account	942,458	1,260,436
Total investments		<u>\$ 7,256,715</u>	<u>\$ 9,822,130</u>

* Party-in-interest

The investments that are included in the supplemental schedule are based on information certified by the trustee as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974.

Schedule H, line 4i - Schedule of Assets (Held At End Of Year): 12/31/10**Plan Sponsor: SA 012871-01**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower, lessor or similar party	Description of investment including maturity date, interest rate, collateral, par or maturity value	Cost	Current Value
*	MassMutual	(Select Blue Chip Growth)	648,172	673,296
*	MassMutual	(Select Sm Cap Gr)	375,255	568,772
*	MassMutual	(Sel Aggressive Gr)	561,499	741,761
*	MassMutual	(Premier Core Bond)	942,458	1,260,436
*	MassMutual	(Prem Short-Duration Bond)	903,170	1,167,813
*	MassMutual	(Premier Money Market)	60,501	60,501
*	MassMutual	(Select Overseas)	756,147	1,175,070
*	MassMutual	(Select Large Cap Value)	563,337	688,586
*	MassMutual	(Select Fundamental Val)	565,666	774,728
*	MassMutual	(Select Mid Cap Growth II)	375,680	622,276
*	MassMutual	(Select Focused Value)	372,204	554,841
*	MassMutual	(Select Small Co Value)	378,507	552,805
*	MassMutual	(Prem Inflat-Protect Bond)	754,119	981,245

A Name of Plan Sinclair Broadcast Group, Inc Plan	B Three-digit plan Number 002
C Plan sponsor's name as shown on line 2a of Form 5500 Sinclair Broadcast Group, Inc	D Employer Identification Number 521494660

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan the required written disclosure for soft dollar compensation received by MassMutual & any affiliates (if applicable) with respect to the mutual fund underlying the Sel Aggressive Gr (Snds/Delw) separate acct (SIA-AD).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan the required written disclosure for soft dollar compensation received by MassMutual & any affiliates (if applicable) with respect to the mutual fund underlying the Sel Blue Chip Growth (T.Rowe Pr) separate acct (SIA-A1).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan the required written disclosure for soft dollar compensation received by MassMutual & any affiliates (if applicable) with respect to the mutual fund underlying the Sel SmCoVal (Fed Clow/TRP/ERNST) separate acct (SIA-AY).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan the required written disclosure for soft dollar compensation received by MassMutual & any affiliates (if applicable) with respect to the mutual fund underlying the Select Focused Value (Harris) separate acct (SIA-AV).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan the required written disclosure for soft dollar compensation received by MassMutual & any affiliates (if applicable) with respect to the mutual fund underlying the Select Fundamental Val (Wlgn) separate acct (SIA-AK).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan the required written disclosure for soft dollar compensation received by MassMutual & any affiliates (if applicable) with respect to the mutual fund underlying the Select Mid Cap Gr II (TRP/Fmtr) separate acct (SIA-AT).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan the required written disclosure for soft dollar compensation received by MassMutual & any affiliates (if applicable) with respect to the mutual fund underlying the Select Ovr (MFS/Harris/AlBer) separate acct (SIA-AH).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan the required written disclosure for soft dollar compensation received by MassMutual & any affiliates (if applicable) with respect to the mutual fund underlying the Select Sm Cap Gr (W&R/Wellington) separate acct (SIA-AC).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Prem Inflat-Prot and Incm (Babson) separate account (SIA-Y4).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Prem Short-Duration Bond (Babson) separate account (SIA-AF).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-AE).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Premier Money Market (Babson) separate account (SIA-AG).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Sel Aggressive Gr (Sands/Delaware) separate account (SIA-AD).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Sel Blue Chip Growth (T.Rowe Price) separate account (SIA-A1).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Sel SmCoVal (Fed

Massachusetts Mutual Life Insurance Company	041590850	Clow/TRP/ERNST) separate account (SIA-AY). MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Focused Value (Harris) separate account (SIA-AV).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Fundamental Val (Wellington) separate account (SIA-AK).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Large Cap Value (Davis) separate account (SIA-AJ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Mid Cap Gr II (TRP/Frontier) separate account (SIA-AT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Overseas (MFS/Harris/AllBer) separate account (SIA-AH).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Sm Cap Gr (W&R/Wellington) separate account (SIA-AC).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Prem Inflat-Prot and Incm (Babson) separate account (SIA-Y4).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Prem Short-Duration Bond (Babson) separate account (SIA-AF).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-AE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Money Market (Babson) separate account (SIA-AG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Sel Aggressive Gr (Sands/Delaware) separate account (SIA-AD).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Sel Blue Chip Growth (T.Rowe Price) separate account (SIA-A1).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Sel SmCoVal (Fed Clow/TRP/ERNST) separate account (SIA-AY).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Focused Value (Harris) separate account (SIA-AV).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Fundamental Val (Wellington) separate account (SIA-AK).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Large Cap Value (Davis) separate account (SIA-AJ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Mid Cap Gr II (TRP/Frontier) separate account (SIA-AT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Overseas (MFS/Harris/AllBer) separate account (SIA-AH).

Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Sm Cap Gr (W&R/Wellington) separate account (SIA-AC).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (10 basis points * plan assets) with respect to the mutual fund underlying the Prem Short-Duration Bond (Babson) separate account (SIA-AF).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (10 basis points * plan assets) with respect to the mutual fund underlying the Sel Blue Chip Growth (T.Rowe Price) separate account (SIA-A1).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (17 basis points * plan assets) with respect to the mutual fund underlying the Select Large Cap Value (Davis) separate account (SIA-AJ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (19 basis points * plan assets) with respect to the mutual fund underlying the Sel Aggressive Gr (Sands/Delaware) separate account (SIA-AD).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (24 basis points * plan assets) with respect to the mutual fund underlying the Select Overseas (MFS/Harris/AllBer) separate account (SIA-AH).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (26 basis points * plan assets) with respect to the mutual fund underlying the Select Fundamental Val (Wellington) separate account (SIA-AK).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (27 basis points * plan assets) with respect to the mutual fund underlying the Select Mid Cap Gr II (TRP/Frontier) separate account (SIA-AT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (28 basis points * plan assets) with respect to the mutual fund underlying the Select Focused Value (Harris) separate account (SIA-AV).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (29 basis points * plan assets) with respect to the mutual fund underlying the Sel SmCoVal (Fed Clow/TRP/ERNST) separate account (SIA-AY).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (3 basis points * plan assets) with respect to the mutual fund underlying the Prem Inflat-Prot and Incm (Babson) separate account (SIA-Y4).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (31 basis points * plan assets) with respect to the mutual fund underlying the Select Sm Cap Gr (W&R/Wellington) separate account (SIA-AC).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (6 basis points * plan assets) with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-AE).

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

The weighted average retirement age is equal to the normal retirement age of 65

Schedule SB, Part V - Statement of Actuarial Assumptions & Methods

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

Actuarial Assumptions

Interest:	January, 2010 IRS Segmented Yield Curve
Preretirement Mortality:	IRC Sec 430 2010 Static Non-Annuitant Tables
Postretirement Mortality:	IRC Sec 430 2010 Static Annuitant Tables
Retirement Age:	65
Marriage:	It is assumed that 80% of males and 55% of females are married and that a male is 3 years older than his female spouse.
Expenses:	\$38,239
Optional Forms:	Liabilities include no load to account for the value of optional annuity forms.

Actuarial Cost Method

The Target Normal Cost is equal to the present value as of the valuation date of the increase in the accrued benefit arising from the service increase in the current plan year plus administrative expenses expected to be paid out of plan assets. The Funding Target as of the valuation date is the present value of the accrued benefit as of the valuation date.

Asset Valuation Method

The Actuarial Value of assets is equal to market value.

Schedule SB, Part V - Summary of Plan Provisions

Summary

Plan: Sinclair Broadcast Group Pension Plan

Employer Identification Number/Plan Number: 52-1494660/002

Effective Date: April 29, 1999

Plan Amendments: 2007-1, 2008-1 and 2008-2 signed during 2008.

Plan Year: January 1 – December 31

Employer: Sinclair Broadcast Group, Inc.

Employee: Any person who is employed by the Employer or an Affiliated Company. An individual who performs services for the Employer pursuant to an agreement between the Employer and an employee leasing organization shall be treated as an Employee but only to the extent required under Section 414(n) of the Code.

Schedule SB, Part V - Summary of Plan Provisions

WGME and WGGB EMPLOYEES

Participation: All employees of WGME-TV and WGGB-TV who are age 21 and have one year of service (1000 hours in first year of employment or thereafter plan year) but no later than age 40 for full time employees participate on the first day of the month after fulfilling eligibility requirements.

No participants except WGME AFTRA, Division 11 will be eligible after June 30, 2008.

For WGME AFTRA, Division 11: not participants will be eligible after August 31, 2008.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Elapsed time from Date of Hire, excluding service before age 18, measured in years and days.

Credited Service: Elapsed time from Date of Participation measured in years and days.

For WGGB employees, service after October 31, 2007 will be excluded in Credited Service.

For WGME employees employees not in AFTRA, Division 11, service after June 30, 2008 will be excluded in Credited Service.

For WGME employees employees in AFTRA, Division 11, service after Aug. 31, 2008 will be excluded in Credited Service.

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant reaches age 65.

Early Retirement Date: A Participant may elect early retirement on the first day of any calendar month following:

For WGME Employees: reaching age 55 and completing 5 years of vesting service

For WGGB Employees: reaching age 55 and completing 10 years of vesting service

Annual Earnings:

For WGME Employees: The compensation earned during the calendar year. Compensation is W-2 compensation including bonuses, but excluding overtime, insurance premiums or benefits, relocation expenses, and special contractual agreements.

For WGGB Employees: For Employees paid on a commission basis: 70% of average annual commissions for the three full preceding calendar years.

For all other Employees: Base pay

For WGME employees employees not in AFTRA, Division 11, compensation after June 30, 2008 will be excluded.

For WGME employees employees in AFTRA, Division 11, compensation after Aug. 31, 2008 will be excluded. Please refer to Plan Document for more details.

Schedule SB, Part V - Summary of Plan Provisions

Normal Retirement Benefit:

The sum of (a) and (b):

- (a) Annual accrued benefit as of January 1, 2000; plus
- (b) For each plan year beginning on or after April 29, 1999, the sum of (i) and (ii):
 - (i) 1% of annual earnings; plus
 - (ii) the larger of
 - (1) $\frac{1}{2}$ % of annual earnings in excess of $\frac{1}{2}$ of the wage base (not less than zero)
 - (2) \$78 (for WGME employees) prorated for hours less than 1950 or \$18 (for WGGB employees)

For WGME employees employees not in AFTRA, Division 11, no further accruals after June 30, 2008.

For WGME employees employees in AFTRA, Division 11, no further accruals after Aug. 31, 2008.

Termination Benefit: A Participant who has at least five years of Vesting Service has a nonforfeitable right to his Accrued Benefit.

Any WGGB participants who were involuntarily terminated on or after January 1, 2007 are 100% vested.

Early Retirement Benefit: Accrued Benefit actuarially reduced for commencement prior to Normal Retirement Date.

Employee Contributions:

Division 11(only): 1% of earnings up to FICA taxable wage base, plus 3% of earning in excess of FICA taxable wage base.

Normal Form: Annuity payable for life for unmarried Participants.
50% Joint and Survivor for married Participants.

Optional Forms: Joint and Survivor Annuity with 50%, 66-2/3%, 75% or 100% continuing to Spouse, Life Annuity, Social Security Leveling Option Annuity.

For WGGB employees: Life Annuity with 10 years certain.

Death Benefits

Pre-retirement: If the Participant is not vested, no death benefits are payable, except for Employee contributions plus interest.

If the participant is vested:

For WGME-TV Participants with service after January 1, 1984: the death benefit is 100% of the amount that would have been payable to the Participant under the 100% Joint and Survivor option.

For all others: the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except as provided by the annuity form elected.

Schedule SB, Part V - Summary of Plan Provisions

KGAN EMPLOYEES

Participation: All employees who are age 21 and have one year of service (1000 hours in first year of employment or thereafter plan year) participate on the first day of the month after fulfilling eligibility requirements.

No Employee is eligible after June 30, 2008.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Plan Years in which the Employee completes 1000 hours of service.

Credited Service: A Participant's credited service will be the sum of:

- (a) For a participant covered by the plan prior to January 1, 1976, his total service from January 1, 1944 to December 31, 1975 as determined by the prior plan
- (b) Years of employment following January 1, 1976 during which an employee completes 1500 hours
- (c) Fractional years equal to the number of hours worked divided by 1500 for years an employee completes at least 1000 hours
- (d) $\frac{1}{2}$ year in which an employee terminates and completes at least 1000 hours.

Credited Service ceased after June 30, 2008.

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant reaches age 65.

Early Retirement Date: A Participant may elect early retirement on the first day of any calendar month following reaching age 55 and completing 15 years of vesting service

Annual Earnings: The compensation earned during the calendar year. Compensation is W-2 compensation including bonuses, but excluding overtime, insurance premiums or benefits, relocation expenses, and special contractual agreements.

Please refer to Plan Document for more details.

Final Average Earnings: The average of a Participant's greatest five consecutive Annual Earnings, or all Annual Earnings if there are fewer than five taking into account no more than the ten Annual Earnings immediately preceding the date of determination
Earnings after June 30, 2008 are excluded.

Normal Retirement Benefit:

The greater of the regular formula benefit and the minimum formula benefit:

The regular formula is the sum of (a) and (b):

- a) Annual accrued benefit as of January 1, 2000; plus
- b) For each plan year beginning on or after April 29, 1999, the sum of (i) and (ii):
 - i) 1% of annual earnings; plus
 - ii) the larger of
 - (1) $\frac{1}{2}$ % of annual earnings in excess of $\frac{1}{2}$ of the wage base (not less than zero)
 - (2) \$78 prorated for hours less than 1950

Schedule SB, Part V - Summary of Plan Provisions

The minimum formula (for those who were employed prior to January 1, 1991) is equal to:

- (a) 16% of five-year average compensation and
- (b) 12% of five-year average compensation in excess of \$11,000; the result multiplied by a fraction, of which the numerator is Credited Service and the denominator is years of Credited Service at normal retirement date, not greater than 20

Compensation in each year for the minimum formula is limited to \$25,000.

No further accruals after June 30, 2008.

Termination Benefit: A Participant who has at least five years of Vesting Service has a nonforfeitable right to his Accrued Benefit.

Early Retirement Benefit: Accrued Benefit actuarially reduced for commencement prior to Normal Retirement Date. The minimum benefit is reduced by 5/12 of 1% for each month payments commence prior to age 65.

Normal Form: Annuity payable for life for unmarried Participants.
50% Joint and Survivor Annuity for married Participants.

Optional Forms: Joint and Survivor Annuity with 50%, 66-2/3%, 75% or 100% continuing to Spouse, Life Annuity, Life Annuity with 10 years certain, Social Security Leveling Option Annuity.

Disability Benefit: Employee is 100% vested on disability date. Benefit commences on normal retirement date.

Death Benefits

Pre-retirement: The death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except as provided by the annuity form elected.

Schedule SB, Part V - Summary of Plan Provisions

WLOS EMPLOYEES

Participation: All employees who are age 21 or have one year of service (1000 hours in first year of employment or thereafter plan year) participate on the January 1 or July 1 coincident with or next following fulfilling eligibility requirements. Participation is frozen.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Plan Years in which the Employee completes 1000 hours of service, excluding service prior to age 18 or January 1, 1965.

Credited Service: A Participant's credited service will be the sum of years from Date of Participation.

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant reaches age 65 or the fifth anniversary of Date of Participation.

Early Retirement Date: A Participant may elect early retirement on the first day of any calendar month following reaching age 55 and completing 20 years of vesting service

Annual Earnings: The compensation earned during the calendar year. Compensation regular wages and salaries including bonuses, commissions and overtime. Please refer to Plan Document for more details.

Normal Retirement Benefit:

Equal to the sum of the Past Service Benefit and the Future Service Benefit:

Past Service Benefit: Accrued benefit from the previous plan as of April 29, 1987

Future Service Benefit: For each plan year the Participant receives a Year of Vesting is the greater of (A) or (B):

(A) for the period April 30, 1987 to December 31, 1988(prorated for 1987), the sum of

- (1) .75% of Basic Compensation not in excess of the Social Security Wage Base, plus
- (2) 1.5% of Basic Compensation in excess of the Social Security Wage Base

(B) The sum of:

(1) For period of time April 30, 1987 to December 31, 1998 (prorated for 1987), the sum of:

- (a) .75% of the Participant's Basic Compensation for such Plan Years, plus
- (b) .75% of Participant's Basic Compensation in excess of that year's Social Security Wage Base

(2) With respect to the period of time from the later of his Eligibility Date or January 1, 1989 onward

- (a) .75% of the Participant's Basic Compensation for such Plan Year, plus
- (b) .65% of the Participant's Basic Compensation in excess of that year's Covered Compensation.

No benefit shall accrue under this subparagraph after Vesting Service exceeds 35

The benefits are frozen as of January 10, 1994.

Schedule SB, Part V - Summary of Plan Provisions

Termination Benefit: A Participant who has at least five years of Vesting Service has a nonforfeitable right to his Accrued Benefit.

Early Retirement Benefit: Accrued Benefit reduced by 1/15/ for each of the first 5 years and 1/30 for each of the next 5 years for commencement prior to Normal Retirement Date.

Normal Form: Annuity payable for life for unmarried Participants.

Optional Forms: Joint and Survivor Annuity with 50%, 66-2/3%, 75% or 100% continuing to Spouse, Life Annuity, Life Annuity with 10 years certain, Combination of Joint and Survivor annuity and Certain and Life annuity.

Disability Benefit: If an Participant becomes disabled after he has attained age 45 and completed 10 Years of Vesting Service, he will be paid a benefit reduced actuarially for commencement before Normal Retirement Date.

Death Benefits

Pre-retirement: The death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except as provided by the annuity form elected.

Schedule SB, Line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp
Under 25	0		3		0		0		0	
25 to 29	2		6		0		0		0	
30 to 34	1		1		5		0		0	
35 to 39	0		1		3		0		0	
40 to 44	0		5		2		3		3	
45 to 49	0		5		6		3		1	
50 to 54	1		1		3		0		5	
55 to 59	0		1		1		2		5	
60 to 64	0		0		0		0		1	
65 to 69	0		1		0		0		0	
70 & up	0		0		0		0		0	

Attained Age	Years of Credited Service									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp
Under 25	0		0		0		0		0	
25 to 29	0		0		0		0		0	
30 to 34	0		0		0		0		0	
35 to 39	0		0		0		0		0	
40 to 44	0		0		0		0		0	
45 to 49	5		1		0		0		0	
50 to 54	3		0		0		0		0	
55 to 59	0		2		2		0		0	
60 to 64	1		0		1		0		0	
65 to 69	0		1		0		0		2	
70 & up	0		0		0		2		0	

Schedule SB, Line 32, Schedule of Amortization Bases

Summary as of January 1, 2010

<u>Effective Date</u>	<u>Base Type</u>	<u>Initial Amount</u>	<u>Outstanding Balance</u>	<u>Years Remaining</u>	<u>Installments</u>
January 1, 2009	Shortfall	1,029,916	975,743	6	183,967
January 1, 2010	Shortfall	200,348	200,348	7	33,483
Total		\$ 1,230,264	\$ 1,176,091		\$ 217,450

Schedule SB, Line 19 - Discounted Employer Contributions

Plan Anniversary: January 1, 2010

Plan Effective Rate: 6.64%

Date	Amount Paid in Cash	Plan Year	Value as of January 1, 2010
04/14/10	60,548	2010	59,459
07/13/10	60,548	2010	58,524
10/14/10	60,548	2010	57,574
01/14/11	60,548	2010	56,648
09/15/11	30,000	2010	26,887
Total	\$ 272,192		\$ 259,092

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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		B Three-digit plan number (PN) ▶	002
SINCLAIR BROADCAST GROUP PENSION PLAN			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Identification Number (EIN)	
SINCLAIR BROADCAST GROUP, INC.		52-1494660	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a	9,015,800	
b Actuarial value.....	2b	9,015,800	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	97	3,914,380
b For terminated vested participants.....	3b	234	4,378,576
c For active participants:			
(1) Non-vested benefits.....	3c(1)		19,938
(2) Vested benefits.....	3c(2)		2,033,526
(3) Total active.....	3c(3)	91	2,053,464
d Total.....	3d	422	10,346,420
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	38,239	

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

9/23/2011

Date

Howard L. Simon

Type or print name of actuary

11-06153

Most recent enrollment number

MASSMUTUAL LIFE INSURANCE CO.

Firm name

(413) 744-3214

Telephone number (including area code)

1295 STATE STREET

SPRINGFIELD

MA 01111-0001

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)	3,304	202,202
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	3,304	202,202
10	Interest on item 9 using prior year's actual return of <u>26.19</u> %	865	52,957
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		20,740
b	Interest on (a) using prior year's effective rate of <u>8.06</u> %		1,672
c	Total available at beginning of current plan year to add to prefunding balance		22,412
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	4,169	255,159

Part III		Funding percentages	
14	Funding target attainment percentage	14	84.63 %
15	Adjusted funding target attainment percentage	15	84.63 %
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	82.25 %
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
04/14/2010	60,548		01/21/2010		100
07/13/2010	60,548		01/29/2010		101
10/14/2010	60,548				
01/14/2011	60,548				
09/15/2011	30,000				
01/15/2010		100			
			Totals ▶	18(b)	272,192
				18(c)	301

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	259,092

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: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ 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	38,239
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,176,091	217,450
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	255,689
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	255,689
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	259,092
38 Interest-adjusted excess contributions for current year (see instructions)	38	3,403
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