Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan **A** This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number MGG ADVERTISING INC PROFIT SHARING PLAN 001 (PN) ▶ 1c Effective date of plan 12/01/1993 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 13-3628538 MG G ADVERTISING INC (EIN) 2c Plan sponsor's telephone number 69 FIFTH AVENUE SUITE 5K NEW YORK, NY 10003 2d Business code (see instructions) 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN 69 FIFTH AVENUE SUITE 5K 13-3628538 NEW YORK, NY 10003 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 249922 284135 a Total plan assets..... 7a **b** Total plan liabilities..... 7b 249922 284135 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers 8a(2) (2) Participants (3) Others (including rollovers)..... 8a(3) 34213 Other income (loss)..... 8b 34213 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 34213 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions).....

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Part IV	Dian	(`haraci	arietice
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SIGN HERE

Signature of employer/plan sponsor

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

D		e plan provides welfare benefits, enter the applicable welfare reatu	ire codes from the t	LIST OF FIRM OF IREA	Otorio		203 111 0	ine mandem	ліо.	
Part	٧	Compliance Questions								
10	Dui	ing the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)		•	10b		X			
С										
d		the plan have a loss, whether or not reimbursed by the plan's fidel lishonesty?			10d		X			
е	insı	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
•		is is an individual account plan, was there a blackout period? (See			iog		V			
	252	0.101-3.)			10h		X			
i		Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part '	VI	Pension Funding Compliance								
		is a defined benefit plan subject to minimum funding requirements 0))							Yes	No
12		his a defined contribution plan subject to the minimum funding requ							Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							_	
	grai	waiver of the minimum funding standard for a prior year is being ar nting the waiver.		Mont					e letter rul Year	-
		completed line 12a, complete lines 3, 9, and 10 of Schedule ME	`	•			401			
	b Enter the minimum required contribution for this plan year						12b			
	neg	ative amount)	······································			_	12d	7	1 F	1
		the minimum funding amount reported on line 12d be met by the fundamental transfer in	unding deadline?					Yes	No	N/A
Part '	VII	Plan Terminations and Transfers of Assets								_
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						13a			
	of t	e all the plan assets distributed to participants or beneficiaries, tran ne PBGC?							Yes	X No
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne plai	n(s) to			1	
1:	13c(1) Name of plan(s):				13c(2) EIN(s) 13c(PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	ise is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	ı	iled with authorized/valid electronic signature.	7/18/2011	VALERIE BROCH	HARD					
	HERE Signature of plan administrator Date Enter name of individual signing as plan administrator									

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210 - 0110 1210 - 0089

2010

This Form is Open to Public Inspection

Part	I Annual Report Identification Information		<u></u>					
	alendar plan year 2010 or fiscal plan year beginning and ending							
	his return/report is for: X single-employer plan	ultiemp	oloyer)	one-pa	irticipant plan			
Вт	his return/report is for: first return/report final return/report							
	an amended return/report short plan year return/report (le	ess tha	n 12 months)					
C	heck box if filing under: Form 5558 automatic extension			DFVC program				
	special extension (enter description)							
Part	II Basic Plan Information— enter all requested information				· ·			
1a	Name of plan			1b	Three-digit plan			
	MG&G ADVERTISING, INC. PROFIT SHARING PLAN				number (PN) ▶ 001			
				1c	Effective date of plan			
				 	12/01/1993			
2a	Plan sponsor's name and address (employer, if for single-employer plan)			2b	Employer Identification No.			
1	MG & G ADVERTISING, INC			100	(EIN) 13-3628538			
				2C Plan sponsor's telephone no.				
	9 FIFTH AVENUE SUITE 5K			24	646-638-1447			
1	IEW YORK NY 10003			2d	Business code (see instr.)			
					812990			
	Plan administrator's name and address (if same as Plan sponsor, enter "Same")			3b	Administrator's EIN			
	ALERIE BROCHARD							
					13-3628538			
(59 FIFTH AVENUE SUITE 5K			3c	Administrator's			
1	JEW YORK NY 10003				telephone number			
				İ				
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,	4b	EIN			
	and the plan number from the last return/report. Sponsor's name			4c 5a	PN 2			
_	5a Total number of participants at the beginning of the plan year							
b Total number of participants at the end of the plan year					2			
<u>c</u>	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not	comple	te this item)	5c				
6a	Were all the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified pub.		t (IODA)		X Yes No			
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	JIIC acc	Duntant (IQFA)		X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead	ad use	Form 5500.	• • • • • •	140			
Part				_				
7	Plan Assets and Liabilities		(a) Beginning o	f Year	(b) End of Year			
а	Total plan assets	7a	24	9922	284135			
b	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	24	9922	284135			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	(b) Total			
а	Contributions received or receivable from:							
(1) Employers	8a(1)						
(2		8a(2)						
(3				4212				
D	Other income (loss)	, , , , , , , , , , , , , , , , , , ,		4213	34213			
Q C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Reports paid (including direct relieves and incurance premiums to provide benefits)	8c 8d			37213			
d e	Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other symposis	8g		0				
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
i	Net income (loss) (subtract line 8h from line 8c)	8i			34213			
i	Transfers to (from) the plan (see instructions)	8j						
			 		Form 5500 SE (2010)			

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Par	IV Plan Characteristics								•
9a	If the plan provides pension benefit	ts, enter the applicable pension	n feature codes from the	ne List of Plan Chai	racterist	ic Codes ir	the ins	tructions	i:
	2E 2G								
b	If the plan provides welfare benefits	s, enter the applicable welfare	feature codes from the	List of Plan Chara	cteristic	Codes in	the instr	uctions:	
		<u> </u>							
Part	V Compliance Questio	ns							
10	During the plan year:					Yes No	ļ	Amour	nt
а	Was there a failure to transmit to the								
	29 CFR 2510.3-102? (See instructi	ions and DOL's Voluntary Fidu	ciary Correction Progra	am)	10a	X	ļ		
b	Were there any nonexempt transact	ctions with any party-in-interes	? (Do not include tran	sactions reported			ļ		
					10b	X	 		
C	Was the plan covered by a fidelity I	bond?			10c	X	-		
d	Did the plan have a loss, whether of	or not reimbursed by the plan's	fidelity bond, that was	caused by fraud					
					10d	X	┼		
е	Were any fees or commissions paid	•							
	insurance service or other organiza	ition that provides some or all	of the benefits under the	he plan? (See					
					10e	X	+		
f	Has the plan failed to provide any b				10f	X			
g	Did the plan have any participant lo				10g	X	┼		
h	If this is an individual account plan,	, was there a blackout period?	(See instructions and	29 CFR	406		1		
:	2520.101-3.)				10h	X	+		
•	If 10h was answered "Yes," check	•	•		10i				
Par	exceptions to providing the notice at VI Pension Funding Co		1-3 ,		101				
11	Is this a defined benefit plan subject		ments? (If "Ves " see in	netructions and con	nlete S	chedule SI	3 (Form		
• •	5500))	ct to minimum funding require	nents: (ii res, see ii	nstructions and con	ipicio o	cilcuaic oi	,	Yes	☐ No
12	Is this a defined contribution plan subject	t to the minimum funding requireme	nts of section 412 of the C	Code or section 302 of	ERISA?			Yes	
	(If "Yes," complete 12a or 12b, 12c, 12d,						٠ د		٠ ر
а	If a waiver of the minimum funding		ing amortized in this p	lan year, see instru	ctions, a	and enter th	e date	of the le	tter ruling
		·			nth			ar	
lf y	ou completed line 12a, complete lin								
b	Enter the minimum required contrib	oution for this plan year				12b			
C	Enter the amount contributed by the	e employer to the plan for this					<u> </u>		
d	Subtract the amount in line 12c from	m the amount in line 12b. Ente	er the result (enter a m	inus sign to the left	of a				
	negative amount)					12d	<u> </u>		
	Will the minimum funding amount re					<u> </u>	Yes	No	N/A
Par	VII Plan Terminations a	nd Transfers of Assets							
13a	Has a resolution to terminate the pl	lan been adopted during the p	lan year or any prior ye	ear?		<u></u>	,,	Yes	X No
	If "Yes," enter the amount of any p					13a	<u> </u>		
b	Were all the plan assets distributed	d to participants or beneficiarie	s, transferred to anothe	er plan, or brought	under th	ne control	r	٦	
	of the PBGC?						L	Yes	X No
С	If during this plan year, any assets		rom this plan to anothe	er plan(s), identify the	ne plan(s) to			
	which assets or liabilities were tran	sferred. (See instructions.)	· · · · · · · · · · · · · · · · · · ·		40	(a) FIN()		40.40	DN (-)
	3c(1) Name of plan(s):				130	(2) EIN(s	-	13c(3)	PN(S)
							_		
Caut	ion: A penalty for the late or incon	nnloto filing of this return/ren	ort will be assessed a	uniess reasonable	cause	ie aetahliel	ned her		
	penalties of penury and other penalties s								
	Schedule MB completed and signed by a								
	it is true, correct, and complete.	an analytical distance and the control of the contr	position releien or and tel		- 50, 0, 11	.,			
	and day worker, and worrprote.			VALERIE BE	OCHA	RD			
SIGN		1 //2/-	7/10/11						or
	Signature of plan administrator		Date	Enter name of in	dividual	signing as	pian ad	ministra	.01
SIGN	Signature of plan administrator		Date 7 19/11	Enter name of in	dividual	signing as	pian ad	ministra	