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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 5500)-SF.			
Pa	art I Annual Report Id	dentification Information						
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010		
Α .	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan	
В .	This return/report is for:	first return/report	final retur	n/report		_		
	·	an amended return/report	short plan	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	▼ Form 5558	automatic	extension		DFVC progr	am	
	oneon box ir ming under.	special extension (enter description						
Do	rt II Pacia Blan Infor	, , ,						
	Irt II Basic Plan Information Name of plan	mation—enter all requested inform	ation	I	1h	Three-digit		
	•	SPOKEN WORD 401K RETIREMENT	T PI AN		10	plan number	004	
						(PN) ▶	001	
					1c	Effective date of		
						01/01/2	2006	
	Plan sponsor's name and addr RYVILLE CENTER FOR THE S	ess (employer, if for single-employer	plan)		2b	Employer Ident		ımber
3101	RIVILLE CENTER FOR THE S	BFOREN WORD			2c	(EIN) 13-388 Plan sponsor's		number
	BROADWAY				20	212-74	2-0551	Humber
	FLOOR YORK, NY 10013				2d	Business code		ctions)
					01.	541930		
STOR	Plan administrator's name and RYVILLE CENTER FOR THE S	address (if same as Plan sponsor, e SPOKEN WORD 481 BROAD	enter "Same WAY	e")	30	Administrator's		
		3RD FLOOR NEW YORK,			3c	Administrator's	telephone	number
		NEW TORKS	, 141 10010				2-0551	
	•	an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
-	name, EIN, and the plan numbe	er from the last return/report. Sponso	or's name		4c	PN		
5a	Total number of participants at	t the beginning of the plan year			5a			6
_	• •	t the end of the plan year		}				7
		rith account balances as of the end o		}	5b			<u> </u>
C	• •			•	5с			5
6a	Were all of the plan's assets of	during the plan year invested in eligib	le assets?	(See instructions.)			X Ye	s No
b				ndent qualified public accountant (IQF			<u> </u>	
	· · · · · · · · · · · · · · · · · · ·			ons.)			^ Ye	s 📙 No
Da	rt III Financial Inform		orm 5500-	SF and must instead use Form 550)0.			
		ation						
7	Plan Assets and Liabilities		_	(a) Beginning of Year		(b) End	l of Year	36455
	Total plan assets		. 7a	24200				
b	•	71. (1		24209				36455
<u> </u>		7b from line 7a)	. 7с					00400
8	Income, Expenses, and Trans Contributions received or rece			(a) Amount		(b)	Total	
а			. 8a(1)	8246				
	, , , ,		` ` `	142				
	` '	s)		193				
b	, ,	, 	` `	3665				
С	, ,	8a(2), 8a(3), and 8b)						12246
d		rollovers and insurance premiums						
			. 8d		4			
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e					
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f		4			
g	Other expenses		. 8g					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h					0
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i					12246
j	Transfers to (from) the plan (se	ee instructions)	. 8i					

F	Form 5500-SF 2010	Page 2-	_	
: IV	Plan Characteristics			
			 • • • • • • • •	

Part 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2G 2E 2J 2R 3D

b	If the plan provides welfare benefits, enter the applica	able welfare fea	ature codes fro	om the List of Plan Chara	acteris	tic Co	des in t	he instru	ctions	3:	
art	rt V Compliance Questions										
0	During the plan year:					Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any partici 29 CFR 2510.3-102? (See instructions and DOL's \				10a	Χ					661
b	Were there any nonexempt transactions with any pa on line 10a.)				10b		X				
С	Was the plan covered by a fidelity bond?				10c	X					100000
d	Did the plan have a loss, whether or not reimbursed or dishonesty?				10d		X				
е	insurance service or other organization that provides	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)					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," er	nter amount as	of year end.)		10q		X				
h	If this is an individual account plan, was there a blac 2520.101-3.)				10h	X					
i		ner provided the	required notic	e or one of the	10i	X					
art	t VI Pension Funding Compliance										
	Is this a defined benefit plan subject to minimum function (5500))								Γ	Yes	П No
2	Is this a defined contribution plan subject to the mini									Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e be If a waiver of the minimum funding standard for a prigranting the waiver. f you completed line 12a, complete lines 3, 9, and 10	or year is being	amortized in	Mor	nth						
-	Enter the minimum required contribution for this plan		•	•		Г	12b				
	Enter the amount contributed by the employer to the	-				Г	12c				
	Subtract the amount in line 12c from the amount in line negative amount)	ine 12b. Enter tl	he result (ente	r a minus sign to the left	of a		12d				
е	Will the minimum funding amount reported on line 12	2d be met by the	e funding dead	lline?				Yes		No	N/A
art	t VII Plan Terminations and Transfers of	of Assets									
3a	Has a resolution to terminate the plan been adopted	during the plan	year or any p	rior year?						Yes	X No
	If "Yes," enter the amount of any plan assets that rev			-		Γ	13a				
b	Were all the plan assets distributed to participants or of the PBGC?	r beneficiaries, t	transferred to	another plan, or brought			ontrol		Γ	Yes	X No
С	If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See inst		n this plan to a	nother plan(s), identify t	he pla	n(s) to)				
1	13c(1) Name of plan(s):					13	c(2) El	N(s)		13c(3)	PN(s)
auti	ition: A penalty for the late or incomplete filing of th	his return/reno	rt will be ass	essed unless reasonal	le cau	ıse is	establ	ished.			
Inde B or	der penalties of perjury and other penalties set forth in the or Schedule MB completed and signed by an enrolled a ef, it is true, correct, and complete.	he instructions,	I declare that	I have examined this ret	urn/re	port, ir	ncluding	g, if appli			
ener	Filed with authorized/valid electronic signature.		07/26/2011	CATHERINE BU	RNS						
			3., - 3, - 0 1 1	C I E I WITE DO							

SIGN	Filed with authorized/valid electronic signature.	07/26/2011	CATHERINE BURNS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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.

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	calendar plan year 2010 or fiscal plan year beginning	01/01/	2010	and ending		12/31/2010)		
Α	This return/report is for:	multiple-e	mployer plan	(not multiemploye	r)	one-participa	int plan		
В	This return/report is for: first return/report	final retur	n/report			_			
	an amended return/report	short plar	year return/i	report (less than 12	months)			
C	Check box if filing under: X Form 5558	automatic	extension			DFVC progra	am		
Ū	special extension (enter description	ı	071101101011				••••		
D	art II Basic Plan Information—enter all requested inform	,							
	Name of plan	ation			11	Three-digit			
ıa	STORYVILLE CENTER FOR THE SPOKEN WORD 40	אר אביד	TREMENT	DT.AM	''	plan number			
	DIORIVIEDE CHIVIER FOR THE DIORER WORD TO	JIK KDI	TICHTILITY	1 11111		(PN) ▶	001		
					10	Effective date of	f plan		
						01/01/200			
2a	Plan sponsor's name and address (employer, if for single-employer STORYVILLE CENTER FOR THE SPOKEN WORD	plan)			21	Employer Identi			
	STORTVIBLE CENTER FOR THE STOREN WORD				20	(EIN) 13-388	telephone number		
	481 BROADWAY				-`	212-742-0			
	3RD FLOOR NEW YORK NY 10013				20	Business code	(see instructions)		
2-		. "0	m\		-	541930			
зa	Plan administrator's name and address (if same as Plan sponsor, e STORYVILLE CENTER FOR THE SPOKEN WORD	nter "Same	e")		31	Administrator's 13-388095			
	481 BROADWAY 3RD FI	LOOR			30		telephone number		
	NEW YORK NY 10013					212-742-0	551		
	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso		port filed for t	this plan, enter the	41	D EIN			
	name, Env, and the plan number from the last return/report. Sponst	or s name			40	PN			
5a	Total number of participants at the beginning of the plan year								
b						5b			
C	Total number of participants with account balances as of the end o								
	complete this item)		,	•			į		
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instruct	ions.)			X Yes No		
b	Are you claiming a waiver of the annual examination and report of						₩ v □ N.		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F		,				X Yes ∐ No		
Pa	irt III Financial Information	OTIII 5500-	or and mus	illisteau use rom	1 5500.				
7	Plan Assets and Liabilities		(a) F	Beginning of Year		(b) End	of Year		
	Total plan assets	. 7a	(α) Ε		1209	(b) Ella	36455		
b	Total plan liabilities						30100		
C	Net plan assets (subtract line 7b from line 7a)			2.4	1209		36455		
8	Income, Expenses, and Transfers for this Plan Year	70		(a) Amount		(b) :	Гotal		
а	Contributions received or receivable from:			(a) Amount		(6)	lotai		
	(1) Employers	. 8a(1)		8	3246				
	(2) Participants	. 8a(2)			142				
	(3) Others (including rollovers)	. 8a(3)			193				
b	Other income (loss)	. 8b		3	3665				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					12246		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						(
i	Net income (loss) (subtract line 8h from line 8c)	8i					12246		
	Transfers to (from) the plan (see instructions)								

	Form 5500-SF 2010 Page 2-					
Pai 9a b	Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics 2G 2E 2J 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.					
Pari	V Compliance Questions					
10	During the plan year		Yes	No	Am	ount
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	Х			661
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	Х			
art						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	nplete	Sche	dule SE	(Form	Yes No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year see instrugranting the waiver you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	uctions	s, and	enter th	ne date of the	Yes X No
	Enter the minimum required contribution for this plan year			12b		
	Enter the amount contributed by the employer to the plan for this plan year			12c		
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	tofa		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A
Part						
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	<u>.</u>		13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?					Yes X No
С	If during this plan year any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	an(s) t	0		
	13c(1) Name of plan(s):		1:	3c(2) E	N(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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			Catherine Burns
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
CICN			Catherine Burns
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Department of the Treasury

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

File With IRS Only

Internal	Revenue Service	For Privacy Act and Paperwork Reduction Act N	iotice, s	ee ins	struction	ns.						
Par	t I Identification	on										
A	STORYVILLE CENTER FOR THE SPOKEN WORD Number, street, and room or suite no. (If a P.O. box, see instructions) 481 BROADWAY			B Filer's identifying number (see instructions)								
				Emplo	oyer ident	tification numbe						
						13-38809	953					
				Socia	I security	number (SSN)	(see instruction	ons)				
	City or town, state, and ZIP code NEW YORK, NY 10013											
С	Plan name			Plar		Plan	year endi					
			number			ММ	DD	YYYY				
	1 STORYVILLE CE	ENTER FOR THE SPOKEN WORD 401K RETIREM	0	0 0 1		12	31	2010				
	2											
	3											
Part	Extension of	of Time To File Form 5500 Series, and/or Form 8	3955-S	SSA								
2 Part	Note. A signature I request an extens Note. A signature The application is the normal due da and/or line 2 (above	to file Form IS NOT required if you are requesting an extension to file Form IS NOT required if you are requesting an extension to file Form IS required if you are requesting an extension to file Form IS required if you are requesting an extension to file Form IS automatically approved to the date shown on line 1 and/ate of Form 5500 series, and/or Form 8955-SSA for which is not later than the 15th day of the third month after the IS Time To File Form 5330 (see instructions)	orm 550 m 8955- 3955-SS or line 2 h this e	00 ser -SSA (SA. 2 (abo extens	ies. (see insove) if: (a ion is r	tructions). a) the Form 5						
3		sion of time until // to file Form				- f F 5000						
	You may be appro	ved for up to a 6 month extension to file Form 5330, after t	ne nom	nai du	e date d	01 F0fff1 5330).					
а	Enter the Code se	ction(s) imposing the tax	. •	а								
b	Enter the payment	amount attached				▶	b					
с 4		nder section 4980 or 4980F of the Code, enter the reversio y you need the extension:	n/amen	dmen	t date .	•	С					

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.