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).

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	Complete all entries in accordance	dance wit	h the instructions to the Form 5500)-SF.	1			
	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α.	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan			
В.	This return/report is for: first return/report	.						
_	an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
<u> </u>	[O] [O]	, , ,	11110)	□ DEVC program				
C	Check box if filing under:		cextension		DFVC program			
	special extension (enter description	,						
Pa	Irt II Basic Plan Information—enter all requested information	ation						
	Name of plan			1b	Three-digit			
EAGI	LE MEDIA 401(K) PLAN				plan number 001			
				10	(PN)			
				10	Effective date of plan 01/01/1999			
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number			
	LE MEDIA PARTNERS, LP	piai i)		20	(EIN) 16-1419306			
				2c	Plan sponsor's telephone number			
	FIRESTONE DRIVE ACUSE, NY 13206				315-434-8883			
3110	1000L, NT 13200			2d	Business code (see instructions) 511110			
- 2-		. "0		2				
EAGI	Plan administrator's name and address (if same as Plan sponsor, e LE MEDIA PARTNERS, LP 5910 FIREST	nter "Same FONE DRI	e") VE	SD	Administrator's EIN 16-1419306			
	SYRACUSE,	NY 13206	5	3c	Administrator's telephone number			
					315-434-8883			
	f the name and/or EIN of the plan sponsor has changed since the last		port filed for this plan, enter the	4b EIN				
	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c PN				
	Total condition of a self-line dead the book of the other dead to							
	Total number of participants at the beginning of the plan year	5a	107					
b	Total number of participants at the end of the plan year			5b	0			
С	Total number of participants with account balances as of the end of		•	5 0	0			
	complete this item)			5c	□ □ □			
	Were all of the plan's assets during the plan year invested in eligib		,		Yes No			
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		,					
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
-	Total plan assets	. 7a	591139)	0			
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	75 7c	591139)	0			
8		, ,,	(2) Amount	(h) Total				
_	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total			
а	(1) Employers	8a(1)						
	(2) Participants							
	(3) Others (including rollovers)			7				
b	Other income (loss)		6916	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				6916			
c d	Benefits paid (including direct rollovers and insurance premiums	00						
u	to provide benefits)	. 8d						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)							
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				0			
:	Net income (loss) (subtract line 8h from line 8c)				6916			
i	Transfers to (from) the plan (see instructions)		-598055					
,	Transfers to (from) the plan (see instructions)	8i	-390033					

	F	Form 5500-SF 2010 Page 2-								
Par	t IV	Plan Characteristics								
)a	If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	stic Co	des ir	the instr	uctic	ns:		
		2F 2G 2J 3D e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	ctoric	tic Coc	dae in	the inetr	uctio	ne:		
D	11 1110	s plan provides wellare beliefits, effer the applicable wellare feature codes from the cist of Fian Orlana	iciens	iic Coc	163 III	uic iiisui	JUIOI	13.		
art	V	Compliance Questions								
0	Dur	ing the plan year:		Yes	No		Α	mount	t	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X					
С	Wa	as the plan covered by a fidelity bond?	10c	X					10	0000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		X					
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X					
f	Has	s 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					
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Χ					
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))						Ye	es X	No
2	ls ti	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?		Ye	s X	No
	,	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver								9
lf y		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		- '	<u></u>		
		er the minimum required contribution for this plan year		[12b					
		er 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 of a negative amount)				12d					
е	_	the minimum funding amount reported on line 12d be met by the funding deadline?		-		Yes		No		N/A
art	VII	Plan Terminations and Transfers of Assets								
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?						X Ye	s	No

If "Yes," enter the amount of any plan assets that reverted to the employer this year.

X Yes No

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

of the PBGC?.....

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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
COMMUNITY MEDIA GROUP LLC	27-0941418	001

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	Filed with authorized/valid electronic signature.	10/04/2011	JOHN A. MCINTYRE
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**

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2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Linpic	D C C	-		inchrications to the Form 550	n-SF	,,,-,			
Pens	ion Benefit Guaranty Corporation		ordance with the	instructions to the Form 550	0-31.				
Part	Annual Report	Identification Information	01/01/2010	and ending		12/31/201	0		
	lendar plan year 2010 or fi			oyer plan (not multiemployer)		one-participa	nt plan		
A Thi	s return/report is for:				L		-		
B Th	is return/report is for:	first return/report	X final return/rep		امطفسا				
		an amended return/report	short plan yea	r return/report (less than 12 mo	nuns) F	T			
Ch	eck box if filing under:	🔲 Form 5558	X automatic exte	ension	L.	DFVC progra	ım		
.	out son in thing and	special extension (enter descri	iption)	<u> </u>					
Pari	II Basic Dian Info	ormation—enter all requested info							
	ame of plan	Simulation Cities an requestion and			1	Three-digit			
ia N E:	agle Media 401()	() Plan			1 '	plan number	001		
	. ,					(PN) ▶ Effective date o			
						01/01/199			
					2b	Employer Ident	fication Number		
2a ₽	lan sponsor's name and a	ddress (employer, if for single-emploners, LP	oyer pian)		_~	(EIN) 16-141	.9306		
1	agic House In	,			2c	Plan sponsor's	telephone number		
_	010 Elucations Di	ri vo			<u> </u>	(315) 434-			
5	910 Firestone D	FTAC		2000	2d	Business code 511110	(see instructions)		
S	yracuse			NY 13206		Administrator's	EIN		
3a F	Plan administrator's name a	and address (if same as Plan spons	or, enter "Same")		05	, tottimotrator o			
					3c	Administrator's	telephone number		
					<u> </u>				
4 if	the name and/or EIN of the	e plan sponsor has changed since the	ne last return/repor	t filed for this plan, enter the	4b	4b EIN			
n:	ame, EIN, and the plan nu	mber from the last return/report. Sp	onsor's name		4c	PN			
						1	10		
5a	Total number of participan	ts at the beginning of the plan year.		.,,,,	Eh				
b	Total number of participan	ts at the end of the plan year			·· <u> 5b</u>				
C	Total number of participan	ts with account balances as of the e	nd of the plan yea	r (defined benefit plans do not	. 5c				
	complete this item)	ets during the plan year invested in a	oliaible assets? (Si	e instructions)		***************************************	X Yes No		
6a		مرما المساقية والمسافية	. → of on indoponde	ant augistied nuniic accountain i	IUFAI		— Бил. Пи		
b		162 (See instructions on waiver eligit	ollity and condition	5.)			X Yes ∐ No		
	If you answered "No" to	either 6a or 6b, the plan cannot u	se Form 5500-SF	and must instead use Form t	5500.				
Pai	rt III Financial Info	ormation			т		d -\$\(\frac{1}{2}\)		
7	Plan Assets and Liabilities	3		(a) Beginning of Year	120	(b) En	d of Year		
а	Total plan assets		7a	591,3	1.39				
b									
C		line 7b from line 7a)		591,	139				
8		ransfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received of	receivable from:							
-	(1) Employers				-				
		.,			\dashv				
	(3) Others (including rolls	overs)	8a(3)		01.0				
b	Other income (loss)		8b	6,	916		6,9		
С	Total income (add lines 8	sa(1), 8a(2), 8a(3), and 8b)	8c				0, 9.		
ď	Benefits paid (including d	lirect rollovers and insurance premiu	ms						
	to provide benefits)	***************************************	80						
е	Certain deemed and/or o	orrective distributions (see instructio	ns) 8e						
f		oviders (salaries, fees, commissions				1949 1			
g					7 .				
h	Total expenses (add line	s 8d, 8e, 8f, and 8g)	8h				6,9		
i		act line 8h from line 8c)					0,9		
· i	Transfers to (from) the p	lan (see instructions)	8i	(598,0	55)				

		Form 5500-SF 2010 Page 2-						
Par	t IV	Plan Characteristics			J			
9a	If th	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2E 2F 2G 2J 3D	cteris	tic Co	des in ti	ne instruction	is:	
b	If th	$2\mathrm{E}-2\mathrm{F}-2\mathrm{G}-2\mathrm{J}-3\mathrm{D}$ e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	terist	ic Cod	les in th	e instruction:	s:	
Part	: V	Compliance Questions						
10		ring the plan year:		Yes	No	An	nount	
	W 2	is there a failure to transmit to the plan any participant contributions within the time period described in DCFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b	W on	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)		Х				
С	V	as the plan covered by a fidelity bond?	10c	Х			100	,000
d	or	dishonesty?	10d		Х			
е	W	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,	10e		x			
		tructions.)			Х			
f		s the plan failed to provide any benefit when due under the plan?	10f		 			
g		the plan have any participant reason (in 1925)	10g	1	X			. 3 % *
h	25	20. 10 1-3.}	10h		Х		-	**************************************
i	If ex	10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Par	t VI	Pension Funding Compliance						
11	55	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compositions.))			****		Yes	
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection	302 of 8	ERISA?	Yes	X No
	(If	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	tions	hne	enter th	e date of the	letter ruli	na
	a	a waiver of the minimum funding standard for a prior year is being ambridged in this plan year, see institute anting the waiverMont completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	th	, and	Day	Y	ear	
11 L	you	ter the minimum required contribution for this plan year			12b			
		iter the amount contributed by the employer to the plan for this plan year			12c			
	1 8	iter the amount contributed by the employer to the plan for this plan your means are sign to the left interest the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ingative amount)	of a	l	12d			
,		ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Par		as a resolution to terminate the plan been adopted during the plan year or any prior year?					X Yes	∏ No
138		"Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
k) V	eryes," enter the amount of any plan assets that reverted to the employer this year	unde	er the o	control		X Yes	☐ No
C	: H	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hich assets or liabilities were transferred. (See instructions.)	he pl	an(s)	to			
	13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3) P			PN(s)
Cor		nity Media Group LLC						^ 4
-			<u> </u>	27	-094	1418	0	01
Са	utio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonat	ie ca	ause i	s estab	iisned.	ole a Sch	edule
SB	or S	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret ichedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return is true, correct, and complete.	repo	eport, ort, an	incluair d to the	ig, it applicat best of my k	nowledge	and
Del	ııcı,	John A. Mc	Tnt	vre				
Lei	GN	//////////////////////////////////////		~				

SIGN HERE Signature of plan administrator

SIGN HERE Signature of employer/plan sponsor

Date Enter name of individual signing as plan administrator

John A. McIntyre

John A. McIntyre

Enter name of individual signing as employer or plan sponsor