

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
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>07/01/2010</u> and ending <u>06/30/2011</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check 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 <u>NEWS-2-YOU CASH BALANCE PLAN</u>		1b Three-digit plan number (PN) ►	<u>002</u>
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>NEWS-2-YOU, INC.</u> <u>P.O. BOX 550</u> <u>909 UNIVERSITY DRIVE SOUTH</u> <u>HURON, OH 44839</u>		1c Effective date of plan <u>07/01/2009</u>	
		2b Employer Identification Number (EIN) <u>34-1966759</u>	
		2c Plan sponsor's telephone number <u>419-433-9800</u>	
		2d Business code (see instructions) <u>511210</u>	
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>NEWS-2-YOU, INC.</u> <u>P.O. BOX 550</u> <u>909 UNIVERSITY DRIVE SOUTH</u> <u>HURON, OH 44839</u>		3b Administrator's EIN <u>34-1966759</u>	
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. Sponsor's name		3c Administrator's telephone number <u>419-433-9800</u>	
		4b EIN	
		4c PN	
5a Total number of participants at the beginning of the plan year		5a	<u>14</u>
b Total number of participants at the end of the plan year		5b	<u>17</u>
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....		5c	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		☒ Yes ☐ No	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....		☒ Yes ☐ No	
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		
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	<u>146156</u>	<u>447889</u>
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	<u>146156</u>	<u>447889</u>
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	<u>261667</u>	
(2) Participants	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	<u>46632</u>	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u>308299</u>
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	<u>3176</u>	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses.....	8g	<u>3390</u>	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u>6566</u>
i Net income (loss) (subtract line 8h from line 8c).....	8i		<u>301733</u>
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1C 1G

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

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		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?		X	
e	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?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d 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	

e Will the minimum funding amount reported on line 12d be met by the funding 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 year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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)

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 HERE	Filed with authorized/valid electronic signature.	10/11/2011	MARY PAT GRESPIN
	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

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
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For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

▶ **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>NEWS-2-YOU CASH BALANCE 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>NEWS-2-YOU, INC.</u>	D Employer Identification Number (EIN) <u>34-1966759</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>07</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>146156</u>
b	Actuarial value 2b <u>146156</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>0</u> <u>0</u>
b	For terminated vested participants 3b <u>1</u> <u>383</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>9323</u>
(2)	Vested benefits 3c(2) <u>157431</u>
(3)	Total active 3c(3) <u>13</u> <u>166754</u>
d	Total 3d <u>14</u> <u>167137</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>6.48</u> %
6	Target normal cost 6 <u>157117</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>10/10/2011</u>
Signature of actuary <u>JILL E. CASEY, CEBS, E.A., M.A.A.A.</u>	Date <u>11-07216</u>
Type or print name of actuary <u>HARBRIDGE CONSULTING GROUP, LLC</u>	Most recent enrollment number <u>315-703-8991</u>
Firm name <u>ONE LINCOLN CENTER, 12TH FLOOR</u> <u>SYRACUSE, NY 13202-9972</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
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).....	0	0
10	Interest on item 9 using prior year's actual return of <u>-1.36</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		9953
b	Interest on (a) using prior year's effective rate of <u>6.69</u> %		666
c	Total available at beginning of current plan year to add to prefunding balance		10619
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).....	0	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	87.44 %
15	Adjusted funding target attainment percentage.....	15	87.44 %
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	100.00 %
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
10/19/2010	261667	0			
Totals ▶			18(b)	261667	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 256919
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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.05 %	2nd segment: 6.47 %	3rd segment: 6.65 %	☐ 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	157117
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	20981	3472
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	160589
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	160589
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	256919
38 Interest-adjusted excess contributions for current year (see instructions).....	38	96330
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

Age and Service Distribution of Active Members

Completed Years of Service on July 1, 2010											
Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	1	0	0	0	0	0	0	0	0	1
30-34	0	1	0	0	0	0	0	0	0	0	1
35-39	0	4	0	0	0	0	0	0	0	0	4
40-44	0	1	0	0	0	0	0	0	0	0	1
45-49	0	1	0	0	0	0	0	0	0	0	1
50-54	0	2	0	0	0	0	0	0	0	0	2
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	1	0	0	0	0	0	0	0	0	1
65-70	0	1	0	0	0	0	0	0	0	0	1
70 & up	0	1	0	0	0	0	0	0	0	0	1
Total	0	13	0	0	0	0	0	0	0	0	13

Active Member Statistics	July 1, 2010	July 1, 2009
Number of members	13	16
Average age	46.08	41.75
Average years of service	1.00	0.00
Average salary	\$158,622	\$86,328

ACTUARIAL ASSUMPTIONS AND METHODS

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions used in the valuation.

Funding Target Liability

Valuation Date: July 1, 2010

Demographic Information: The demographic information was provided as of July 1, 2010 by News-2-You, Inc. Although we did not audit the data, we did review the data for reasonableness.

Cost Method: As required by PPA, the Traditional Unit Credit Cost Method is used.

Valuation Assets: Market Value

Interest Rates: The July 2010 segment rates were utilized as prescribed by IRC Section 430(h) and elected by the Employer.

Segment	Interest Rate
Segment 1	4.05%
Segment 2	6.47%
Segment 3	6.65%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Effective Interest Rate: 6.48%

Interest Credit Rate for Determining Projected Cash Balance Account: 6.47%, based on the second tier of the funding segment rates.

Rate of Compensation Increase: Salaries are assumed to increase at 3.00% per year.

Mortality: The RP-2000 Mortality Table for annuitants with projected mortality improvements; specifically, as outlines in IRS Regulation 1.430(h)(3)-1 for 2010 valuations.

Post-Disablement Mortality: Post-disablement mortality is not assumed in the valuation.

Retirement Incidence: Participants in Group A were assumed to retire at the later of age 65 or age at the end of the current plan year. All other participants were assumed to retire at age 65.

Turnover: Rates of turnover are not assumed in the valuation.

Disability: Rates of disability are not assumed in the valuation.

Administrative Expenses: Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year rounded to the nearest thousand dollars.

Form of Benefit: Active participants are assumed to receive a deferred lump sum. Terminated vested participants are assumed to receive an immediate lump sum.

Present Value of Benefits (ASC 960)

Interest Rate: 5.00%

Interest Credit Rate for Determining Projected Cash Balance Account: 5.00%

Unless specifically mentioned, all remaining assumptions for the Present Value of Benefits remain the same as described for the Funding Target Liability above.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

► **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 News-2-You Cash Balance Plan	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF News-2-You, Inc.	D Employer Identification Number (EIN) 34-1966759	
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>07</u> Day <u>01</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a	146156	
b Actuarial value.....	2b	146156	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	0	0
b For terminated vested participants.....	3b	1	383
c For active participants:			
(1) Non-vested benefits.....	3c(1)		9323
(2) Vested benefits.....	3c(2)		157431
(3) Total active.....	3c(3)	13	166754
d Total.....	3d	14	167137
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	6.48%	
6 Target normal cost.....	6	157117	

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	Jill E. Casey <div style="text-align: center;"> Signature of actuary JILL E. CASEY, CEBS, E.A., M.A.A.A. Type or print name of actuary HARBRIDGE CONSULTING GROUP, LLC Firm name ONE LINCOLN CENTER, 12TH FLOOR SYRACUSE NY 13202-9972 Address of the firm </div>	<div style="text-align: center;"> <u>10-10-2011</u> Date 1107216 Most recent enrollment number 315-703-8991 Telephone number (including area code) </div>
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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

7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)

Part III Funding percentages

Part IV Contributions and liquidity shortfalls

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

20 Quarterly contributions and liquidity shortfalls:

- Liquidity shortfall as of end of Quarter of this plan year**

Equity Statement as of End of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
4.05%2nd segment:
6.47%3rd segment:
6.65%☐ 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**

157117

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

20981

3472

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33**

0

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)**34**

160589

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

0

0

0

36 Additional cash requirement (item 34 minus item 35)**36**

160589

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)**37**

256919

38 Interest-adjusted excess contributions for current year (see instructions)**38**

96330

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

PLAN PROVISIONS

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

Effective Date July 1, 2009.

Year of Service: For purposes of determining a participant's vesting and eligibility for participation under the plan, a year of service means a plan year during which a participant earns at least 1,000 hours of service.

Credited Service: For purposes of benefit accrual, a plan year in which the participant earns at least 1 hour of service.

Compensation: 3401(a) compensation plus salary reduction contributions made to any plan arrangement maintained by the Employer.

Eligibility:

Participation The January 1st or July 1st coinciding with or next following the attainment of age 21 and the completion of one Year of Service. As of the effective date of the plan, all employees over the age of 21 are eligible.

Normal Retirement First day of the month coinciding with or next following the attainment of age 65.

Early Retirement None

Deferred Retirement First of any month after Normal Retirement Date.

Vested Termination Years of service are all years of service with the Employer in which the employee was given credit for 1,000 or more hours of service.

	<u>Years of Service</u>	<u>Vested %</u>
	Less than 3	0
	3 or more	100

**Preretirement
Survivor Annuity** All participants are eligible.

Amount of Pension:

Normal Retirement A monthly pension benefit equal to actuarial equivalent of the participant's Hypothetical Account. The Hypothetical Account is determined as the sum of the following:

(1) Hypothetical Allocation:

\$50,000 to each Participant of Group A, which shall consist of the President/CEO and Vice-President.

10% of determination period compensation to each Participant of Group B, which shall consist of the Vice President of Development and the Vice President of Marketing.

2.5% of compensation for all other participants.

A Hypothetical Allocation is credited to a participant's account at the end of each plan year during which the participant completed at least 1 hour of service.

(2) Interest Credit:

Each Participant's Hypothetical Account shall be credited at the end of each plan year with a Hypothetical Interest Credit. The Hypothetical Interest Credit Rate is based on the 10-year Treasury rate determined as of the May preceding the plan year in which the Hypothetical interest is credited.

Deferred Retirement Determined the same as the Normal Retirement Pension but including Compensation and Years of Service after Normal Retirement Date.

Vested Termination Normal Retirement Pension based on Years of Service and Compensation up to date of termination. Benefits may start before normal retirement on an actuarial equivalent basis.

Preretirement Survivor Annuity The actuarial equivalent of the accrued benefit.

Forms of Benefit:

Normal If married to a qualified spouse, a 50% qualified joint and survivor which is the actuarial equivalent of a single life annuity, otherwise, a single life annuity.

Optional Forms Joint and Survivor (50%, 75% or 100%)
Life Annuity
Lump Sum

SCHEDULE OF AMORTIZATION BASES

Amortization Schedule as of July 1, 2010					
Item	Initial Period	Initial Amount	Remaining Period	Remaining Amount	Annual Payment
Shortfall Base	7 Years	\$ 20,981	7 Years	\$ 20,981	\$ 3,472
Shortfall Base	7 Years	0	6 Years	0	0
Shortfall Base	7 Years	0	5 Years	0	0
Shortfall Base	7 Years	0	4 Years	0	0
Shortfall Base	7 Years	0	3 Years	0	0
Shortfall Base	7 Years	0	2 Years	0	0
Shortfall Base	7 Years	0	1 Year	0	0
Total				\$ 20,981	\$ 3,472

News-2-You Cash Balance Plan

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

EIN/PN: 34-1966759/002

Participants in Group A were assumed to retire at the later of age 65 or age at the end of the current plan year. All other participants were assumed to retire at age 65.