Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2010** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
INTERBRAND DESIGN FORUM LLC RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1983

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
INTERBRAND DESIGN FORUM LLC

7575 PARAGON RD
DAYTON, OH 45459-5316

2b Employer Identification Number (EIN) 30-0051149

2c Sponsor's telephone number 937-439-4400

2d Business code (see instructions) 541310

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.	10/14/2011	JAMES SUNDERLAND
	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
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.

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

INTERBRAND DESIGN FORUM, LLC
JAMES SUNDERLAND
7575 PARAGON RD
DAYTON, OH 45459-5316

3b Administrator's EIN
30-0051149

3c Administrator's telephone number
937-439-4400

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**	152
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**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
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:
2E 2H 2J 2A

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) [X] 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) [X] 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) [X] **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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] 0 **A** (Insurance Information)
- (4) [X] **C** (Service Provider Information)
- (5) [ ] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2010
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
INTERBRAND DESIGN FORUM LLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
INTERBRAND DESIGN FORUM LLC

D Employer Identification Number (EIN)
30-0051149

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

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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)

MERRILL LYNCH

35 PARK AVENUE
SUITE 105
DAYTON, OH 45419

13-3180817

(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?
28	NONE	16049	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GENERAL PENSION PLANNING CORP

2912 SPRINGBORO WEST
SUITE 105
DAYTON, OH 45439

31-0737427

(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	NONE	2340	Yes ☒ No ☐	Yes ☒ No ☐	10367	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
(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.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(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.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(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.	

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

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(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:	**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:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
INTERBRAND DESIGN FORUM LLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
INTERBRAND DESIGN FORUM LLC

D Employer Identification Number (EIN)
30-0051149

Part I Asset and Liability Statement

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) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	240	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	13598	0
(3) Other	1b(3)	9355	0
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)	685952	0
(5) Partnership/joint venture interests	1c(5)	631074	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	47205	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	6628228	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	8015652	0
Liabilities			
g Benefit claims payable	1g	11554	0
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	575	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	12129	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8003523	0

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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	58	
(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)	2393	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2451
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	95537	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	65327	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		160864
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5590107	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5408028	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		182079

		(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)		
(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)		407047
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		752441

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2773630	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2773630
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)	2340	
(3) Investment advisory and management fees	2i(3)	19608	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		21948
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2795578

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		-2043137
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		5960386

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: DOHNER, LOUIS & STEPHENS, INC. **(2)** EIN: 31-0796135

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j	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?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
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.	4n	X		

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)
OMNICOM GROUP RETIREMENT SAVINGS PLAN	13-1514814	004

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
INTERBRAND DESIGN FORUM LLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
INTERBRAND DESIGN FORUM LLC

D Employer Identification Number (EIN)
30-0051149

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** 0

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): 01-0609808 31-0926318

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**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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**

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):

INTERBRAND DESIGN FORUM, LLC
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

December 16, 2010 and
December 31, 2009

INTERBRAND DESIGN FORUM, LLC
RETIREMENT SAVINGS PLAN
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Independent Auditor's Report

To the Trustees of the
Interbrand Design Forum, LLC
Retirement Savings Plan

We were engaged to audit the financial statements of the Interbrand Design Forum, LLC Retirement Savings Plan as of December 16, 2010 and December 31, 2009, and for the period from January 1, 2010 to December 16, 2010 and the year ended December 31, 2009, and the supplemental schedules as of and for the period ended December 16, 2010, as listed in the accompanying index. These financial statements and schedules 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 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 G, which was certified by MG Trust Company, LLC, custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds certain Plan investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 16, 2010 and December 31, 2009 and for the periods then ended, that the information provided to the plan administrator by the custodian 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the custodians, have been audited by us 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.

Dohner, Louis & Stephens, Inc.

Dayton, Ohio
October 13, 2011

INTERBRAND DESIGN FORUM, LLC
RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 16, 2010 AND DECEMBER 31, 2009

	2010		
	Trustee Directed Accounts	Participant Directed Accounts	Total
ASSETS			
Investments			
Equity investments	$ -	$ -	$ -
Registered Investment Companies	-	-	-
Limited partnerships	-	-	-
Total	$ -	$ -	$ -
Receivables			
Accrued interest and dividends	$ -	$ -	$ -
Employee deferrals	-	-	-
Notes receivable from participants	-	-	-
Other	-	-	-
Total	$ -	$ -	$ -
Cash and Cash Equivalents	$ -	$ -	$ -
TOTAL ASSETS	$ -	$ -	$ -
LIABILITIES			
Fees Payable	$ -	$ -	$ -
NET ASSETS AVAILABLE FOR BENEFITS	$ -	$ -	$ -

See accompanying notes and auditor's report

2009

Trustee Directed Accounts	Participant Directed Accounts	Total
$ 685,952		$ 685,952
2,915,222	$ 3,720,852	6,636,074
631,074		631,074
$ 4,232,248	$ 3,720,852	$ 7,953,100
	$ 1,500	$ 1,500
	13,598	13,598
$ 6,000	41,205	47,205
9		9
$ 6,009	$ 56,303	$ 62,312
$ 1	$ 239	$ 240
$ 4,238,258	$ 3,777,394	$ 8,015,652
338	237	$ 575
$ 4,237,920	$ 3,777,157	$ 8,015,077

INTERBRAND DESIGN FORUM, LLC
RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the Period Ended December 16, 2010		
	Trustee Directed Accounts	Participant Directed Accounts	Total
Additions:			
Additons to net assets attributed to:			
Investment Income:			
Dividends and interest	$ 95,595	$ 67,720	$ 163,315
Net appreciation in fair value of investments	182,079	407,047	589,126
	$ 277,674	$ 474,767	$ 752,441
Less investment expenses	(16,673)	(5,275)	(21,948)
	$ 261,001	$ 469,492	$ 730,493
Contributions:			
Participant	$ -	$ -	$ -
Rollovers	-	-	-
Total Contributions	$ -	$ -	$ -
Total Additions	$ 261,001	$ 469,492	$ 730,493
Deductions:			
Deductions from net assets attributed to:			
Benefits paid to participants	$ 2,018,250	$ 766,934	$ 2,785,184
Deemed distributions			
Transfer of Plan assets due to merger		5,960,386	5,960,386
Total Deductions	$ 2,018,250	$ 6,727,320	$ 8,745,570
Transfers - Within Plan	$ (2,480,671)	$ 2,480,671	$ -
Net Increase (Decrease)	$ (4,237,920)	$ (3,777,157)	$ (8,015,077)
Net Assets Available for Benefits:			
Beginning of Year	4,237,920	3,777,157	8,015,077
End of Year	$ -	$ -	$ -

See accompanying notes and auditor's report

For the Year Ended December 31, 2009

Trustee Directed Accounts	Participant Directed Accounts	Total
$ 156,188	$ 69,052	$ 225,240
290,115	717,419	1,007,534
$ 446,303	$ 786,471	$ 1,232,774
(10,622)	(7,986)	(18,608)
$ 435,681	$ 778,485	$ 1,214,166
$ -	$ 456,462	$ 456,462
-	10,500	10,500
$ -	$ 466,962	$ 466,962
$ 435,681	$ 1,245,447	$ 1,681,128
$ 96,791	$ 549,075	$ 645,866
	10,169	10,169
$ 96,791	$ 559,244	$ 656,035
$ 338,890	$ 686,203	$ 1,025,093
3,899,030	3,090,954	6,989,984
$ 4,237,920	$ 3,777,157	$ 8,015,077

INTERBRAND DESIGN FORUM, LLC RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Interbrand Design Forum, LLC Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering certain employees of Interbrand Design Forum, LLC, Design Forum Architects, Inc., and Design Forum Engineering, Inc. (collectively referred to as "the Company") who meet service requirements and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974.

Contributions

Participants may contribute a portion of their annual pretax compensation up to prescribed legal limits. Participants may also contribute amounts representing distributions from other qualified retirement plans. Additional profit-sharing amounts may be contributed at the Company's discretion.

Participants' Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and applicable forfeiture and, (b) Plan earnings, and charged with an allocation of administrative expenses, if applicable. Allocations are based on participant earnings, account balances, and other factors, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the employer discretionary contribution accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

Investment Options

Upon enrollment in the 401(k) portion of the Plan, a participant may direct employee contributions to one or more of several mutual fund options provided by the Plan. Participants may change their investment options at any time. Employer discretionary contributions are held in a trust fund and invested at the direction of the trustee.

NOTE A - DESCRIPTION OF THE PLAN (CONT'D)

Participant Loans

Participants may borrow from their 401(k) fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the present value of the elective deferral contributions and rollover contributions held in the participant's account. Loan terms range up to five years. The loans are secured by the balance in the participant's account and bear interest at the prime interest rate (as published in the Wall Street Journal) plus one percent. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

Upon retirement, disability, death, or termination of employment, a participant (or participant's beneficiary in the event of death) may elect to receive either a lump-sum amount equal to the value of his or her account, substantially equal annual or more frequent installments, or an annuity. In addition, hardship and in-service distributions are permitted if certain criteria are met. Benefits are recorded when paid. As of December 16, 2010 and December 31, 2009, the Plan had approximately $0 and $11,554 respectively of pending distributions to participants who elected to withdraw from the Plan. These amounts are not recorded as liabilities in the accompanying statements of net assets available for benefits in accordance with generally accepted accounting principles.

Forfeitures

When certain terminations of participation in the Plan occur, the non-vested portion of the participant's account, as defined by the Plan, represents a forfeiture. However, if the participant is re-employed and fulfills certain requirements, as defined by the Plan, the participant's account will be reinstated.

During the period ended December 16, 2010 and the year ended December 31, 2009, forfeited non-vested accounts amounting to $0 and $19,191 were used to pay plan expenses.

Plan Amendments

On October 30, 2009, the Plan was restated to comply with changes to the qualified plan rules made by recent legislation. As required by law and permitted by Section 401(b) of the Code, as amended, the provisions of the restated Plan generally became effective as of January 1, 2009. This restated Plan has been amended twice. The first amendment was adopted to reflect the provisions of applicable law and the applicable regulations that are generally effective after December 31, 2006. The second amendment was adopted to reflect the provisions of the Pension Protection Act of 2006, the Worker, Retiree and Employer Recovery Act and certain other provisions of the applicable law and the applicable regulations that are generally effective after December 31, 2006.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Investment Valuation and Income Recognition

The Plan investments are stated at fair value. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Subsequent Events

Subsequent events were evaluated through October 13, 2011, which is the date the financial statements were available to be issued.

NOTE C - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate, the use of different methods or assumptions could result in a different fair value measurement at the reporting date.

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2009			
Equity investments	$ 685,952	$ 621,664	$ 64,288
Mutual funds	6,636,074	6,636,074	
Limited partnerships	631,074		631,074
Total	$ 7,953,100	$ 7,257,738	$ 695,362

NOTE C - FAIR VALUE MEASUREMENTS (CONT'D)

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair value of common stock is based on quoted market prices. All of the Plan's 401(k) participant-directed investments held by MG Trust Company, as well as the portion of the Plan's trustee-directed investments held by Merrill Lynch, are included in this level.

Level 3 Fair Value Measurements

The Plan has two trustee-directed investments that are not actively traded and significant other observable inputs are not available. These two independently held investments include 146.118 units of Tactical Multistrategy Commodity Fund, LP, and 4,480 shares of Community Bankshares, Inc. The fair value of these investments is determined based on the audited net asset values of the respective companies. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

December 16, 2010	Equities	Partnerships	Total
Beginning Balance	$ 64,288	$ 631,074	$ 695,362
Total gains/losses (realized/unrealized) included in changes in net assets available for benefits	(6,496)	51,236	44,740
Purchases and sales (net)	(57,792)	(682,310)	(740,102)
Ending Balance	$ 0	$ 0	$ 0

NOTE C - FAIR VALUE MEASUREMENTS (CONT'D)

December 31, 2009	Equities	Partnerships	Total
Beginning Balance	$ 129,114	$ 570,914	$ 700,028
Total gains/losses (realized/unrealized) included in changes in net assets available for benefits	(64,826)	60,160	(4,666)
Purchases and sales (net)			
Ending Balance	$ 64,288	$ 631,074	$ 695,362

Gains and losses (realized and unrealized) included in changes in net assets available for benefits are reported in net appreciation (depreciation) in fair value of investments.

NOTE D - INVESTMENTS

The Plan's 401(k) participant-directed assets are held by MG Trust Company. The employer profit sharing assets are trustee-directed, with most equity investments and all mutual funds being held by Merrill Lynch & Co. and the limited partnership and one equity investment being held independently. As described in Note E, all plan assets were transferred to the Omnicom Group Retirement Savings Plan before the close of business on December 16, 2010.

The following investments at December 31, 2009 represent 5% or more of the Plan's net assets:

December 31, 2009	Trustee Directed Account	Participant Directed Account
Blackrock S&P	$ 637,074	
Columbia Acorn Fund		$ 382,036
Europacific Growth Fund		387,473
Lord Abbett Bond Cl A	1,102,505	
PIMCO Total Return Fund	901,842	546,678
Tactical Multistrategy Commodity Fund	631,074	
Vanguard Index Trust 500		492,654

NOTE D - INVESTMENTS (CONT'D)

During 2010 and 2009 the Plan's investments (including investments bought and sold, and held during the year) appreciated (depreciated) in value as follows:

	2010	
	Trustee Directed Account	Participant Directed Account
Equity investments	$ 137,339	
Mutual funds		$ 407,047
Tactical Multistrategy Commodity Fund, LP	51,236	
Community Bankshares, Inc.	(6,496)	
Total	$ 182,079	$ 407,047

	2009	
	Trustee Directed Account	Participant Directed Account
Equity investments	$ (143,566)	
Mutual funds	438,347	$ 717,419
Tactical Multistrategy Commodity Fund, LP	60,160	
Community Bankshares, Inc.	(64,826)	
Total	$ 290,115	$ 717,419

NOTE E - PLAN MERGER

The Board of Directors of Omnicom Group, Inc, the controlling party of Interbrand Design Forum, LLC, approved the merger of this Plan into the Omnicom Group Retirement Savings Plan, effective December 16, 2010. As a result, all cash and participant loan balances were transferred to the Omnicom Plan on that date.

NOTE F - TAX STATUS

The Plan has received a determination letter in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE G - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by MG Trust Company, LLC, except for comparing such information certified by this custodian to information included in the Plan's financial statements and supplemental schedules:

	December 16 2010	December 31 2009
Mutual fund investments	$ 0	$ 3,720,852
Cash	0	239

	Period Ended December 16 2010	Year Ended December 31 2009
Dividends and interest	$ 67,720	$ 67,763
Net appreciation in fair value of investments	407,047	717,419

NOTE H – PARTY-IN-INTEREST TRANSACTIONS

The Company absorbs significant administrative costs of operating the Plan.

Merrill Lynch, the custodian of the trustee-directed accounts, received approximately $17,000 and $11,000 directly from the Plan for investment management fees during 2010 and 2009, respectively.

General Pension Planning Corp., the third-party administrator, received approximately $4,000 directly from the Plan for administrative services during 2009. Indirect revenue sharing compensation was also received.

MG Trust Company, LLC, the trustee of participant-directed accounts, received approximately $5,000 and $4,000 directly from the Plan for custodial fees during 2010 and 2009, respectively.

NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	December 31	
	2010	2009
Net assets available for benefits per financial statements	$ 0	$ 8,015,077
Amounts allocated to withdrawing participants	0	(11,554)
Net assets available for benefits per Form 5500, Schedule H	$ 0	$ 8,003,523

The following is a reconciliation of benefits paid to participants per the financial statements for 2010 and 2009 to Schedule H of Form 5500:

	December 31	
	2010	2009
Benefits paid to participants per financial statements	$ 2,785,184	$ 645,866
Amounts allocated to withdrawing participants – current year		11,554
Amounts allocated to withdrawing participants – prior year	(11,554)	(11,733)
Benefits paid to participants per Form 5500, Schedule H	$ 2,773,630	$ 645,687

NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 (CONT'D)

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date.

SUPPLEMENTAL

SCHEDULES

INTERBRAND DESIGN FORUM, LLC RETIREMENT SAVINGS PLAN
SCHEDULE 2
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ending December 31, 2010

Plan EIN: 30-0051149
Plan Number: 002

Identity (a)	Description of asset (b)	Purchase price (c)	Selling price (d)	Lease rental (e)	Expense incurred with transaction (f)	Cost of asset (g)	Current value of asset on transaction date (h)	Net gain (loss) (l)
Tactical Multistrategy Comm Fund	Partnership		4,669.59			435,987	682,311	246,324
Blackrock S&P 500 Index Fund	Mutual Fund		12.60			511,186	588,866	77,680
Lord Abbett Bond Fund	Mutual Fund	7.37				722		
		7.34				5,783		
		7.39				5,813		
		7.52				5,843		
		7.56				5,873		
		7.32				6,057		
		7.29				6,089		
		7.56				6,122		
		7.49				40,000		
		7.51				6,377		
			7.55			65,000	67,868	2,868
			7.60			243,907	253,467	9,560
			7.66			935,111	970,482	35,371
Pimco Total Return Fund	Mutual Fund	10.96				2,151		
		10.99				2,125		
		11.04				2,231		
		11.13				2,302		
		11.10				2,109		
		11.26				2,367		
		11.25				550,000		
		11.40				3,770		
		11.51				40,000		
		11.54				3,766		
			11.44			65,000	61,725	3,275
			11.49			243,485	230,384	13,101
			11.60			1,282,882	1,218,198	64,684
			11.58			6,000	5,181	819

INTERBRAND DESIGN FORUM, LLC RETIREMENT SAVINGS PLAN
SCHEDULE 3
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (Acquired and Disposed of Within Year)
For the year ending December 31, 2010

Plan EIN: 30-0051149
Plan Number: 002

Identity (a)	Description of asset (b)	Cost of acquisitions (c)	Proceeds of dispositions (d)
Big Lots	equity	54,268	48,005
Hewlett Packard	equity	40,139	29,371
Ishares TR Dow Jones US	equity	29,871	28,514
Teva Pharmactcl	equity	25,109	21,049
Verizon Communications	equity	50,047	42,899

INTERBRAND DESIGN FORUM, LLC RETIREMENT SAVINGS PLAN
SCHEDULE 2
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ending December 31, 2010

Plan EIN: 30-0051149
Plan Number: 002

Identity (a)	Description of asset (b)	Purchase price (c)	Selling price (d)	Lease rental (e)	Expense incurred with transaction (f)	Cost of asset (g)	Current value of asset on transaction date (h)	Net gain (loss) (l)
Tactical Multistrategy Comm Fund	Partnership		4,669.59			435,987	682,311	246,324
Blackrock S&P 500 Index Fund	Mutual Fund		12.60			511,186	588,866	77,680
Lord Abbett Bond Fund	Mutual Fund	7.37				722		
		7.34				5,783		
		7.39				5,813		
		7.52				5,843		
		7.56				5,873		
		7.32				6,057		
		7.29				6,089		
		7.56				6,122		
		7.49				40,000		
		7.51				6,377		
			7.55			65,000	67,868	2,868
			7.60			243,907	253,467	9,560
			7.66			935,111	970,482	35,371
Pimco Total Return Fund	Mutual Fund	10.96				2,151		
		10.99				2,125		
		11.04				2,231		
		11.13				2,302		
		11.10				2,109		
		11.26				2,367		
		11.25				550,000		
		11.40				3,770		
		11.51				40,000		
		11.54				3,766		
			11.44			65,000	61,725	3,275
			11.49			243,485	230,384	13,101
			11.60			1,282,882	1,218,198	64,684
			11.58			6,000	5,181	819

INTERBRAND DESIGN FORUM, LLC RETIREMENT SAVINGS PLAN
SCHEDULE 3
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (Acquired and Disposed of Within Year)
For the year ending December 31, 2010

Plan EIN: 30-0051149
Plan Number: 002

Identity (a)	Description of asset (b)	Cost of acquisitions (c)	Proceeds of dispositions (d)
Big Lots	equity	54,268	48,005
Hewlett Packard	equity	40,139	29,371
Ishares TR Dow Jones US	equity	29,871	28,514
Teva Pharmactcl	equity	25,109	21,049
Verizon Communications	equity	50,047	42,899