Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number HN MEDIA & MARKETING, INC. DEFINED BENEFIT PENSION PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/2000 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number HN MEDIA & MARKETING, INC. (EIN) 2c Plan sponsor's telephone number 275 MADISON AVENUE, SUITE 2200 NEW YORK, NY 10016-1101 2d Business code (see instructions) 517000 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN HN MEDIA & MARKETING, INC. 275 MADISON AVENUE, SUITE 2200 NEW YORK, NY 10016-1101 3c Administrator's telephone number 212-490-1300 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 854835 941291 a Total plan assets..... 7a 0 **b** Total plan liabilities..... 7b 854835 941291 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 (1) Employers 8a(1) 0 8a(2) (2) Participants 0 (3) Others (including rollovers)..... 8a(3) 115603 Other income (loss)..... 8b 115603 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 29147 Administrative service providers (salaries, fees, commissions)...... 8f 0 Other expenses..... 8g 29147 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 86456 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)..... 0

	Form 5500-SF 2010 Page 2-							
Par	t IV Plan Characteristics							
Эа	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in t	the instru	actions:		
b	1A 1D 1G 1I 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	ctariet	tic Cor	las in tl	ha instru	ctions:		
	in the plant provided wellare benefits, effect the applicable wellare leature bodde from the List of Fight effect.	10101101		200 III ti	ic motro	otiono.		
ar	V Compliance Questions							
0	During the plan year:		Yes	No		Amou	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			•	 . П	Yes X	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?.	. 🗍	Yes	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver							
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day _		ı caı		
b	Enter the minimum required contribution for this plan year			12b				
С	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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	0	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?						Yes X	No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	an nla	o(c) to					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	10/14/2011	HELANE NAIMAN
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

Attachment To Form 5500-SF Regarding Schedule SB

HN MEDIA & MARKETING, INC. DEFINED BENEFIT PENSION PLAN

HN MEDIA & MARKETING, INC.

EIN/PN: 52-2208562 / 001

Plan Year: January 1, 2010 through December 31, 2010

In accordance with Revenue Ruling 79-237 - No Schedule SB has been filed since the plan termination occurred in a prior year.

Revenue Ruling 79-237 states that the minimum funding standard applies to a defined benefit plan until the end of the plan year in which the plan terminates and does not apply to the plan in subsequent plan years.

This plan is not subject to the minimum funding standard and accordingly no Schedule SB has been filed.

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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P			the instructions to the Form 5500	-SF.	<u></u>	•	
P	art I Annual Report Identification Information	n	· · · · · · · · · · · · · · · · · · ·				
For	calendar plan year 2010 or fiscal plan year beginning	01/01/20	10 and ending		12/31/20	10	
Α	This return/report is for:	multiple-er	nployer plan (not multiemployer)		one-participa	ant plan	
В	This return/report is for: first return/report	final return	/report				
	an amended return/report	short plan	year return/report (less than 12 mon	ths)			
С	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	am	
	special extension (enter de	scription)			_		
Pa	art II Basic Plan Information—enter all requested	information	<u>-</u>				
_	Name of plan			1b	Three-digit		
	HN Media & Marketing, Inc. Defined B	enefit			plan number		
	Pension Plan		_		(PN) >	001	
				10	Effective date of 01/01/200		
20	Plan anapper's name and address (ampleyer if for single am	unlover plan)		2h		ification Number	
Za	Plan sponsor's name and address (employer, if for single-em HN Media & Marketing, Inc.	ipioyei piani)		20	(EIN) 52-220		
				2c		telephone number	
	275 Madison Avenue, Suite 2200		-	2-1	(212)490-		
	New York		NY 10016-1101	Za	517000	(see instructions)	
3a	Plan administrator's name and address (if same as Plan spor	nsor, enter "Same		3b	Administrator's	EIN	
	Same	•					
				3с	Administrator's	telephone number	
4	If the name and/or EiN of the plan sponsor has changed since	the last return/ren	port filed for this plan, enter the	4b	EINI		
	name, EIN, and the plan number from the last return/report.		ont med for this plan, enter the	40			
		·		4c	PN		
5a	Total number of participants at the beginning of the plan yea	r		5a			
b	Total number of participants at the end of the plan year	,		5b		2	
C	Total number of participants with account balances as of the			~-			
	complete this item)			<u>5c</u>			
	Were all of the plan's assets during the plan year invested in					X Yes No	
D	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.)						
	If you answered "No" to either 6a or 6b, the plan cannot						
Pa	art III Financial Information				 		
7	Plan Assets and Liabilities	<u></u>	(a) Beginning of Year		(b) End	l of Year	
а	Total plan assets	7a	854,83	5		941,291	
b	Total plan liabilities	7b		0			
С	Net plan assets (subtract line 7b from line 7a)	7c	854,83	5		941,29	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b)	Total	
а		0.40		0			
	(1) Employers			0			
	(2) Participants	1		0			
	(3) Others (including rollovers)	 1	115 60	0			
b	• •	1	115,60				
C				-		115,603	
d	Benefits paid (including direct rollovers and insurance premi to provide benefits)	ums 8d		0			
е				0	•	-	
f	Administrative service providers (salaries, fees, commission	-	29,14	7			
g	Other expenses	· -	<u></u>	0			
h					_	29,14	
i	Net income (loss) (subtract line 8h from line 8c)	1				86,45	
j	Transfers to (from) the plan (see instructions)			0			

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Form 5500-SF	20	010	١
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SIGN HERE

Signature of employer/plan sponsor

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Par	t IV	Plan Characteristics										
9a	If th	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charac	teris	tic Co	des in t	he instruc	tions:					
_	If th	1A 1D 1G 1I 3D splan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact	terist	lic Coc	les in ti	ne instruct	lions.					
D	11 111	plant provides wentare benefits, enter the applicable wentare reading codes from the cist of high characters				io mondo						
ar	١V	Compliance Questions				_			-			
0		ing the plan year:		Yes	No		Amou	ınt				
_	Wa	s there a failure to transmit to the plan any participant contributions within the time period described in	10a		х		,					
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		х							
C	W	s the plan covered by a fidelity bond?	10c		х							
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		х							
е	ins	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		x							
f	Ha	the plan failed to provide any benefit when due under the plan?	10f		х							
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х	-						
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	 10h									
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		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 0))							X No			
12	Is	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code o	or se	ction 3	302 of E	ERISA?	Ц	Yes	X No			
	lf a gra	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct nting the waiver	ions,	, and e	enter the Day	e date of	the lett Year	er ruli	ing			
	_	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b							
		er the minimum required contribution for this plan year		г	12c	<u> </u>						
d	Sul	er the amount contributed by the employer to the plan for this plan yearthe amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o	fa		12d							
_		ative amount)the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Пи		N/A			
		Plan Terminations and Transfers of Assets			14	_1						
	VII				-	•	Ŋ	Yes	ΠNο			
зa		a resolution to terminate the plan been adopted during the plan year or any prior year?			13a			100				
b	We	es," enter the amount of any plan assets that reverted to the employer this yeare all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under PBGC?	nder	the co	ontrol	<u> </u>	П	Yes	` No			
С	lf c	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the ch assets or liabilities were transferred. (See instructions.)				_						
	13c() Name of plan(s):		13	c(2) El	N(s)	1	3c(3)	PN(s)			
Cau	tion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e ca	use is	establ	ished.						
Jnd SB c	er pe or Sc	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the completed and signed by an enrolled actuary, as well as the electronic version of this return/red-true, correct, and complete.	rn/re	port, ir	ncluding	g, if applic	able, a knowl	Sche edge	edule and			
			an			 ,						
SIG HEF		119000		ual sig	ning as	plan adn	ninistra	tor				
	Organization plant administration Date Chief Hamour				of individual signing as plan administrator							

Date

Enter name of individual signing as employer or plan sponsor