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

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 5500)-SF.	1			
		dentification Information							
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	first return/report	n/report		_				
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	extension	extension					
		special extension (enter description	on)						
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation						
1a	Name of plan				1b	Three-digit			
HN N	IEDIA & MARKETING, INC. 40	1-K SALARY SAVINGS PLAN				plan number 003			
					4 -	(PN) •			
					10	Effective date of plan 01/01/2007			
2a	Plan sponsor's name and add	ress (employer, if for single-employer	· plan)		2b	Employer Identification Number			
	IEDIA & MARKETING, INC.	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	, ,			(EIN) 52-2208562			
275 N	MADISON AVENUE, SUITE 22	00			2c Plan sponsor's telephone nul 212-490-1300				
	YORK, NY 10016-1101				2d	Business code (see instructions)			
						517000			
3a	Plan administrator's name and IEDIA & MARKETING, INC.	l address (if same as Plan sponsor, e	enter "Same") DN AVENUE, SUITE 2200			Administrator's EIN 52-2208562			
1 11 4 10	IEDIA & MARKETINO, INO.	NEW YORK			30	Administrator's telephone number			
					30	212-490-1300			
		an sponsor has changed since the la		port filed for this plan, enter the	4b	4b EIN			
	name, EIN, and the plan number	er from the last return/report. Sponso	or's name		4c PN				
5a	Total number of participants a	t the beginning of the plan year			5a				
b		t the end of the plan year			5b	3			
С		vith account balances as of the end o		•	0.0				
				•	5c	3			
	•	during the plan year invested in eligib		,		Yes No			
b		he annual examination and report of (See instructions on waiver eligibility				X Yes No			
		ner 6a or 6b, the plan cannot use F		•					
Pa	rt III Financial Inform								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	77154	ļ	87334			
b	Total plan liabilities		7b	C)	0			
С	Net plan assets (subtract line	7b from line 7a)	. 7с	77154		87334			
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or received		0-(4)	C					
				5240					
	` '		` '	02.0					
b	, ,	oa(3)			_				
	` ,	ther meeting (1055)				14529			
c d		rollovers and insurance premiums	. <u>8c</u>						
u			. 8d	4349					
е	Certain deemed and/or correct	etive distributions (see instructions)	. 8e	C	_				
f	Administrative service provide	ers (salaries, fees, commissions)	. 8f	C					
g	Other expenses		. 8g	C					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h			4349			
i	Net income (loss) (subtract lin	e 8h from line 8c)	. 8i			10180			
j	Transfers to (from) the plan (s	ee instructions)	. 8i	C					

	F	form 5500-SF 2010 Page 2-								
Par	t IV	Plan Characteristics								
	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2G 2J 2T 3D	acteris	tic Co	des in	the instru	ıctio	ns:		
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	tic Cod	des in t	the instru	ctior	is:		
art	: V	Compliance Questions								
0	Duri	ng the plan year:		Yes	No		Aı	nount		
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X					
С	Was	s the plan covered by a fidelity bond?	10c		X					
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Χ					
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X					
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X					
İ		h was answered "Yes," check the box if you either provided the required notice or one of the providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
11	ls thi 5500	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	ule SE	3 (Form		Yes	X	No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?.		Yes	X	No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver								
If		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day			,ai		_
b	- Ente	r the minimum required contribution for this plan year			12b					
С		r the amount contributed by the employer to the plan for this plan year		1	12c					
d	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d					
е	Will 1	he minimum funding amount reported on line 12d be met by the funding deadline?	<u></u>			Yes		No	N	I/A
art	VII	Plan Terminations and Transfers of Assets								
		a resolution to terminate the plan been adopted during the plan year or any prior year?						X Yes	$\overline{\sqcap}$	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a					0
		-,								

Yes No

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

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

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

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

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

> Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Pa	irt i Annual Report	: Ide	ntification information							_	
For	calendar plan year 2010 or fi	iscal	plan year beginning	01/	01/20)10	and ending		12/31/2010		
A	This return/report is for:	X	single-employer plan	∏ mi	ultiple-er	nployer plan (r	ot multiemployer)		one-participant plan		
	his return/report is for:	П	first return/report	∏ fin	nal returr	/report					
_		Ħ	an amended return/report	∏ish	ort plan	vear return/ren	oort (less than 12 m	onths)			
~	Sheek hay if filing under	x	Form 5558	H	-	extension	`		DFVC program		
<u>.</u>	Check box if filing under:		special extension (enter descri	Ц	11011112110	OALCHO!O!!		'			
_		<u> </u>	<u> </u>						<u>.</u>		
		orma	ation—enter all requested info	ormatic	on			146	Three-digit		
	Name of plan HN Media & Market	inc	ı. Tne						plan number		
									(PN) 003		
	401-K Salary Savi	ngs	6 Plail						Effective date of plan		
									01/01/2007		
2a	Plan sponsor's name and ac	ddres	s (employer, if for single-emplo J , Inc.	yer pla	an)				Employer Identification Number	er	
	in reala a rainee		,, 1110.						(EIN) 52-2208562 Plan sponsor's telephone num	har	
	OUE W. 11 3		a					20	(212) 490-1300	1001	
	275 Madison Avenu	ıe,	Suite 2200					2d	Business code (see instruction	ıs)	
	New York						<u> 10016-1101</u>	 	517000		
	Plan administrator's name a Same	ind a	ddress (if same as Plan sponso	or, ente	er "Same	")		3b	Administrator's EIN		
	Banic							3c	Administrator's telephone num	ber	
			sponsor has changed since the			ort filed for thi	s plan, enter the	4b	EIN		
I	name, EIN, and the plan num	nber 1	from the last return/report. Spo	onsor's	name			4c	DN		
Fo	Total sumber of portion anto	· · ·	he beginning of the plan year		-		<u> </u>				
_	•		= = =								
b			ne end of the plan year					·· <u>5b</u>	<u> </u>		
С			account balances as of the en					5c		3	
62			ring the plan year invested in el					-	X Yes	No	
b			e annual examination and repor							•	
	under 29 CFR 2520.104-46	6? (Se	ee instructions on waiver eligibi	ility and	d conditie	ons.)	,,	,	X Yes	No	
			r 6a or 6b, the plan cannot us	e Forn	n 5500-S	SF and must i	nstead_use Form {	5500	 		
Pa	rt III Financial Infor	mat	uon	Т	1			-	# 1 / / / / / / / / / /		
7	Plan Assets and Liabilities					(a) Be	ginning of Year	<u> </u>	(b) End of Year	, 334	
					7a					, 334	
	•				7b			0		724	
c	· · · · · · · · · · · · · · · · · · ·		from line 7a)		7c		77,1	-54		, 334	
8	Income, Expenses, and Tra					(<u>a</u>) Amount		(b) Total		
а	Contributions received or re		able from:		8a(1)			0			
	• •			_	8a(2)		5,2	240			
	• •				8a(3)		· · ·	0	•		
b	• •				8b		9,2	89			
C			a(2), 8a(3), and 8b)		8c				14	,529	
d			llovers and insurance premium								
4			movero una modianto promani		8d		4,3	149			
е	Certain deemed and/or corr	rectiv	e distributions (see instructions	s)	8e			0	•		
f	Administrative service provi	iders	(salaries, fees, commissions)		8f			0	•		
g					8g		<u> </u>	0			
h			e, 8f, and 8g)		8h					,349	
_	•										
i	Net income (loss) (subtract	line	8h from line 8c)	,	8i	·				,180	

Form 5500-SF 2010	Page 2-

Pai	t IV	Plan Characteristics								
9a	If th	e plan provides pension benefits, enter the applicable pension feature	re codes from the L	ist of Plan Char	acteris	itic Co	des in t	he instructio	ns:	
_	If th	2E 2F 2G 2J 2T 3D e plan provides welfare benefits, enter the applicable welfare featur	e codes from the l	iet of Plan Chara	cterie	tic Cor	les in th	ne instruction	ns:	
D	11 111	e pian provides wellare benefits, enter the applicable wellare reator	e codes nom the E	ist of their office	0.01.0			_		
Pari	t V	Compliance Questions						<u>. </u>		
10		ring the plan year:	·			Yes	No	А	mount	
а	Wa	s there a failure to transmit to the plan any participant contributions							· · · · · · · · · · · · · · · · · · ·	
		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		Х			
b		re there any nonexempt transactions with any party-in-interest? (Do line 10a.)			10ь		х			
C		as the plan covered by a fidelity bond?			10c		х			
d	Dio	the plan have a loss, whether or not reimbursed by the plan's fidelit	ty bond, that was c	aused by fraud	10d		x			
е	We	dishonesty? ere any fees or commissions paid to any brokers, agents, or other pe urance service or other organization that provides some or all of the	ersons by an insura	nce carrier,	100					
	ins	tructions.)			10e		Х			
f	Ha	s 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 y	ear end.)		10g		х			
h		nis is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		х			
Ì		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i				· .	
Part	: VI	Pension Funding Compliance								
11	ls t	his a defined benefit plan subject to minimum funding requirements?	? (If "Yes," see inst	ructions and com	plete	Sched	ule SB	(Form	Yes X No	
12		(this a defined contribution plan subject to the minimum funding requ							☐ Yes X No	
12		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		7712 of the couc	. 01 30	,ction .	JOZ 01 E	21(10) (;	.	
а	lf a	waiver of the minimum funding standard for a prior year is being an	nortized in this plan	year, see instru	ctions	, and e	enter th	e date of the	e letter ruling	
	gra	nting the waiver		Mon	ıth		Day _.	Y	'ear	
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB				Г	12b			
b		er the minimum required contribution for this plan year					12c		<u> </u>	
C		er the amount contributed by the employer to the plan for this plan y otract the amount in line 12c from the amount in line 12b. Enter the r								
d		pative amount in line 126 from the amount in line 126. Enter the f				[12d		, <u>-</u>	
е	Wil	the minimum funding amount reported on line 12d be met by the fu	ınding deadline?			<u></u>		Yes	No N/A	
Part	t VII	Plan Terminations and Transfers of Assets	· · · · · · · · · · · · · · · · · · ·	-			_			
13a	Ha	s a resolution to terminate the plan been adopted during the plan ye	ar or any prior year						X Yes No	
		Yes," enter the amount of any plan assets that reverted to the emplo					13a			
b	of t	re all the plan assets distributed to participants or beneficiaries, tran					••••		Yes X No	
C		uring this plan year, any assets or liabilities were transferred from the ich assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify t	he pla	ın(s) to)			
	13c(I) Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)	
					1					
Cau	tion:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonat	ole ca	use Is	establ	ished.		
Und SB (er pe	nalties of perjury and other penalties set forth in the instructions, I d hedule MB completed and signed by an enrolled actuary, as well as s true, correct, and complete.	eclare that I have e	examined this ret	urn/re	port, i	ncluding	g, if applicat	ole, a Schedule nowledge and	
שכוול	<i>-</i> 1, IL I	Alala Sampleto.	14/1/11	Uolana Mai	mar				<u> </u>	
SIG							mina s	nlan admi-	nistrator	
HE	KE	Signature of plan administrator	Date	Enter name of i	na <u>ivia</u>	uai siç	µung_as	<u>ріап астіг</u>	113(14(0)	
SIG										
HERE Signature of employer/plan sponsor Date Enter name of					of individual signing as employer or plan sponsor					

Signature of employer/plan sponsor