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	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 5500	0-SF.			
		lentification Information						
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/2011		and ending 0	5/31/2	2011		
Α .	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
	This return/report is for:	first return/report	final retur	n/report				
_		an amended return/report		year return/report (less than 12 mor	nths)			
_			•	, , ,	11113)	□ pc/0		
C	Check box if filing under:	☐ Form 5558		extension		DFVC program		
		special extension (enter descriptio	n)					
Pa	rt II Basic Plan Inforn	nation—enter all requested informa	ation					
	Name of plan				1b	Three-digit		
HN N	IEDIA & MARKETING, INC. DE	FINED CONTRIBUTION PLAN				plan number 002		
					4.	(PN) •		
					10	Effective date of plan 01/01/2000		
22	Plan enoncor's name and addr	ess (employer, if for single-employer	nlan)		2h	Employer Identification Number		
	IEDIA & MARKETING, INC.	ess (employer, il for single-employer	piari)		20	(EIN) 52-2208562		
					2c	Plan sponsor's telephone number		
	MADISON AVENUE, SUITE 220 YORK, NY 10016-1101	00				212-490-1300		
INLVV	10KK, N1 10010-1101				2d	Business code (see instructions)		
	D		. "0	"	26	517000		
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") HN MEDIA & MARKETING, INC. 275 MADISON AVENUE, SUITE 2200			e") E, SUITE 2200	30	Administrator's EIN 52-2208562			
	NEW YORK, NY 10016-11			-1101	3c	Administrator's telephone number		
						212-490-1300		
	•	an sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
- 1	name, EIN, and the plan number from the last return/report. Sponsor's name			40	DNI			
				4c				
	5a Total number of participants at the beginning of the plan year				5a	10		
b	Total number of participants at	the end of the plan year			5b	0		
С		ith account balances as of the end of		•	E o	0		
	,				5c	Д □		
	· ·	luring the plan year invested in eligibl		` '		Yes No		
D		ne annual examination and report of a See instructions on waiver eligibility a				X Yes ☐ No		
	,	er 6a or 6b, the plan cannot use Fo		•				
Pa	rt III Financial Informa							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		7a	35061		0		
b	Total plan liabilities		7b	C)	0		
С		7b from line 7a)	7c	35061		0		
8	Income, Expenses, and Transf		,,,	(a) Amount		(b) Total		
а	Contributions received or recei			(a) Amount		(b) rotal		
_			8a(1)	0				
	(2) Participants		8a(2)	0)			
	(3) Others (including rollovers))		C)			
b	, ,		8b	205	5			
С	` '	8a(2), 8a(3), and 8b)	8c			205		
d		rollovers and insurance premiums						
_			8d	35266				
е		ive distributions (see instructions)	8e	0)			
f		rs (salaries, fees, commissions)	8f	C				
g			8g	C)			
h	·	Be, 8f, and 8g)				35266		
i		e 8h from line 8c)				-35061		
i		ee instructions)		C)			
			. 41					

Form 5500-SF 2010	Page 2-

		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onara	JIGI IƏLIGƏ

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2C 3D

D	ir the p	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Co	ies in i	ine instru	actions		
art	V	Compliance Questions							
0	During	g the plan year:		Yes	No		Amo	ount	
а		here a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported e 10a.)	10b		X				
С	Was	the plan covered by a fidelity bond?	10c		X				
d		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud honesty?	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.)								
f	Has th	ne plan failed to provide any benefit when due under the plan?	10f		X				
g	Did th	e plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h						
i		was answered "Yes," check the box if you either provided the required notice or one of the stions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance							
11	Is this	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com				•		Yes	× No
2		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					V	Yes	No
_		s," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	, 01 30	CHOIT	002 01	LICIOA		1 .00	□
а	If a wa	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ng the waiver							
lf ^v	-	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day			··	
b	Enter	the minimum required contribution for this plan year			12b				0
С	Enter	the amount contributed by the employer to the plan for this plan year		[12c				0
d	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ve amount)	of a		12d				0
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	X 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	s," 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 PBGC?			ntrol		X	Yes	☐ No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to					
1	3c(1) N	Name of plan(s):		13	c(2) EI	N(s)		13c(3)) PN(s)
Caut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
ВВ о	r Sched	ties of perjury and other penalties set forth in the instructions, I declare that I have examined this return, the transfer of the completed and signed by an enrolled actuary, as well as the electronic version of this return, ue, correct, and complete.							
	File	d with authorized/valid electronic signature. 12/29/2011 HELANE NAIMA	N						

SIGN	Filed with authorized/valid electronic signature.	12/29/2011	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

1210-0089

This Form is Open to Public Inspection

	art I		Identification Information					
For	calenda	ar plan year 2010 or fis	scal plan year beginning	01/01/2	011 and ending		05/31/201	1
A	This ret	urn/report is for:	X single-employer plan	multiple-e	mployer plan (not multiemploye	er)	one-participa	nt plan
В .	This ret	urn/report is for:	first return/report	X final retur	n/report			1
			an amended return/report	X short plan	year return/report (less than 1	2 months)		
C	Check h	oox if filing under:	Form 5558	automatic	extension		☐ DFVC progra	m
•	Officer	Jox II tilling under:	special extension (enter descrip	Ц				
Da	ırt II	Racic Plan Info	rmation—enter all requested info		 			
	Name		rmation—enter all requested tillo	IIIIauoii		1h	Three-digit	
			ing, Inc. Defined Cont	tributio	п	'-	plan number	
	Plan						(PN) >	002
						1c	Effective date of	
	D.					2h	01/01/2000	
2 a	2a Plan sponsor's name and address (employer, if for single-employed HN Media & Marketing, Inc.			er plan)		20	Employer Identif	
						2c	Plan sponsor's to	elephone number
	275 Madison Avenue, Suite 2200					<u> </u>	(212)490-1	
	3 7 3				NY 10016-1101		Business code (9	see instructions)
	New Telan a		id address (if same as Plan sponsor	enter "Same	_, , ,		Administrator's E	EIN
	Same		(Samo 20 : 12.1 2ponso.	, 5.1.5.	• •			
		•				3c	Administrator's t	elephone number
4 If the name and/or EIN of the plan sponsor has changed since the last re			last return/re	nort filed for this plan, enter the		EIN		
~	name, EIN, and the plan number from the last return/report. Sponsor's name			port med for this plan, enter the				
					PN			
5a	5a Total number of participants at the beginning of the plan year			<u>5a</u>		10		
b Total number of participants at the end of the plan year			<u>5b</u>		0			
C	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					0		
6-			during the plan year invested in eli					X Yes No
6a h			f the annual examination and report					
~	under	29 CFR 2520.104-463	? (See instructions on waiver eligibili	ty and conditi	ons.)			X Yes No
			ther 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use For	<u>m 5500.</u>	-	
Pa	rt III	Financial Inform	nation	· - · · · · · · · · · · · · · · · · · ·				
7		Assets and Liabilities		J ² 1, 1 1,	(a) Beginning of Year		(b) End	
				-	35	,061		0
b	_	olan liabilities		<mark> 7b </mark>		0		0
<u>C</u>			e 7b from line 7a)	7c	-	,061		0
8			sfers for this Plan Year	. 3%	(a) Amount		(b) T	otal
а		butions received or rec	ceivable from:	8a(1)		ol		
						0		
			rs)			0		
b				1		205		
c), 8a(2), 8a(3), and 8b)		a position of the second			205
d	Benef	its paid (including direc	ct rollovers and insurance premiums			266		
	•	•		1		,266	under Victoria	
е			ective distributions (see instructions)	1	<u> </u>	0		
f	Admin	istrative service provid	lers (salaries, fees, commissions)			<u> </u>	And the second	
g		•			<u> </u>	<u> </u>	· · ·	35 366
h		•	i, 8e, 8f, and 8g)					35,266
į		• • •	ine 8h from line 8c)					(35,061)
_ <u>j</u>			(see instructions)			0	<u> </u>	Form 5500-SF (2010)
EAR	Panerwo	ek Deduction Act Notice s	nd OMB Control Numbers, see the instru	CTIONS FOR FORM	つついい・ろと、			1 01111 0000-01 (4010)

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Part IV	Plan	Charact	terietice
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HERE

Signature of employer/plan sponsor

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

2C 3D

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

	The plant provides we have believed, enter the applicable we have leader to the time and						
Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period			х			
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program Were there any nonexempt transactions with any party-in-interest? (Do not include transactions)						
U	on line 10a.)			X			
C	Was the plan covered by a fidelity bond?	10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was ca or dishonesty?			x			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurar insurance service or other organization that provides some or all of the benefits under the instructions.)	plan? (See		х			
f	Has the plan failed to provide any benefit when due under the plan?	10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х			
_	If this is an individual account plan, was there a blackout period? (See instructions and 29	CFR					
i	2520.101-3.)	of the			1.5	<u>:</u> :	. :
art	***************************************	101	l I				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instru		Sched	ule SE	G (Form		
	5500))					, Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section	412 of the Code or se	ction 3	02 of	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 granting the waiver.	year, see instructions, Month	and e	nter th	ne date of	f the letter ru Year	ıling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and			Ju			
	Enter the minimum required contribution for this plan year		Г	12b			0
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus	s sign to the left of a		12d			
	negative amount)					Пла	0 X N/A
	Will the minimum funding amount reported on line 12d be met by the funding deadline?	········ <u>···</u>			Yes	No_	A IVA
	VII Plan Terminations and Transfers of Assets						<u> </u>
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year	?			1	X Yes	
· 	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 post the PBGC?					X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another p which assets or liabilities were transferred. (See instructions.)	lan(s), identify the pla	n(s) to				
1	13c(1) Name of plan(s):		130	(2) E	IN(s)	13c(3) PN(s)
	tion: A penalty for the late or incomplete filling of this return/report will be assessed u	niess reasonable cai	ıse is ı	estab	lished	<u> </u>	
Uadi	er penalties of perjury and other penalties set forth in the instructions, I declare that I have ex	camined this return/re	port. in	cludin	g, if appl	icable, a Sch	nedule
SB o	or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version, it is true, correct, and complete.	on of this return/repor	t, and t	o the	best of m	y knowledge	e and
SIG	1000 F 1/1 100 10 10 10 10 10 10 10 10 10 10 10 1	Helane Naiman					
HER		Enter name of individ	ual sigi	ning a	s plan ad	ministrator	
610							
SIG	N		_				·

Date

Enter name of individual signing as employer or plan sponsor