	Form 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan				OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Emplo				2011		
	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60				a) of		s Open to Public	
	nployee Benefits Security Administration ension Benefit Guaranty Corporation	( )			pection			
Pension Benetit Guaranty Corporation     Complete all entries in accordance with the instructions to the Form 5500-SF.     Part I Annual Report Identification Information								
	calendar plan year 2011 or fisca		1	and ending 12	/31/2	2011		
Α.	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
	This return/report is:	the first return/report	the final r	eturn/report				
	, i l	an amended return/report	a short pla	n year return/report (less than 12 mor	nths)			
С	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m	
		special extension (enter descriptio	n)					
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation					
	Name of plan				1b	Three-digit		
MG&	G ADVERTISING, INC. PROFIT	SHARING PLAN				plan number (PN) ▶	001	
				_	1c	Effective date of		
						12/01/		
2a MG 8	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 13-36		
55 W	EST 14TH STREET APT. 14F				2c	Sponsor's telept 646-638		
NEW	YORK, NY 10011				2d	Business code ( 81299	,	
	Plan administrator's name and RIE BROCHARD	address (if same as plan sponsor, er 55 WEST 14T	TH STREE	T APT. 14F			28538	
		NEW YORK,			3c	<b>c</b> Administrator's telephone number		
4	If the name and/or EIN of the p	lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN		
_	name, EIN, and the plan numb							
	Sponsor's name	the beginning of the plan year			4c -	PN	2	
-		the end of the plan year			<u>5a</u>		2	
c		count balances as of the end of the p			5b		۷	
			• •		5c		2	
				(See instructions.)			X Yes No	
b				ident qualified public accountant (IQP/ ons.)			X Yes No	
	If you answered "No" to eith	er 6a or 6b, the plan cannot use Fo		SF and must instead use Form 5500				
Pa	rt III Financial Informa	ation		I	<b>1</b>			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End		
a				284135			267363	
b				284135	-		267363	
<u> </u>	Income, Expenses, and Transf	'b from line 7a)	7c		-	(h) T		
a	Contributions received or recei			(a) Amount		(b) T	otai	
			8a(1)		1			
	(2) Participants		8a(2)		4			
	(3) Others (including rollovers)		8a(3)		-			
b			8b	-16772			-16772	
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c		-		-10772	
u		oliovers and insurance premiums	8d					
е	Certain deemed and/or correct	ive distributions (see instructions)	8e					
f	Administrative service provider	s (salaries, fees, commissions)	8f					
g	Other expenses		8g					
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h		_			
i		8h from line 8c)					-16772	
J	\	ee instructions)	8j					

Page **2** - 1

## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:	_	Yes	No		Amount	
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)			Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
С	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 caused by fraud or dishonesty?	10d		Х			
е				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			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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					
Part	VI Pension Funding Compliance				·		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500)).					Yes	No
12 а	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	ctions,	and e	enter th	ne date of th		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г		1		
b	Enter the minimum required contribution for this plan year			12b	<u> </u>		
C	Enter the amount contributed by the employer to the plan for this plan year			12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						<u> </u>	<u> </u>
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			1	Yes X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to				
1	3c(1) Name of plan(s):		13	c <b>(2)</b> El	N(s)	13c(3)	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.		
Unde	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return	urn/rep	oort, in	cludin	g, if applica		

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.	06/21/2012	VALERIE BROCHARD
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-S Department of the Treasu Internal Revenue Service	iry	Short Form Annu	al Return/Report of Sr Benefit Plan	nall	Employee		OMB Nos. 1210 - 0110 1210 - 0089
Department of Labor Employee Benefits Security Adm		This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of				2011	
Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.				This Fo	orm is Open to Publi Inspection		
Part Annual F	lonort l	dentification Informati			1 0111 0500-01 .		
For calendar plan year 20			and ending				
A This return/report is for			a multiple-employer plan (not		mplover)	] a one-	participant plan
<b>B</b> This return/report is:	". <u>**</u>	the first return/report	the final return/report	mano			participant plan
		an amended return/report	a short plan year return/repor	t (less ·	than 12 months)		
C Check box if filing und	ler:	Form 5558	automatic extension	`	ŕ	DFVC	program
•		special extension (enter des	cription)			3	
Part II Basic Pla	an Infor	mation—enter all requeste	d information				
1a Name of plan						1b	Three-digit plan
MG&G ADVERT	ISING,	INC. PROFIT SHAR	ING PLAN				number (PN) 🕨 001
						1c	Effective date cf pla
					· · ·		12/01/1993
•			umber (employer, if for a single-em	ployer p	olan)	2b	Employer Identification No.
MG & G ADVER	FISING	, INC					(EIN) <b>13-36285</b>
		T APT. 14F				2c	Sponsor's telephone numbe
55 WEST 14TH NEW YORK	STREE	NY 10011				2d	Business code (see instr.)
NEW TORK		NT TOOTT				20	Dusiness code (see instr.)
							812990
3a Plan administrator's	name an	d address (if same as plan sp					
			oonsor, enter "Same")			3b	Administrator's EIN
VALERIE BROCH			oonsor, enter "Same")			36	Administrator's EIN
VALERIE BROCH			oonsor, enter "Same")		a Anna Anna Anna Anna Anna Anna Anna Ann	36	13-3628538
VALERIE BROCH	IARD		oonsor, enter "Same")			3b 3c	
	IARD		oonsor, enter "Same")				13-3628538
55 WEST 14TH	IARD	T APT. 14F	oonsor, enter "Same")				13-3628538 Administrator's
55 WEST 14TH NEW YORK	IARD STREE	T APT. 14F NY 10011				3c	13-3628538 Administrator's telephone number
55 WEST 14TH NEW YORK 4 If the name and/or EIN	HARD STREE	T APT. 14F NY 10011 sponsor has changed since the la	ponsor, enter "Same") Ist return/report filed for this plan, enter th	e name,	EIN,	3c 4b	<b>13-3628538</b> Administrator's telephone number EIN
55 WEST 14TH NEW YORK 4 If the name and/or EIN and the plan number fr	HARD STREE of the plan om the last	T APT. 14F NY 10011 sponsor has changed since the la return/report. a Sponsor's name	ist return/report filed for this plan, enter th	e name,	EIN,	3c 4b 4c	13-3628538 Administrator's telephone number
55 WEST 14TH NEW YORK 4 If the name and/or EIN and the plan number fr 5a Total number of par	IARD STREE of the plan om the last ticipants	T APT. 14F NY 10011 sponsor has changed since the la return/report. a Sponsor's name at the beginning of the plan ye	ist return/report filed for this plan, enter th		·····	3c 4b 4c 5a	<b>13-3628538</b> Administrator's telephone number EIN
55 WEST 14TH NEW YORK 4 If the name and/or EIN and the plan number fr 5a Total number of par b Total number of par	IARD STREE of the plan om the last ticipants	T APT. 14F NY 10011 sponsor has changed since the la return/report. a Sponsor's name at the beginning of the plan year	st return/report filed for this plan, enter th			3c 4b 4c 5a 5b	<b>13-3628538</b> Administrator's telephone number EIN
55 WEST 14TH         NEW YORK         4       If the name and/or EIN and the plan number fr         5a       Total number of part         b       Total number of part         c       Number of participants	IARD STREE of the plan om the last ticipants ticipants with accou	T APT. 14F NY 10011 sponsor has changed since the la return/report. a Sponsor's name at the beginning of the plan year at the end of the plan year int balances as of the end of the pl	ist return/report filed for this plan, enter th ear an year (defined benefit plans do not corr	plete th	is item)	3c 4b 4c 5a 5b 5c	13-3628538 Administrator's telephone number EIN PN
55 WEST 14TH NEW YORK 4 If the name and/or EIN and the plan number fr 5a Total number of par b Total number of participants 6a Were all of the plan	IARD STREE of the plan om the last ticipants ticipants with accou 's assets	T APT. 14F NY 10011 sponsor has changed since the la return/report. a Sponsor's name at the beginning of the plan year at the end of the plan year int balances as of the end of the pl during the plan year invested	ist return/report filed for this plan, enter th ear an year (defined benefit plans do not com in eligible assets? (See instructions	nplete th	is item)	3c 4b 4c 5a 5b 5c	13-3628538 Administrator's telephone number EIN PN
<ul> <li>55 WEST 14TH NEW YORK</li> <li>4 If the name and/or EIN and the plan number fr</li> <li>5a Total number of participants</li> <li>5a Total number of participants</li> <li>6a Were all of the plan</li> <li>b Are you claiming a version</li> </ul>	IARD STREE of the plan om the last ticipants ticipants with accou 's assets waiver of	T APT. 14F NY 10011 sponsor has changed since the la return/report a Sponsor's name at the beginning of the plan year at the end of the plan year int balances as of the end of the pl during the plan year invested the annual examination and re	ist return/report filed for this plan, enter th ear an year (defined benefit plans do not com in eligible assets? (See instructions eport of an independent qualified pu	nplete th	is item) countant (IQPA)	3c 4b 4c 5a 5b 5c	13-3628538         Administrator's         telephone number         EIN         PN
<ul> <li>55 WEST 14TH NEW YORK</li> <li>4 If the name and/or EIN and the plan number fr</li> <li>5a Total number of participants</li> <li>5a Number of participants</li> <li>6a Were all of the plan</li> <li>b Are you claiming a vunder 29 CFR 2520</li> </ul>	IARD STREE of the plan om the last ticipants with accou 's assets waiver of .104-46?	T APT. 14F NY 10011 sponsor has changed since the la return/report. a Sponsor's name at the beginning of the plan year at the end of the plan year int balances as of the end of the pl during the plan year invested the annual examination and re (See instructions on waiver el	ist return/report filed for this plan, enter th ear <u>an year (defined benefit plans do not corr</u> in eligible assets? (See instructions eport of an independent qualified pu ligibility and conditions.)	nplete th .) blic ac	is item) countant (IQPA)	3c 4b 4c 5a 5b 5c	13-3628538         Administrator's         telephone number         EIN         PN
<ul> <li>55 WEST 14TH NEW YORK</li> <li>4 If the name and/or EIN and the plan number fr</li> <li>5a Total number of participants</li> <li>5a Total number of participants</li> <li>6a Were all of the plan</li> <li>b Are you claiming a vunder 29 CFR 2520</li> <li>If you answered "N</li> </ul>	IARD STREE of the plan om the last ticipants with accou 's assets waiver of .104-46? lo'' to eit	T APT. 14F NY 10011 sponsor has changed since the lat return/report. a Sponsor's name at the beginning of the plan year at the end of the plan year int balances as of the end of the pl during the plan year invested the annual examination and re (See instructions on waiver en her 6a or 6b, the plan canno	ist return/report filed for this plan, enter th ear an year (defined benefit plans do not com in eligible assets? (See instructions eport of an independent qualified pu	nplete th .) blic ac	is item) countant (IQPA)	3c 4b 4c 5a 5b 5c	13-3628538         Administrator's         telephone number         EIN         PN
55 WEST 14TH         NEW YORK         4       If the name and/or EIN and the plan number fr         5a       Total number of part         b       Total number of participants         6a       Were all of the plan         b       Are you claiming a vunder 29 CFR 2520         or fyou answered "N         Part III       Financia	of the plan of the plan om the last ticipants with accou 's assets waiver of .104-46? lo'' to eit Inform	T APT. 14F NY 10011 sponsor has changed since the lat return/report. a Sponsor's name at the beginning of the plan year at the end of the plan year int balances as of the end of the pl during the plan year invested the annual examination and re (See instructions on waiver en her 6a or 6b, the plan canno	ist return/report filed for this plan, enter th ear <u>an year (defined benefit plans do not corr</u> in eligible assets? (See instructions eport of an independent qualified pu ligibility and conditions.)	nplete th .) blic ac	is item) countant (IQPA)	3c 4b 4c 5a 5b 5c	13-3628538         Administrator's         telephone number         EIN         PN
55 WEST 14TH         NEW YORK         4       If the name and/or EIN and the plan number fr         5a       Total number of part         5a       Total number of part         5a       Total number of part         5a       Were all of the plan         b       Are you claiming a vunder 29 CFR 2520         If you answered "N         Part III       Financia         7       Plan Assets and Lia	of the plan om the last ticipants a ticipants a with accou 's assets waiver of .104-46? lo" to eit Inform ubilities	T APT. 14F NY 10011 sponsor has changed since the lat return/report. a Sponsor's name at the beginning of the plan year at the end of the plan year int balances as of the end of the pl during the plan year invested the annual examination and re (See instructions on waiver en her 6a or 6b, the plan canno nation	ast return/report filed for this plan, enter th ear <u>an year (defined benefit plans do not com</u> in eligible assets? (See instructions eport of an independent qualified pu ligibility and conditions.) ot use Form 5500-SF and must ins	nplete th .) blic ac	is item) countant (IQPA) ise Form 5500. (a) Beginning (	3c 4b 4c 5a 5b 5c	13-3628538         Administrator's         telephone number         EIN         PN
55 WEST 14TH         NEW YORK         4       If the name and/or EIN and the plan number fr         5a       Total number of part         b       Total number of part         c       Number of participants         6a       Were all of the plan         b       Are you claiming a vunder 29 CFR 2520         If you answered "N         Part III       Financia         7       Plan Assets and Lia         a       Total plan assets	of the plan om the last ticipants a ticipants a with accou 's assets waiver of .104-46? lo'' to eit Inform abilities	T APT. 14F NY 10011 sponsor has changed since the la return/report a Sponsor's name at the beginning of the plan yea at the end of the plan year int balances as of the end of the pl during the plan year invested the annual examination and re (See instructions on waiver en her 6a or 6b, the plan canno nation	est return/report filed for this plan, enter th ear an year (defined benefit plans do not com in eligible assets? (See instructions eport of an independent qualified pu ligibility and conditions.) ot use Form 5500-SF and must ins	iplete th .) blic act stead u	is item) countant (IQPA) ise Form 5500. (a) Beginning (	4b 4c 5a 5b 5c	13-3628538         Administrator's         telephone number         EIN         PN         X         Yes         X         Yes         N         (b) End of Year         26736
55 WEST 14TH         NEW YORK         4       If the name and/or EIN and the plan number fr         5a       Total number of part         b       Total number of part         c       Number of participants         6a       Were all of the plan         b       Are you claiming a vunder 29 CFR 2520         If you answered "N         Part III       Financia         7       Plan Assets and Lia         a       Total plan assets	of the plan om the last ticipants a with accou 's assets vaiver of .104-46? lo'' to eit Inform abilities	T APT. 14F NY 10011 sponsor has changed since the la return/report. a Sponsor's name at the beginning of the plan yea at the end of the plan year int balances as of the end of the pl during the plan year invested the annual examination and re (See instructions on waiver ef her 6a or 6b, the plan cannon nation	ast return/report filed for this plan, enter th ear <u>an year (defined benefit plans do not com</u> in eligible assets? (See instructions eport of an independent qualified pu ligibility and conditions.) ot use Form 5500-SF and must ins	plete th blic action stead u	is item) countant (IQPA) ise Form 5500. (a) Beginning of 28	4b 4c 5a 5b 5c	13-3628538         Administrator's         telephone number         EIN         PN         X         Yes         X         Yes         N         (b) End of Year
<ul> <li>55 WEST 14TH NEW YORK</li> <li>4 If the name and/or EIN and the plan number fr</li> <li>5a Total number of participants</li> <li>5a Total number of participants</li> <li>6a Were all of the plan</li> <li>b Are you claiming a v under 29 CFR 25200</li> <li>If you answered "N</li> <li>Part III Financia</li> <li>7 Plan Assets and Lia a Total plan liabilities</li> <li>c Net plan assets (su</li> </ul>	IARD STREE of the plan om the last ticipants a ticipants a with accou 's assets waiver of .104-46? <u>Io'' to eit</u> Inform abilities	T APT. 14F NY 10011 sponsor has changed since the la return/report. a Sponsor's name at the beginning of the plan yea at the end of the plan year int balances as of the end of the pl during the plan year invested the annual examination and re (See instructions on waiver ef her 6a or 6b, the plan cannon nation	ist return/report filed for this plan, enter th ear an year (defined benefit plans do not com in eligible assets? (See instructions eport of an independent qualified pu ligibility and conditions.) of use Form 5500-SF and must ins	plete th blic action stead u 7a 7b	is item) countant (IQPA) ise Form 5500. (a) Beginning of 28	3c 4b 4c 5a 5b 5c 5c 34135	13-3628538         Administrator's         telephone number         EIN         PN         X         Yes         X         Yes         N         (b) End of Year         26736
<ul> <li>55 WEST 14TH NEW YORK</li> <li>4 If the name and/or EIN and the plan number fr</li> <li>5a Total number of participants</li> <li>5a Total number of participants</li> <li>6a Were all of the plan</li> <li>b Are you claiming a v under 29 CFR 25200</li> <li>If you answered "N</li> <li>Part III Financia</li> <li>7 Plan Assets and Lia a Total plan liabilities</li> <li>c Net plan assets (su</li> </ul>	IARD STREE of the plan om the last ticipants a ticipants a with accou 's assets waiver of .104-46? to eit Inform abilities	T APT. 14F NY 10011 sponsor has changed since the later return/report. a Sponsor's name at the beginning of the plan year at the end of the plan year int balances as of the end of the pl during the plan year invested the annual examination and re- (See instructions on waiver effect her 6a or 6b, the plan cannon hation	ist return/report filed for this plan, enter th ear an year (defined benefit plans do not com in eligible assets? (See instructions eport of an independent qualified pu ligibility and conditions.) of use Form 5500-SF and must ins	plete th blic action stead u 7a 7b	is item) countant (IQPA) ise Form 5500. (a) Beginning ( 28	3c 4b 4c 5a 5b 5c 5c 34135	13-3628538         Administrator's         telephone number         EIN         PN
<ul> <li>55 WEST 14TH NEW YORK</li> <li>4 If the name and/or EIN and the plan number fr</li> <li>5a Total number of part</li> <li>b Total number of participants</li> <li>6a Were all of the plan</li> <li>b Are you claiming a value of the plan</li> <li>b Are you claiming a value of the plan</li> <li>b Are you claiming a value of the plan</li> <li>b Are you claiming a value of the plan</li> <li>b Are you claiming a value of the plan</li> <li>c Number of participants</li> <li>6a Were all of the plan</li> <li>b Are you claiming a value of the plan</li> <li>b Are you claiming a value of the plan</li> <li>b Are you claiming a value of the plan</li> <li>c Net plan Assets and Lia</li> <li>a Total plan liabilities</li> <li>c Net plan assets (su</li> <li>8 Income, Expenses,</li> <li>a Contributions receivable</li> </ul>	ARD STREE of the plan om the last ticipants a ticipants a with accou 's assets waiver of .104-46? lo'' to eit Inform bilities btract line and Tran red or rec	T APT. 14F NY 10011 sponsor has changed since the lat return/report. a Sponsor's name at the beginning of the plan yea at the end of the plan year int balances as of the end of the pl during the plan year invested the annual examination and re (See instructions on waiver either 6a or 6b, the plan cannon nation	ist return/report filed for this plan, enter th ear an year (defined benefit plans do not com in eligible assets? (See instructions eport of an independent qualified pu ligibility and conditions.) of use Form 5500-SF and must ins	stead u 7a 7b 7c 8a(1)	is item) countant (IQPA) ise Form 5500. (a) Beginning ( 28 28 (a) Amoun	3c 4b 4c 5a 5b 5c 5c 34135 84135 nt	13-3628538         Administrator's         telephone number         EIN         PN
<ul> <li>55 WEST 14TH NEW YORK</li> <li>4 If the name and/or EIN and the plan number fr</li> <li>5a Total number of part</li> <li>b Total number of participants</li> <li>6a Were all of the plan</li> <li>b Are you claiming a vander 29 CFR 2520</li> <li>If you answered "N</li> <li>Part III Financia</li> <li>7 Plan Assets and Lia</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (su</li> <li>8 Income, Expenses,</li> <li>a Contributions receiv (1) Employers</li> <li>(2) Participants</li> </ul>	IARD STREE of the plan om the last ticipants a ticipants a with accou 's assets waiver of .104-46? Io'' to eit Inform abilities <u>btract line</u> and Tran	T APT. 14F NY 10011 sponsor has changed since the lat return/report. a Sponsor's name at the beginning of the plan year int balances as of the end of the pl during the plan year invested the annual examination and re (See instructions on waiver et her 6a or 6b, the plan canno nation	ast return/report filed for this plan, enter th ear <u>an year (defined benefit plans do not com</u> in eligible assets? (See instructions eport of an independent qualified pu ligibility and conditions.) ot use Form 5500-SF and must ins	plete th .) blic ac stead u 7a 7b 7c 8a(1) 8a(2)	is item) countant (IQPA) ise Form 5500. (a) Beginning ( 28 28 (a) Amoun	3c 4b 4c 5a 5b 5c 5c 34135	13-3628538         Administrator's         telephone number         EIN         PN
55 WEST 14TH         NEW YORK         4       If the name and/or EIN and the plan number fr         5a       Total number of part         b       Total number of part         b       Total number of participants         6a       Were all of the plan         b       Are you claiming a vunder 29 CFR 2520         If you answered "N         Part III       Financia         7       Plan Assets and Lia         a       Total plan assets         b       Total plan assets (su         8       Income, Expenses,         a       Contributions receive         (1)       Employers         (2)       Participants         (3)       Others (including	ARD STREE of the plan om the last ticipants a with accou 's assets waiver of .104-46? lo'' to eit Inform abilities btract line and Tran red or rec	T APT. 14F NY 10011 sponsor has changed since the la return/report. a Sponsor's name at the beginning of the plan yea at the end of the plan year int balances as of the end of the pl during the plan year invested the annual examination and re (See instructions on waiver et her 6a or 6b, the plan cannon nation	est return/report filed for this plan, enter th ear an year (defined benefit plans do not com in eligible assets? (See instructions eport of an independent qualified pu ligibility and conditions.) of use Form 5500-SF and must ins	plete th ) blic ac stead u 7a 7b 7c 8a(1) 8a(2) 8a(3)	is item) countant (IQPA) ise Form 5500. (a) Beginning of 28 28 (a) Amoun	3c 4b 4c 5a 5b 5c 34135 nt 0	13-3628538         Administrator's         telephone number         EIN         PN
55 WEST 14TH         NEW YORK         4       If the name and/or EIN and the plan number fr         5a       Total number of part         b       Total number of part         b       Total number of participants         6a       Were all of the plan         b       Are you claiming a vunder 29 CFR 2520         If you answered "N         Part III       Financia         7       Plan Assets and Lia         a       Total plan assets         b       Total plan assets (su         8       Income, Expenses,         a       Contributions receive         (1)       Employers         (2)       Participants         (3)       Others (including         b       Other income (loss)	ARD STREE of the plan om the last ticipants a ticipants a with accou 's assets waiver of .104-46? lo'' to eit Inform tbilities btract line and Tran red or rec rollovers)	T APT. 14F NY 10011 sponsor has changed since the la return/report. a Sponsor's name at the beginning of the plan yea at the end of the plan year int balances as of the end of the pl during the plan year invested the annual examination and re (See instructions on waiver et her 6a or 6b, the plan cannon nation	est return/report filed for this plan, enter th ear an year (defined benefit plans do not com in eligible assets? (See instructions eport of an independent qualified pu ligibility and conditions.) of use Form 5500-SF and must ins	rplete th ) blic act stead u 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	is item) countant (IQPA) ise Form 5500. (a) Beginning of 28 28 (a) Amoun	3c 4b 4c 5a 5b 5c 5c 34135 84135 nt	13-3628538         Administrator's         telephone number         EIN         PN
<ul> <li>55 WEST 14TH NEW YORK</li> <li>4 If the name and/or EIN and the plan number fr</li> <li>5a Total number of participants</li> <li>6a Were all of the plan</li> <li>b Are you claiming a value of the plan</li> <li>b Are you claiming a value of the plan</li> <li>b Are you claiming a value of the plan</li> <li>b Are you claiming a value of the plan</li> <li>b Are you claiming a value of the plan</li> <li>b Are you claiming a value of the plan</li> <li>b Are you claiming a value of the plan</li> <li>c Net plan Assets and Lia</li> <li>a Total plan liabilities</li> <li>c Net plan assets (su</li> <li>8 Income, Expenses,</li> <li>a Contributions receivants</li> <li>(1) Employers</li> <li>(2) Participants</li> <li>(3) Others (including</li> <li>b Other income (loss)</li> <li>c Total income (add lite)</li> </ul>	IARD STREE of the plan om the last ticipants a ticipants a with accou 's assets waiver of .104-46? lo" to eit Inform abilities btract line and Tran red or rec rollovers)	T APT. 14F NY 10011 sponsor has changed since the later the beginning of the plan year at the beginning of the plan year at the end of the plan year int balances as of the end of the pl during the plan year invested the annual examination and reactions on waiver end her 6a or 6b, the plan cannot nation	ist return/report filed for this plan, enter th ear an year (defined benefit plans do not com in eligible assets? (See instructions eport of an independent qualified pu ligibility and conditions.) of use Form 5500-SF and must ins	nplete th .) blic act stead u 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	is item) countant (IQPA) ise Form 5500. (a) Beginning of 28 28 (a) Amoun	3c 4b 4c 5a 5b 5c 34135 nt 0	13-3628538         Administrator's         telephone number         EIN         PN
<ul> <li>55 WEST 14TH NEW YORK</li> <li>4 If the name and/or EIN and the plan number fr</li> <li>5a Total number of part</li> <li>b Total number of participants</li> <li>6a Were all of the plan</li> <li>b Are you claiming a vander 29 CFR 25200</li> <li>If you answered "N</li> <li>Part III Financia</li> <li>7 Plan Assets and Lia</li> <li>a Total plan liabilities</li> <li>c Net plan assets (su</li> <li>8 Income, Expenses,</li> <li>a Contributions receivant</li> <li>(2) Participants</li> <li>(3) Others (including</li> <li>b Other income (loss)</li> <li>c Total income (add lid</li> <li>b Benefits paid (including</li> </ul>	IARD STREE of the plan om the last ticipants a ticipants a with accou 's assets waiver of .104-46? lo'' to eit Inform bilities btract line and Tran red or rec rollovers) ines 8a(1) ding direc	T APT. 14F         NY 10011         sponsor has changed since the lat         return/report. a Sponsor's name         at the beginning of the plan year         at the end of the plan year         int balances as of the end of the pl         during the plan year invested         the annual examination and red         (See instructions on waiver either 6a or 6b, the plan cannon the factor of b, the plan cannot th	ist return/report filed for this plan, enter th ear an year (defined benefit plans do not com in eligible assets? (See instructions eport of an independent qualified put ligibility and conditions.) ot use Form 5500-SF and must ins	nplete th .) blic act stead u 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	is item) countant (IQPA) ise Form 5500. (a) Beginning of 28 28 (a) Amoun	3c 4b 4c 5a 5b 5c 34135 nt 0	13-3628538         Administrator's         telephone number         EIN         PN
<ul> <li>55 WEST 14TH NEW YORK</li> <li>4 If the name and/or EIN and the plan number fr</li> <li>5a Total number of participants</li> <li>6a Were all of the plan</li> <li>b Are you claiming a vunder 29 CFR 2520 If you answered "N</li> <li>Part III Financia</li> <li>7 Plan Assets and Lia</li> <li>a Total plan liabilities</li> <li>c Net plan assets (su</li> <li>8 Income, Expenses,</li> <li>a Contributions receiver</li> <li>(1) Employers</li> <li>(2) Participants</li> <li>(3) Others (including</li> <li>b Other income (loss)</li> <li>c Total income (add lid</li> <li>d Benefits paid (including</li> </ul>	ARD STREE of the plan om the last ticipants a ticipants a with accou 's assets waiver of .104-46? lo" to eit Inform bilities btract line and Tran red or rec rollovers) ines 8a(1) ding direc d/or corre	T APT. 14F         NY 10011         a sponsor has changed since the later the resurre of the plan year interport. a Sponsor's name at the beginning of the plan year interport. The plan year interport at the end of the plan year interport at the end of the plan year invested the annual examination and resurre interport. See instructions on waiver either 6a or 6b, the plan cannot for the plan year eivable from:         a 7b from line 7a)         sfers for this Plan Year         eivable from:         b, 8a(2), 8a(3), and 8b)         t rollovers and insurance predictive distributions (see instructions insurance predictive distributions (see instructions)	ast return/report filed for this plan, enter th ear <u>an year (defined benefit plans do not corr</u> in eligible assets? (See instructions eport of an independent qualified put ligibility and conditions.) ot use Form 5500-SF and must ins <u>bt use Form 5500-SF and must ins</u>	nplete th .) blic act stead u 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	is item) countant (IQPA) ise Form 5500. (a) Beginning of 28 28 (a) Amoun	3c 4b 4c 5a 5b 5c 34135 nt 0	13-3628538         Administrator's         telephone number         EIN         PN
55 WEST 14TH         NEW YORK         4       If the name and/or EIN and the plan number fr         5a       Total number of part         b       Total number of participants         6a       Were all of the plan         b       Are you claiming a vunder 29 CFR 2520         If you answered "N         Part III       Financia         7       Plan Assets and Lia         a       Total plan assets         b       Total plan assets (su         8       Income, Expenses,         a       Contributions received (1)         Employers       (2)         (3)       Others (including         b       Other income (loss)         c       Total income (add lid         d       Benefits paid (include         e       Certain deemed and         f       Administrative servition	ARD STREE of the plan om the last ticipants a ticipants a with accou 's assets waiver of .104-46? lo'' to eit Inform bilities btract line and Tran red or rec rollovers) ines 8a(1) ding direc d/or corre ce provid	T APT. 14F NY 10011 sponsor has changed since the later the beginning of the plan year at the beginning of the plan year at the end of the plan year int balances as of the end of the pl during the plan year invested the annual examination and re (See instructions on waiver ether 6a or 6b, the plan cannon hation a 7b from line 7a) sfers for this Plan Year eivable from: ), 8a(2), 8a(3), and 8b) t rollovers and insurance prenot ctive distributions (see instruct ers (salaries, fees, commission	est return/report filed for this plan, enter th ear <u>an year (defined benefit plans do not com</u> in eligible assets? (See instructions eport of an independent qualified pu ligibility and conditions.) ot use Form 5500-SF and must ins ot use Form 5500-SF and must ins stions)	plete th .) stead u 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8e 8f	is item) countant (IQPA) ise Form 5500. (a) Beginning of 28 28 (a) Amoun	3c 4b 4c 5a 5b 5c 5c 34135 at 34135 nt 0 16772	13-3628538         Administrator's         telephone number         EIN         PN
<ul> <li>55 WEST 14TH NEW YORK</li> <li>4 If the name and/or EIN and the plan number fr</li> <li>5a Total number of part</li> <li>b Total number of participants</li> <li>6a Were all of the plan</li> <li>b Are you claiming a van der 29 CFR 2520</li> <li>If you answered "N</li> <li>Part III Financia</li> <li>7 Plan Assets and Lia</li> <li>a Total plan assets b</li> <li>b Total plan liabilities</li> <li>c Net plan assets (su</li> <li>8 Income, Expenses,</li> <li>a Contributions received</li> <li>(1) Employers</li> <li>(2) Participants</li> <li>(3) Others (including</li> <li>b Other income (loss)</li> <li>c Total income (add lid</li> <li>b Benefits paid (include</li> <li>e Certain deemed and</li> <li>f Administrative serving</li> <li>other expenses</li> </ul>	ARD STREE of the plan om the last ticipants a ticipants a with accou 's assets waiver of .104-46? lo" to eit Inform bilities btract line and Tran red or rec rollovers) nes 8a(1) ding direc d/or corre ce provid	T APT. 14F NY 10011 sponsor has changed since the lat return/report. a Sponsor's name at the beginning of the plan year int balances as of the end of the pl during the plan year invested the annual examination and re (See instructions on waiver et her 6a or 6b, the plan cannon hation a 7b from line 7a) sfers for this Plan Year eivable from: ), 8a(2), 8a(3), and 8b) t rollovers and insurance pren ctive distributions (see instruc- ers (salaries, fees, commission	est return/report filed for this plan, enter th ear <u>an year (defined benefit plans do not corr</u> in eligible assets? (See instructions eport of an independent qualified pu ligibility and conditions.) ot use Form 5500-SF and must ins ot use Form 5500-SF and must ins stions)	plete th .) blic ac <b>5tead u</b> <b>7a</b> <b>7b</b> <b>7c</b> <b>8a(1)</b> <b>8a(2)</b> <b>8a(3)</b> <b>8b</b> <b>8c</b> <b>8d</b> <b>8c</b> <b>8d</b> <b>8c</b> <b>8d</b> <b>8c</b>	is item) countant (IQPA) ise Form 5500. (a) Beginning of 28 28 (a) Amoun	3c 4b 4c 5a 5b 5c 34135 nt 0	13-3628538         Administrator's         telephone number         EIN         PN
<ul> <li>55 WEST 14TH NEW YORK</li> <li>4 If the name and/or EIN and the plan number fr</li> <li>5a Total number of part</li> <li>b Total number of participants</li> <li>6a Were all of the plan</li> <li>b Are you claiming a vunder 29 CFR 2520 If you answered "N</li> <li>Part III Financia</li> <li>7 Plan Assets and Lia</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (su</li> <li>8 Income, Expenses,</li> <li>a Contributions receive (1) Employers</li> <li>(2) Participants</li> <li>(3) Others (including</li> <li>b Other income (loss)</li> <li>c Total income (add lid Benefits paid (including</li> <li>c Certain deemed and</li> <li>f Administrative serving</li> <li>g Other expenses (additional component)</li> </ul>	ARD STREE of the plan om the last ticipants a with accou 's assets waiver of .104-46? lo'' to eit Inform abilities btract line and Tran red or rec rollovers) ines 8a(1) ding direc d/or corre ce provid	T APT. 14F         NY 10011         a sponsor has changed since the later the beginning of the plan year at the beginning of the plan year at the end of the plan year intervention and results are the end of the plan year invested the annual examination and results (See instructions on waiver ether 6a or 6b, the plan cannot the form the form)         a 7b from line 7a)         sfers for this Plan Year         eivable from:         b, 8a(2), 8a(3), and 8b)         t rollovers and insurance predictive distributions (see instructions (see instructions (see instructions), 8e, 8f, and 8g)	est return/report filed for this plan, enter th ear <u>an year (defined benefit plans do not com</u> in eligible assets? (See instructions eport of an independent qualified pu ligibility and conditions.) ot use Form 5500-SF and must ins ot use Form 5500-SF and must ins stions)	plete th .) stead u 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8e 8f	is item) countant (IQPA) ise Form 5500. (a) Beginning of 28 28 (a) Amoun	3c 4b 4c 5a 5b 5c 5c 34135 at 34135 nt 0 16772	13-3628538         Administrator's         telephone number         EIN         PN

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

Form 5500-SF (2011)

## MG & G ADVERTISING, INC 13-3628538 Page 2-Form 5500-SF 2011 **Plan Characteristics** Part IV If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b **Compliance Questions** Part V Yes No Amount 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in а X 10a 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 reported b х 10b on line 10a.) X Was the plan covered by a fidelity bond? 10c С Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud d X or dishonesty? 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, е insurance service or other organization that provides some or all of the benefits under the plan? (See X 10e instructions.) х Has the plan failed to provide any benefit when due under the plan? 10f f х Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR h x 10h 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 11 Yes 5500)) X Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 12 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling а granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b Enter the minimum required contribution for this plan year b Enter the amount contributed by the employer to the plan for this plan year 12c С Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a d 12d negative amount) N/A Yes No Will the minimum funding amount reported on line 12d be met by the funding deadline? е Part VII Plan Terminations and Transfers of Assets X No Yes Has a resolution to terminate the plan been adopted in any plan year? 13a If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control b X No Yes 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 С

No

No

which assets or liabilities were transferred. (See instructions.) 13c(2) EIN(s) 13c(3) PN(s) 13c(1) Name of plan(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

halief it is true segrent and complete		· · · ·	
belief, it is true, correct, and complete.	/ \		

		+18/12	VALERIE BROCHARD
SIGN 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