Description       2011         Description       This form is required to be field under sectors 104 and 4056 of the Endosen       This form is Open to Public Impection         Preserve treat exerces beams (concern)       Complete all entormation concerns with the instructions to the Form 5050-SF.       This form is Open to Public Impection         Pert Lint       A must be percent determined income of the first structure of the Code.       A more participant is an endored returning of 1011(2011)       and endome       2201(2011)         A This form/response to the first structure of the structure of the structure of the first structure of the first structure of the structure of the structure of the first structure of the structure of the structure of the first structure of the structure of the structure of the structure of the first structure of the s		Form 5500-SF		Report of Small Employ	OMB Nos. 1210-0110 1210-0089					
Description       Description       Description       Description       Different Sector       This Form is Open to Public inspection         Part L       A main formation       2 complete all entities in accordance with the instructions to the Form S500-SF.       This return is open to Public inspection         Part L       A munit Report Ideam (Instruction State and Sector)       and ending       1201/2011       and ending       1201/2011         A This return(sport is to return information       a simple-employee plan (not multiemployee)       a some and sector in the first seturn(sport is a simple-employee)       a some and sector in the first seturn(sport is a simple-employee)       a some and sector in the first seturn(sport is a simple-employee)       a some and sector in the first seturn(sport is a simple-employee)       a some and sector is a simple-employee plan (not multiemployee)       a some and sector is a simple-employee plan (not multiemployee)       a some and sector is a simple-employee plan (not multiemployee)       a some and sector is a simple-employee plan (not multiemployee)       a some and sector is a simple-employee plan (not multiemployee)       D is report is a simple-employee plan (not multiemployee)       a some and sector is a simple-employee plan (not multiemployee)       D is report is complete plan (not multiemployee) <t< th=""><th></th><th></th><th colspan="4">Benefit Plan</th><th colspan="4">2011</th></t<>			Benefit Plan				2011			
Inspection       Inspection         Part L       Annual Report Identification Information         Proceased Part Part 1       and ending       12312011         A This return/report is       The first eturn/report       a stort plan year return/report       a non-participant plan         B This return/report is       The first eturn/report       a stort plan year return/report       a non-participant plan         C Check bas if filing unde:       Porm 556       automatic etension       DFVC program         Special extension (enter description)       Part Identification (enter description)       DFVC program         Part IL Basic Plan Informationenter all requested information       Informationenter all requested information       Informationenter all requested information         A Name option       D TELEVISION PRODUCTIONS INC.       Informationenter all requested information       Informationenter all requested information         A Ban approximation of automatic error or suite number (employer, if for a single-employer plan)       D TELEVISION PRODUCTIONS INC.       D TELEVISION PRODUCTIONS INC.         O TELEVISION PR		Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605					) of			
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Internet plan year 2011 or files of plan year beginning     01012011     an and odding     12312011       A This return/report is:     If a single=mp(rey Plan)     if a multiple-employer plan (not multimetry port)     if a come-participant plan       B This return/report is:     If the first return/report     if a come-participant plan     if b first return/report     if a come-participant plan       C Check box if filing under:     From 5558     If automatic steamion     if DFVC program       Part III     Basic Plan Information		Complete all entries in accordance with the instructions to the Form 5500-SF.								
The return/report is:     In the first eturn/report     is short plan year return/report     is short plan year return/report       B This return/report is:     In an amended return/report     is short plan year return/report     is short plan year return/report       C Check box if tiling unde:     In a mended return/report     is short plan year return/report     is profile extension       D TELEVISION PRODUCTIONS INC 401 K PROFIT SHARING PLAN TRUST     Ib Three-digit plan number     001       2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)     2b Employer identification Number       D TELEVISION PRODUCTIONS INC 401 K PROFIT SHARING PLAN TRUST     2b Employer identification Number       Part III Basic Plan administrator's name and address; include room or suite number (employer, if for a single-employer plan)     2b Employer identification Number       D TELEVISION PRODUCTIONS INC     20 TH PLOCK     2d Business code (see instructions)       MeW YORK, NY 10003-4528     2d Administrator's ENN     2d Administrator's ENN       3a Plan administrator's name and address (if same as plan operame, enter "Samo")     3b Administrator's ENN     2d Administrator's ENN       MeW YORK, NY 10003-4528     3c Administrator's ENN     3d C Administrator's ENN     3d C Administrator's ENN       4 If the name and/or ENN of the plan space independed qualified public accountation (QPA)										
B     This return/report     the final return/report     a short plan year return/report (less than 12 months)       C     Check box if fing under:     a manneded return/report     a short plan year return/report (less than 12 months)       Part III     Basic Plan Information - onter all requested information     1     1       1a Name of plan     DD TELEVISION PRODUCTIONS INC 401 K PROFIT SHARING PLAN TRUST     1b     Three-digit plan number (plan number (ompleyer, if for a single-employer plan)     001       12     Elective date of plan     001402007     23 All status of the plan number (empleyer, if for a single-employer plan)     001       10     TELEVISION PRODUCTIONS INC     001     10 Elective date of plan     001402007       21     Elective date of plan     001402007     22 Encloser telephone number (EN)     20 Enclose	Α.	This return/report is for:	-employer plan (not multiemployer)		a one-participant plan					
C     Check box if filing under:     a amended return/report     a short plan year return/report (less than 12 months)     DFVC program       Part II     Basic Plan Information—enter all requested information     Ib     Three-digit plan momber     001       D TELEVISION PRODUCTIONS INC 401 K PROFIT SHARING PLAN TRUST     Ib     Three-digit plan momber     001       Za Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)     D     10     Encloser identification Number       D D TELEVISION PRODUCTIONS INC     20     Single S		· .	the first return/report	eturn/report						
■ part III     Basic Plan Information—enter all requested information       13     Name of plan       D D TELEVISION PRODUCTIONS INC 401 K PROFIT SHARING PLAN TRUST     10       73     Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       10     D TELEVISION PRODUCTIONS INC 401 K PROFIT SHARING PLAN TRUST       23     Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       24     Employer Identification Number (EN) / NO03-4528       24     Sponsor's telephone number 212-220-1020       24     Basic Plan address (if same as plan sponsor, enter "Same")       25     Total number of participants at the beginning of the plan year.       36     Administrator's EIN 220-3783822       37     Total number of participants at the beginning of the plan year.       5a     Total number of participants at the beginning of the plan year.       5a     Total number of participants at the end of the plan year.       5a     5a       5a     Total number of participants at the end of the plan year.       5a     5a       7a     Soutiest (See instructions).       7a     Soutiest (See instructions).       7a     Soutist (See instructions). <t< th=""><th></th><th></th><th>an amended return/report</th><th>a short pla</th><th>in year return/report (less than 12 mo</th><th>onths)</th><th>)</th></t<>			an amended return/report	a short pla	in year return/report (less than 12 mo	onths)	)			
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2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)     1c Effective date of plan (0101/2007)       2b Employer identification Number (Employer, if for a single-employer plan)     2b Employer identification Number (EIN) 203/38332       or UNIVERSITY PL, (017) FLOCE     2b Employer identification Number (EIN) 203/38332       or UNIVERSITY PL, (017) FLOCE     2b UNIVERSITY PL, (017) FLOCE       or UNIVERSITY PL, (017) FLOCE     2d Business code (see instructions)       of Direct/SIGN PRODUCTIONS NC     2d UNIVERSITY PL, (017) FLOCE       of UNIVERSITY PL, (017) FLOCE     3b Administrator's name and address (if same as plan sponsor, enter "Same")       D Trect/SIGN PRODUCTIONS NC     2d UNIVERSITY PL, (017) FLOCE       of UNIVERSITY PL, (017) FLOCE     3b Administrator's telephone number 212/228-1020       3d Plan administrator's name and address (if same as plan sponsor, enter "Same")     3b Administrator's telephone number 212/228-1020       3d Total number of participants at the bagining of the plan year.     5a       3d Total number of participants at the end of the plan year.     5a       5d Arey or alter 6a or 6b, the end of the plan year.     5a       for tal number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this tem).     5b       for tal number of participants with account balances as of the end of the plan year.	DDT	ELEVISION PRODUCTIONS IN	NC 401 K PROFIT SHARING PLAN	TRUST			•			
23. Plan sponsor's name and address: include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EIN)         90 UNIVERSITY PL 10TH FLOOR       20.3789382       2c Sponsor's telephone number 212-228-1020         33 Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN         24 If the name and/or EIN of the plan sponsor has changed since the last return/report.       3b Administrator's EIN       2b EIN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report.       3c Administrator's telephone number 212-228-1020       3c Administrator's telephone number 212-228-1020         5 Total number of participants at the beginning of the plan year       5a       5b       0         5 Total number of participants at the beginning of the plan year       5a       5b       0         6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       If Yea INN Word 20 CFR 2520.104-467 (See instructions on waiver eligibility and conditions).       If Yea INN Word 20 CFR 2520.104-467 (See instructions on waiver eligibility and conditions).       If Yea INN Yea INN Word 20 CFR 2520.104-467 (See instructions on waiver eligibility and conditions).       If Yea INN Yea INN Word 20 CFR 2520.104-467 (See instructions on waiver eligibility and conditions).       If Yea INN Yea INN Word 20 CFR 2520.104-467 (See instructions on waiver eligibilit						1c	( )			
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99 UNVERSITY PL UTH ELOCA NEW YORK, NY 10003-4528   2d Business code (see instructions) T1330     3a Plan administrator's name and address (if same as plan sponsor, enter "Same") D TELEVISION PRODUCTIONS INC   3b Administrator's EIN 20-3769382     4 If the name and/or EIN of the plan sponsor has changed since the last return/report.   3c Administrator's telephone number 212-228-1020     5a Foral number of participants at the beginning of the plan year.   5a     5a Total number of participants at the beginning of the plan year.   5a     6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).   Set Yes     6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).   Set Yes     7 Plan Assets and Liabitities   (a) Beginning of Year     7 Plan Assets and Liabitities   7a   30217     8a Total number of revelvable from:   (b) End of Year     7 Not plan assets.   7a   30217     8a Total plan assets.   7a   30217     9 Data on the revelvable from:   (a) Amount   (b) Total     6 North plan assets.   7a   30217     7a   30217   160623     8 Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     6 Contributions received or receivable from:   8a(1)   0     (a) Other income (loss)   8b   99638 <						2c	Sponsor's telephone number			
33     Plan administrator's name and address (if same as plan sponsor, enter "Same")     3b     Administrator's EIN       D D TELEVISION PRODUCTIONS INC     99 UNIVERSITY PL 101 FLOOR     3c     Administrator's EIN       20     Administrator's EIN     20-3789382     3c     Administrator's EIN       212-228-1020     3c     Administrator's EIN     212-228-1020       4     If the name and/or EIN of the plan sponsor has changed since the last return/report.     4b     EIN       35a     Total number of participants at the beginning of the plan year     5a     5a     5a       5a     Total number of participants at the end of the plan year     5b     0     5c       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Se     Sc     Sc       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Yes     N     Yes     N       More all of the plan's assets during the plan end on the set return's 500-SF and must instead use Form 5500.     Yes     N       7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       7     Plan Assets and Liabilities     7a     30217     160623	10TH	I FLOOR				2d				
D D TELEVISION PRODUCTIONS INC     99 UNIVERSITY PL INCH FLOOR NEW YORK, NY 10003-4528     20-3749382       4     If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.     4b EIN       5a     5a     5b       5b     5b     5c       6a Were all of the plans sasts during the plan year invested in eligible assets? (See instructions.)     5c     5c       6a Were all of the plans assets during the plan year invested in eligible assets? (See instructions.)     Set yes     Ni       b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes     Ni       b Are you claiming a waiver of the plan cannot use Form 5500.     Part III     Financial Information     Yes     Ni       7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year     0     0       7     Plan Assets, and Transfers for this Plan Year     (a) Amount     (b) Total     0     <			addrage (if some as plan apapage or	ator "Somo	")	3h				
NEW YORK, NY 10003-4528   3C   Administrator's telephone humber 22228-1020     4   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.   4b   EIN     a Sponsor's name   4c   PN     5a   Total number of participants at the beginning of the plan year   5a   5a     b Total number of participants at the end of the plan year   5a   5b   0     c Number of participants at the end of the plan year invested in eligible assets? (See instructions.)   Sc   Sc   N     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.)   Sc   Sc   N     f You answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.   P   N   N     7 Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year     a Total plan iabilities   7c   30217   160623     8 Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     a Contributions received or receivable from: (1) Employers.   8a(1)   0   0     (2) Part IIII   6a   30217   160623     8 Income, Expenses, and Transfers for this Plan Year   8a(2)			NC 99 UNIVERSI	ITY PL	· )		20-3789382			
name, EIN, and the plan number from the last return/report.   4C   PN     3a   Sponsor's name   4C   PN     5a   Total number of participants at the beginning of the plan year.   5a   5a     5   Total number of participants at the end of the plan year.   5b   6c     6   Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).   5b   6c     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Sta   Sta   Sta     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Sta   Yes   N     9   Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   Yes   N     9   Yes   In the plan 's assets do r ob, the plan cannot use Form 5500-SF and must instead use Form 5500.   Part III   Financial Information     7   Plan Assets and Liabilities   7a   30217   180623     10   Total plan assets.   7a   30217   180623     10   Total plan iabilities.   7b   0   0     10   Contributions received or receivable from:   8a(1)   0     10   Enployeers   8a(3)   0					-4528	30				
a Sponsor's name     4c     PN       5a     Total number of participants at the beginning of the plan year     5a     5a       b     Total number of participants at the end of the plan year     5b     5b       c     Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)     5c     5c       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Yes     Nu       b     Are you claiming a waiver of the sinstructions on waiver eligibility and conditions.)     Yes     Nu       f you answerd "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.     Part III     Financial Information       7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       a     Total plan assets     7a     30217     160623       b     Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       a     Contributions received or receivable from:     8a(1)     0       (2)     Participants     8a(2)     36768     30217       (3)     Others (including rollovers)     8b     93638     130406       (2)     Parti	4	If the name and/or EIN of the p	lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN			
b     Total number of participants at the end of the plan year     5b     6c       c     Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)     5c     5c       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Se is the plan's assets during the plan year invested in eligible assets? (See instructions.)     Yes     Number of participants with account and report of an independent qualified public accountant (IQPA)     Yes     Number of participants with account and report of an independent qualified public accountant (IQPA)       under 29 CFR 2520.104-467 (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       7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year     0     0       a     Total plan isabilities.     7b     0     0     0     0     0       8     Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total     160623       8     Income, Expenses, and Transfers for this Plan Year     8a(1)     0     0     0       (2) Participants     8a(3)     0     0     8a(3)     0     <	а					4c	PN			
C     Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).     5c       Ga     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Xes     Net       b     Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes     Net       b     Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes     Net       b     Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes     Net       ft 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       7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       a     Total plan iabilities     7a     30217     160623       8     Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       a     Contributions received or receivable from:     8a(1)     0       (1)     Employers     8a(3)     0     130406       b     Orter income (loss)     8a(3)     0     130406     8e	5a	Total number of participants at	the beginning of the plan year			5a	5a 7			
complete this item)   5c     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Yes     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.)   Yes     Part III   Financial Information     7   Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year     a   Total plan isabilities.   7a   30217   160623     b   Total plan isabilities.   7b   0   0     c   Net plan assets (subtract line 7b from line 7a)   7c   30217   160623     8   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     a   Contributions received or receivable from:   8a(1)   0     (1)   Employers   8a(3)   0     b   Other income (loss)   8b   93638     c   Total plan isality, al(2), 8a(3), and 8b)   8c   130406     d   Benefits paid (including direct rollovers and insurance premiums to provide benefits)   8d   0     g   Other expenses   8g   0	b						69			
Ga     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Yes     N       b     Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes     N       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     Yes     N       7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year     (b) End of Year       a     Total plan assets     7a     30217     160623       b     Total plan assets (subtract line 7b from line 7a)     7c     30217     160623       8     Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total     0       a     Contributions received or receivable from:     8a(1)     0     0     0       (2)     Part income (loss)     8a(3)     0     0     0     0     0       (3)     Others (including rollovers)     8a(3)     0     0     0     130406       b     Benefits paid (including direct rollovers and insurance premiums to provide benefits)     8d	C		•	• •	•	5c	12			
b     Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Ives     No       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       7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       a     Total plan assets     7a     30217     160623       b     Total plan liabilities     7b     0     0       c     Net plan assets (subtract line 7b from line 7a)     7c     30217     160623       8     Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       a     Contributions received or receivable from:     8a(1)     0       (1)     Employers     8a(2)     36768       (3)     Others (including rollovers)     8b     93638       c     Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)     8c     130406       d     Benefits paid (including direct rollovers and insurance premiums to provide benefits)     8d     0       g     Other expenses     8g     0     0       g     Other expenses     8g     0     0	6a	/					X Yes No			
In the second s		Are you claiming a waiver of th	e annual examination and report of a	an indepen	dent qualified public accountant (IQF	PA)				
Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a30217160623bTotal plan liabilities7b00cNet plan assets (subtract line 7b from line 7a)7c302171606238Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from: (1) Employers8a(1)0(2) Participants8a(2)36768(3) Others (including rollovers)8a300bOther income (loss)8b93638130406cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c130406dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d0eCertain deemed and/or corrective distributions (see instructions)8e0fAdministrative service providers (salaries, fees, commissions)8f0gOther expenses8g0										
aTotal plan assets7a30217160623bTotal plan liabilities7b00cNet plan assets (subtract line 7b from line 7a)7c302171606238Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from: (1) Employers8a(1)0(2) Participants8a(2)36768(3) Others (including rollovers)8a(3)0bOther income (loss)8b93638cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c130406dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d0fAdministrative service providers (salaries, fees, commissions)8f0gOther expenses8g0										
Initial plan lassesInitial plan labilitiesInitial plan labilitiesb Total plan labilities7b0c Net plan assets (subtract line 7b from line 7a)7c302178 Income, Expenses, and Transfers for this Plan Year(a) Amount(b) Totala Contributions received or receivable from: (1) Employers00(2) Participants8a(2)36768(3) Others (including rollovers)8a(3)0b Other income (loss)8b93638c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c130406d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d0f Administrative service providers (salaries, fees, commissions)8f0g Other expenses8g0	7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
IndexIndexIndexCNet plan assets (subtract line 7b from line 7a)	а	Total plan assets		7a	30217		160623			
Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       a Contributions received or receivable from:     0     0       (1) Employers     8a(1)     0       (2) Participants     8a(2)     36768       (3) Others (including rollovers)     8a(3)     0       b Other income (loss)     8b     93638       c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)     8c     130406       d Benefits paid (including direct rollovers and insurance premiums to provide benefits)     8d     0       e Certain deemed and/or corrective distributions (see instructions)     8e     0       f Administrative service providers (salaries, fees, commissions)     8f     0       g Other expenses     8g     0     0	b	Total plan liabilities		7b	0					
a Contributions received or receivable from:     (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	<u> </u>	Net plan assets (subtract line 7	'b from line 7a)	7c	30217	_	160623			
(1) Employers8a(1)0(2) Participants8a(2)36768(3) Others (including rollovers)8a(3)0b Other income (loss)8b93638c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c130406d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d0e Certain deemed and/or corrective distributions (see instructions)8e0f Administrative service providers (salaries, fees, commissions)8f0g Other expenses8g00	-				(a) Amount	_	(b) Total			
(2) Participants8a(2)36768(3) Others (including rollovers)8a(3)0b Other income (loss)8b93638c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c130406d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d0e Certain deemed and/or corrective distributions (see instructions)8e0f Administrative service providers (salaries, fees, commissions)8f0g Other expenses8g0	а			8a(1)	0					
b     Other income (loss)					36768					
C     Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)     8c     130406       d     Benefits paid (including direct rollovers and insurance premiums to provide benefits)     8d     0       e     Certain deemed and/or corrective distributions (see instructions)     8e     0       f     Administrative service providers (salaries, fees, commissions)     8f     0       g     Other expenses     0     0		(3) Others (including rollovers)	)	8a(3)	0					
d     Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)			93638					
to provide benefits)     8d     0       e     0     0       f     Administrative service providers (salaries, fees, commissions)     8f     0       g     Other expenses     8g     0	С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			130406			
e     Certain deemed and/or corrective distributions (see instructions)     8e     0       f     Administrative service providers (salaries, fees, commissions)     8f     0       g     Other expenses	d			84	0					
f     Administrative service providers (salaries, fees, commissions)     8f     0       g     Other expenses	е	, ,			0					
g Other expenses	f		, , , , , , , , , , , , , , , , , , , ,		0					
	g		( · · · · ,		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h		•					0			
i Net income (loss) (subtract line 8h from line 8c)	i	Net income (loss) (subtract line	e 8h from line 8c)	8i			130406			
j Transfers to (from) the plan (see instructions)	j	Transfers to (from) the plan (se	e instructions)	8j	0					

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## 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 2J 2T 3D

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

Part	V Compliance Questions								
10	During the plan year:		Yes	No	ŀ	Amoun	t		
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		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	X				8	30000	
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	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		X					
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	(				12698	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X						
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 complete Schedule SB (Form						× No		
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> 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 rulin granting the waiver.								g	
۵	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						Π	N/A	
						No			
Part VII     Plan Terminations and Transfers of Assets       13a     Has a resolution to terminate the plan been adopted in any plan year?									
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b							< No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify 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	<b>(3)</b> F	PN(s)	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
Inder penalties of periury and other penalties set forth in the instructions. I declare that I have examined this return/report including if applicable a Schedule							مايام		

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.	07/27/2012	D D TELEVISION PRODUCTIONS INC				
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				