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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	Pension Benefit Guaranty Corporation Complete all entries in accord	dance wit	h the instructions to the Form 5500	0-SF.		,	
P	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final r	eturn/report	•	_		
_			an year return/report (less than 12 mo	onths)			
_	H_	•	• • •] [DEVC progra	m	
C			extension		DFVC progra	1111	
_	special extension (enter description)	,					
	art II Basic Plan Information—enter all requested information	ation					
	Name of plan				Three-digit		
HN N	IEDIA & MARKETING, INC. 401-K SALARY SAVINGS PLAN				plan number (PN)	003	
					Effective date of		
					01/01/		
2a	Plan sponsor's name and address; include room or suite number (el	mplover, if	for a single-employer plan)	2b	Employer Identif	fication Number	er.
	MEDIA & MARKETING, INC.	,	The area of the same of the sa			08562	٠.
				2c	Sponsor's telep	hone number	
275 I	MADISON AVENUE, SUITE 2200				212-490		
	YORK, NY 10016-1101			2d	Business code (see instructior	าร)
					51700	00	
	Plan administrator's name and address (if same as plan sponsor, er			3b	Administrator's I		
HN N	IEDIA & MARKETING, INC. 275 MADISOI NEW YORK,		E, SUITE 2200 -1101	2-		08562	
				3C	Administrator's t 212-490		nber
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b			
-	name, EIN, and the plan number from the last return/report.	aor : ota.: ,	repert med for and plant, erner and				
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			;
b	Total number of participants at the end of the plan year			5b			
С	Number of participants with account balances as of the end of the p	olan year (defined benefit plans do not				
	complete this item)			5c			•
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			× Yes	No
b	Are you claiming a waiver of the annual examination and report of a					X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		*			N Tes	INO
Pa	irt III Financial Information	31111 3300	or and must mistead use i orm soc				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Voor	
a	Total plan assets	70	87334		(b) Liid	Oi ieai O)
a h	Total plan liabilities	7a 7b	0			0	
6			87334			0	
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c			4.5		
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	otai	
а	(1) Employers	8a(1)	0				
	(2) Participants	8a(2)	0				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	462	_			
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				462	
c d	Benefits paid (including direct rollovers and insurance premiums	00					
u	to provide benefits)	8d	87796				
е	Certain deemed and/or corrective distributions (see instructions)	8e	0				
f	Administrative service providers (salaries, fees, commissions)	. 8f	0				
g	Other expenses	8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				87796	
i	Net income (loss) (subtract line 8h from line 8c)					-87334	
i	Transfers to (from) the plan (see instructions)		0				
	, , , , , , , , , , , , , , , , , , ,	. 01	1				

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Form	5500	-S-	ンロコ	11

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Dor4 IV	Dian	Characteristics
Part IV	Plan	Characteristics

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

		Yes	No		Λ	nount	
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in		163			AI	nount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			V				
on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c		Χ				
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	iug						
2520.101-3.)	10h		X				
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						
VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nplete :	Sched	ule SB	(Form		_	
5500))				,		Yes	
5500))	······			······		Yes	旹
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	······			······		=	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	 302 of I	ERISA	 ?	Yes	; X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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	e or se	ction 3	302 of I	ERISA'	 ? of the	Yes	iling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver.	e or se	ction 3	302 of I	ERISA'	 ? of the	Yes	iling
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year.	e or se uctions, nth	ction 3	nter th	ERISA'	 ? of the	Yes	iling
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se uctions, nth	and e	12b 12c	ERISA'	 ? of the Ye	Yes	lling
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	ction 3	12b 12c 12d	e date	? of the Ye	Yes	lling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	e or se uctions, nth t of a	and e	12b 12c 12d	e date	of the Y €	Yes letter repar	uling N/
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Mo you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets 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. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	e or se uctions, nth t of a	and e	12b 12c 12d 	e date	of the Y €	Yes	uling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se uctions, nth t of a	and e	12b 12c 12d 	ERISA* e date Yes es	of the Y €	Yes letter rear No No	I N/
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SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/13/2012	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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning	1/01/2	011 and ending	_	12/31/201	<u> 1 </u>		
Α.	This return/report is for: 🛛 a single-employer plan	a multiple-	employer plan (not multiemployer)	yer) 🔲 a one-participant plan				
	This return/report is:	the final re	turn/report		_			
an amended return/report								
_		-	extension	,	☐ DFVC prograi	m		
C	Officer box in miling direct.		externsion		☐ Di vo program			
	special extension (enter description							
Pa	rt II Basic Plan Information—enter all requested inform	ation	<u> </u>			-		
	Name of plan			15	Three-digit plan number			
	HN Media & Marketing, Inc.			•	(PN)	003		
	401-K Salary Savings Plan			1c	Effective date of	plan		
					01/01/2007			
2a	Plan sponsor's name and address; include room or suite number (e	employer, if	for a single-employer plan)	2b	Employer Identif	ication Number		
	HN Media & Marketing, Inc.				(EIN) 52-220	8562 <u></u>		
				2c	Sponsor's telepl			
				<u></u> .	(212) 490-			
	275 Madison Avenue, Suite 2200			2d	Business code (see instructions)		
	New York		NY <u>10016-1101</u>	ļ <u>.</u>	517000			
3a	Plan administrator's name and address (if same as plan sponsor, e Same	nter "Same	")	30	Administrator's E	ΞIN		
	Danc			3c	3c Administrator's telephone nur			
				1.				
4	If the name and/or EIN of the plan sponsor has changed since the	last return/r	eport filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report.			1		-		
	Sponsor's name			4c	-T			
5a	Total number of participants at the beginning of the plan year			5a	 	_		
þ	Total number of participants at the end of the plan year			<u>5b</u>	_	0		
C	Number of participants with account balances as of the end of the complete this item)			5c		0		
	Were all of the plan's assets during the plan year invested in eligib					X Yes No		
b								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ons.)			X Yes No		
-	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	<u>SF and must instead use Form 55</u>	00.				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	\perp	(b) End			
а	Total plan assets	. 7a	87,33			0		
þ	Total plan liabilities	. 7b		0		0		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c	87,33	34		0		
8	Income, Expenses, and Transfers for this Plan Year	<u> </u>	(a) Amount		(b) 1	Total		
а	Contributions received or receivable from:	90(1)		o				
	(1) Employers			ᆔ				
	(2) Participants		 ,	┪				
	(3) Others (including rollovers)		4.6	62				
b	Other income (loss)	$\overline{}$		-		462		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>	-	╌┼╌				
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	87,7	96				
е	Certain deemed and/or corrective distributions (see instructions)	8e		익				
f	Administrative service providers (salaries, fees, commissions)	8f		의				
g	Other expenses	. 8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				87,796		
i	Net income (loss) (subtract line 8h from line 8c)	8i				(87,334)		
i	Transfers to (from) the plan (see instructions)			0				

	F	orm 5500-SF 2011 Page 2 -		_					
Par	t IV	Plan Characteristics							
9a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara E 2F 2G 2J 2T 3D							
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cteristi	ic Cod	ies in ti	ne insi	tructions	j:	
Parl	t V	Compliance Questions							
10	Duri	ng the plan year:		Yes	No		Ап	nount	
а	29 (there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		х				· ·
C	Was	s the plan covered by a fidelity bond?	10c		Х				
d	or di	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		х				_
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		х				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		х				
g	Did	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х			-	
h	If thi	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		х				
i	If 10	h was answered "Yes," check the box if you either provided the required notice or one of the options to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	t VI	Pension Funding Compliance							
11	Is thi 5500	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	dule SE	3 (For	m 	Yes	
12	ls th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection	302 of	ERIS	A?	Yes	X No
	(lf "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					a af tha	latter ru	ina
а	lfav oran	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ting the waiver.	cuons ith	, and e	enter tr Day	e dat	<u></u> Ye	euer rui ear	<u></u>
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
		r the minimum required contribution for this plan year		<u> </u>	12b				
C		r the amount contributed by the employer to the plan for this plan year			12c_				
d	Subf	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	of a		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				l Y	es	No	N/A
Pari	t VII	Plan Terminations and Transfers of Assets		_					
13a	Has	a resolution to terminate the plan been adopted in any plan year?	<u></u>		X.	Yes	No		
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	13a					0
b	of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?						X Yes	☐ No
C		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the ssets or liabilities were transferred. (See instructions.)	he pla	an(s) to	0		-		-
	13c(1)	Name of plan(s):	↓_	13	3c(2) E	IN(s)		13c(3) PN(s) _
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal							
Und SB	ler pen or Sch	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this reledule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true correct, and complete	urn/re /repoi	eport, i rt, and	ncludir	ng, if a	pplicabl	e, a Sch owledge	edule and
		Melane Nai	man						

SIGN HERE Signature of plan administrator

Sign Helane Naiman

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