

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
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>07/01/2011</u> and ending <u>06/30/2012</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>NEWS-2-YOU, INC. CASH BALANCE PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>07/01/2009</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>NEWS-2-YOU, INC.</u> <u>909 UNIVERSITY DRIVE SOUTH</u> <u>HURON, OH 44839</u>	2b Employer Identification Number (EIN) <u>34-1966759</u> 2c Sponsor's telephone number <u>419-433-9800</u> 2d Business code (see instructions) <u>511210</u>
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") <u>NEWS-2-YOU, INC.</u> <u>909 UNIVERSITY DRIVE SOUTH</u> <u>HURON, OH 44839</u>	3b Administrator's EIN <u>34-1966759</u> 3c Administrator's telephone number <u>419-433-9800</u>
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. a Sponsor's name	4b EIN 4c PN
5a Total number of participants at the beginning of the plan year	5a <u>23</u>
b Total number of participants at the end of the plan year.....	5b <u>24</u>
c Number of participants with account balances as of the end of the plan 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 assets? (See instructions.)	☒ Yes ☐ No
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 ☐ 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 Total plan assets	7a <u>447889</u>
b Total plan liabilities	7b <u>0</u>
c Net plan assets (subtract line 7b from line 7a).....	7c <u>447889</u>
8 Income, Expenses, and Transfers for this Plan Year	
a Contributions received or receivable from:	
(1) Employers	8a(1) <u>229217</u>
(2) Participants	8a(2)
(3) Others (including rollovers).....	8a(3)
b Other income (loss).....	8b <u>11579</u>
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c <u>240796</u>
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d <u>3709</u>
e Certain deemed and/or corrective distributions (see instructions)....	8e
f Administrative service providers (salaries, fees, commissions)	8f <u>1334</u>
g Other expenses.....	8g
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h <u>5043</u>
i Net income (loss) (subtract line 8h from line 8c).....	8i <u>235753</u>
j Transfers to (from) the plan (see instructions)	8j

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:

1A 1C 1G

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**

	Yes	No	Amount
10 During the plan year:			
a 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)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		100000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e 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.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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			

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 5500)). ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 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.

b Enter the minimum required contribution for this plan year	12b	
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)	12d	

e 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? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

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

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/09/2013	MARY PAT GRESPIN
	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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>NEWS-2-YOU, INC. CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NEWS-2-YOU, INC.</u>	D Employer Identification Number (EIN) <u>34-1966759</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2011</u>
2	Assets:
a	Market value 2a <u>447889</u>
b	Actuarial value 2b <u>447889</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>1</u> <u>95220</u>
b	For terminated vested participants 3b <u>0</u> <u>0</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>9456</u>
(2)	Vested benefits 3c(2) <u>233675</u>
(3)	Total active 3c(3) <u>22</u> <u>243131</u>
d	Total 3d <u>23</u> <u>338351</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>5.99 %</u>
6	Target normal cost 6 <u>169579</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>11/19/2012</u>
Signature of actuary <u>JILL E. CASEY, CEBS, E.A., M.A.A.A.</u>	Date <u>11-07216</u>
Type or print name of actuary <u>HARBRIDGE CONSULTING GROUP, LLC</u>	Most recent enrollment number <u>315-703-8991</u>
Firm name <u>ONE LINCOLN CENTER, 12TH FLOOR</u> <u>SYRACUSE, NY 13202-9972</u>	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.10</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		96330
b Interest on (a) using prior year's effective rate of <u>6.48</u> % except as otherwise provided (see instructions)		6242
c Total available at beginning of current plan year to add to prefunding balance.....		102572
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	132.37 %
15 Adjusted funding target attainment percentage.....	15	132.37 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	87.44 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2012	40527	0			
07/10/2012	188690	0			
			Totals ►	18(b)	229217
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	216304
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No		
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 2.18%	2nd segment: 5.36%	3rd segment: 6.33 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	169579										
b Excess assets, if applicable, but not greater than 31a	31b	109538										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	60041										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35)	36	60041										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	216304										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	156263										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years.....	40	0										

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

CENSUS DATA

Age and Service Distribution of Active Members

Completed Years of Service on July 1, 2011											
Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	Total
Under 25	4	1	0	0	0	0	0	0	0	0	5
25-29	0	2	0	0	0	0	0	0	0	0	2
30-34	1	1	0	0	0	0	0	0	0	0	2
35-39	1	4	0	0	0	0	0	0	0	0	5
40-44	0	3	0	0	0	0	0	0	0	0	3
45-49	0	1	0	0	0	0	0	0	0	0	1
50-54	0	2	0	0	0	0	0	0	0	0	2
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	1	0	0	0	0	0	0	0	0	1
65-70	0	1	0	0	0	0	0	0	0	0	1
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	6	16	0	0	0	0	0	0	0	0	22

Active Member Statistics	July 1, 2011	July 1, 2010
Number of members	22	13
Average age	38.01	46.08
Average years of service	1.27	1.00
Average salary	\$90,390	\$158,622

ACTUARIAL ASSUMPTIONS AND METHODS

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions used in the valuation.

Funding Target Liability

Valuation Date: July 1, 2011

Demographic Information: The demographic information was provided as of July 1, 2011 by News-2-You, Inc. Although we did not audit the data, we did review the data for reasonableness.

Cost Method: As required by PPA, the Traditional Unit Credit Cost Method is used.

Valuation Assets: Market Value

Interest Rates: The July 2011 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by the News-2-You, Inc.

Segment	Interest Rate
Segment 1	2.18%
Segment 2	5.36%
Segment 3	6.33%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Effective Interest Rate: 5.99%

Interest Credit Rate for Determining Projected Cash Balance Account: 6.33%, based on the third tier of the funding segment rates.

Rate of Compensation Increase: Salaries are assumed to increase at 3.00% per year.

Pre-Retirement Mortality: Pre-retirement mortality was not assumed in the valuation.

Post-Retirement Mortality: The RP-2000 Mortality Table for annuitants with projected mortality improvements using Scale AA; specifically as outlined in IRC Regulation 1.430(h)(3)-1 for 2011 valuations. The static mortality tables are projected from the base table for the year 2000 through 2011 with further projection to reflect the approximate expected duration of liabilities, namely 7 years for annuitants.

Post-Disablement Mortality: Post-disablement mortality is not assumed in the valuation.

Retirement Incidence: Participants in Group A were assumed to retire at the later of age 65 or age at the end of the current plan year. All other participants were assumed to retire at age 65.

Turnover: Rates of turnover are not assumed in the valuation.

Disability: Rates of disability are not assumed in the valuation.

Administrative Expenses: Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year rounded to the nearest thousand dollars.

ACTUARIAL ASSUMPTIONS AND METHODS

Form of Benefit: Active participants are assumed to receive a deferred lump sum. Terminated vested participants are assumed to receive an immediate lump sum.

Present Value of Benefits (ASC 960)

Interest Rate: 5.00%

Interest Credit Rate for Determining Projected Cash Balance Account: 5.00%

Unless specifically mentioned, all remaining assumptions for the Present Value of Benefits remain the same as described for the Funding Target Liability above.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2011**This Form is Open to Public
Inspection**For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan News-2-You Cash Balance Plan		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF News-2-You, Inc.		D Employer Identification Number (EIN) 34-1966759
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2011</u>																									
2 Assets:																									
a Market value	2a 447889																								
b Actuarial value	2b 447889																								
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b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b																								
5 Effective interest rate	5 5.99%																								
6 Target normal cost	6 169579																								

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Jill E. Casey		11-19-12
Signature of actuary		Date	
JILL E. CASEY, CEBS, E.A., M.A.A.A.		1107216	
Type or print name of actuary		Most recent enrollment number	
HARBIDGE CONSULTING GROUP, LLC		315-703-8991	
Firm name		Telephone number (including area code)	
ONE LINCOLN CENTER, 12TH FLOOR			
SYRACUSE NY 13202-9972			
Address of the firm			

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2011
v.012611

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: 2.18%	2nd segment: 5.36%	3rd segment: 6.33%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	169579	
b Excess assets, if applicable, but not greater than 31a	31b	109538	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	60041	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	60041	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	216304	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	156263	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

News-2-You Cash Balance Plan

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

EIN/PN: 34-1966759/002

Participants in Group A were assumed to retire at the later of age 65 or age at the end of the current plan year. All other participants were assumed to retire at age 65.

Number of Participants	Assumed Retirement Age
21	65
1	67
1	73
Average	65

Schedule SB, line 19 – Discounted Employer Contributions

News-2-You Cash Balance Plan
EIN: 34-19667549 Plan Number: 002

Date Due	Contr. Due	Date Made	Contr. Made	Applicable Effective Interest Rate	Interest Adjusted Contribution
10/15/2011	\$13,509	04/12/2012	\$13,509	10.99%	\$12,614
01/15/2012	\$13,509	04/12/2012	\$13,509	10.99%	\$12,762
04/15/2012	\$13,509	04/12/2012	\$13,509	5.99%	\$12,901
07/15/2012	\$13,509	07/10/2012	\$13,509	5.99%	\$12,746
		07/10/2012	\$175,181	5.99%	\$165,281
<i>Totals</i>	\$54,036		\$229,217		\$216,304

PLAN PROVISIONS

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

Effective Date July 1, 2009.

Year of Service: For purposes of determining a participant's vesting and eligibility for participation under the plan, a year of service means a plan year during which a participant earns at least 1,000 hours of service.

Credited Service: For purposes of benefit accrual, a plan year in which the participant earns at least 1 hour of service.

Compensation: 3401(a) compensation plus salary reduction contributions made to any plan arrangement maintained by the Employer.

Eligibility:

Participation The January 1st or July 1st coinciding with or next following the attainment of age 21 and the completion of one Year of Service. As of the effective date of the plan, all employees over the age of 21 are eligible.

Normal Retirement First day of the month coinciding with or next following the attainment of age 65.

Early Retirement None

Deferred Retirement First of any month after Normal Retirement Date.

Vested Termination Years of service are all years of service with the Employer in which the employee was given credit for 1,000 or more hours of service.

<u>Years of Service</u>	<u>Vested %</u>
Less than 3	0
3 or more	100

**Preretirement
Survivor Annuity** All participants are eligible.

Amount of Pension:

Normal Retirement A monthly pension benefit equal to actuarial equivalent of the participant's Hypothetical Account. The Hypothetical Account is determined as the sum of the following:

(1) Hypothetical Allocation:

\$50,000 to each Participant of Group A, which shall consist of the President/CEO and Vice-President.

10% of determination period compensation to each Participant of Group B, which shall consist of the Vice President of Development and the Vice President of Marketing.

2.5% of compensation for all other participants.

A Hypothetical Allocation is credited to a participant's account at the end of each plan year during which the participant completed at least 1 hour of service.

(2) Interest Credit:

Each Participant's Hypothetical Account shall be credited at the end of each plan year with a Hypothetical Interest Credit. The Hypothetical Interest Credit Rate is based on the 10-year Treasury rate determined as of the May preceding the plan year in which the Hypothetical interest is credited.

Deferred Retirement Determined the same as the Normal Retirement Pension but including Compensation and Years of Service after Normal Retirement Date.

Vested Termination Normal Retirement Pension based on Years of Service and Compensation up to date of termination. Benefits may start before normal retirement on an actuarial equivalent basis.

Preretirement Survivor Annuity The actuarial equivalent of the accrued benefit.

Forms of Benefit:

Normal If married to a qualified spouse, a 50% qualified joint and survivor which is the actuarial equivalent of a single life annuity, otherwise, a single life annuity.

Optional Forms Joint and Survivor (50%, 75% or 100%)
Life Annuity
Lump Sum

News-2-You Cash Balance Plan
Schedule SB, Line 24 – Change in Actuarial Assumptions
EIN/PN: 34-1966759/002

The interest credit rate for determining the projected cash balance account for the Funding Target Liability was changed from the July 2010 second funding segment rate to the third funding segment rate as of July 2011.