For	rm 5500-SF	Short Form Annual Return/Report of Small Employe			ee	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 Employe				2	2012	
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).			ctions 6057(b) and 6058(a	B(a) of This Form is Open to		•		
Pension Be	enefit Guaranty Corporation	Complete all entries in accor	rdance with the instruc	tions to the Form 5500	-SF.	Ins	pection	
Part I		entification Information			10.1.1			
For calend	ar plan year 2012 or fisca				/31/2			
	turn/report is for:	a single-employer plan		an (not multiemployer)		a one-particip	oant plan	
B This ref	turn/report is:	the first return/report	the final return/report					
_		an amended return/report	a short plan year return/report (less than 12 months) automatic extension DFVC program					
C Check	box if filing under:	Form 5558	DFVC program					
		special extension (enter descripti	,					
Part II		nation—enter all requested inform	nation		16	Thursday at set		
1a Name	•	IC 401 K PROFIT SHARING PLAN	ITRUST		ai	Three-digit plan number		
						(PN) ▶	001	
					1c	Effective date of	•	
22 Dian a	noncer's nome and addr	ess; include room or suite number (amplever if for a single		26	01/01/		
	ISION PRODUCTIONS		employer, il for a single-		20	Employer Identif (EIN) 20-378		
					2c	Sponsor's telephone number 212-228-1020		
99 UNIVERS	SITY PL (, NY 10003-4528			-	2d	Business code (
						71130		
3a Plan a	dministrator's name and	address 🗙 Same as Plan Sponsor I	Name Same as Plan	Sponsor Address	3b	Administrator's EIN		
				_	30	Administrator's t	elephone number	
 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. 								
	or's nameHYBRID FILM				4c PN			
5a Total number of participants at the beginning of the plan year					5a 83			
b Total number of participants at the end of the plan year					5b	b		
		count balances as of the end of the			5c		3	
		uring the plan year invested in aligi		1			<u> </u>	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X 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.)								
		er line 6a or line 6b, the plan can						
		incomplete filing of this return/re					able o Cabadula	
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/va	lid electronic signature.	07/23/2013	D D TELEVISION PRO	ISION PRODUCTIONS INC			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator				
SIGN								
HERE	Signature of employe		Date		Enter name of individual signing as employer or plan sponsor			
Preparer's	name (including firm nan	ne, if applicable) and address; inclu	de room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)	

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

T Plan Assets and Labilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 40333 2240 b Total plan habilities 7b 0 0 c Integration Services, and Tradeotics for the Plan Year (a) Amount (b) Total a Contributions necessor or neevable from 8e(1) 0 0 (b) Total (Payma 8e(2) 11985 0 0 (c) Doters (including rolevers) 8e(2) 0 0 0 (c) Doters (including rolevers) 8e(3) 0 0 0 0 (c) Doters (including rolevers) 8e(2) 119855 0 130056 0	Part III Financial Information									
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d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			11039	0			120055			
to provide benefits)	-	00					130055			
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11a Enter the amount from Schedule SB line 39	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan and the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.). i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefits n? s of year end See instruction ne required n	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x				
(If "Yes," complete line 12a or lines 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.	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefits n? s of year end See instruction re required n 1-3 ents? (If "Yes	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X ule SB	(Form			
(If "Yes," complete line 12a or lines 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.	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefits n? s of year end See instruction he required n I-3	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Ule SB	(Form			
 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. 	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan and the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below). 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefits n? s of year end See instruction re required n I-3 ents? (If "Yes	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X X ule SB	(Form			
	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefits of the benefits s of year end See instruction required not I-3	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X X ule SB	(Form			
b Enter the minimum required contribution for this plan year	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest' on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefits of the benefits of year end See instruction required not I-3	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i 10i 0 or se	X Sched	X X X X X X X X X Ule SB Ule SB	(Form ☐ Yes X No :RISA? ☐ Yes X No e date of the letter ruling			
	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest' on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is bein granting the waiver. 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefits n? s of year end See instructi ne required n I-3	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i 10i 0 or se	X Sched	X X X X X X X X X Ule SB Ule SB	(Form ☐ Yes X No :RISA? ☐ Yes X No e date of the letter ruling			

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X 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.)							
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN