Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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 If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
M. SHANKEN COMMUNICATIONS, INC & SUBSIDIARIES 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1983

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

M. SHANKEN COMMUNICATIONS, INC.

387 PARK AVENUE SOUTH
NEW YORK, NY 10016

2b Employer Identification Number (EIN)
13-3109245

2c Sponsor's telephone number
212-481-8610

2d Business code (see instructions)
511120

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 accompanying schedules, statements and attachments, 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.	10/10/2014	MARY ELLEN MANNION
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2014	MARY ELLEN MANNION
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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

5	Total number of participants at the beginning of the plan year	**5**	170
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	159
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	7
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	166
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	166
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	122
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2H 2J 3D 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
M. SHANKEN COMMUNICATIONS, INC & SUBSIDIARIES 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
M. SHANKEN COMMUNICATIONS, INC.

D Employer Identification Number (EIN)
13-3109245

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS

95-1411037

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

PIMCO FUNDS

95-2632339

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

COLUMBIA FUNDS

93-0577450

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

EATON VANCE

04-2718215

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FEDERATED FUNDS

25-1111467

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FRANKLIN TEMPLETON

94-3167260

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS

13-5108880

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

OPPENHEIMER FUNDS

13-2527171

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

COLUMBIA SELIGMAN FUNDS

13-3180631

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SENTINEL FUNDS

03-0221140

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD

23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SMITH BARNEY

13-2919773

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

USI CONSULTING GROUP

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 17 25 34 37 60 61 62 63	NONE	3443	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

SMITH BARNEY-CITIGROUP GLOBAL

13-2919773

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 27 28 33 51 52 71	NONE	5200	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name: LESSER & LEFF, LLC	**b** EIN:	13-2577905
c	Position: ACCOUNTANT		
d	Address: 675 3RD AVE., SUITE 1100 NEW YORK, NY 10017	**e** Telephone:	212-682-2180

Explanation: LESSER & LEFF, LLC DETERMINED THAT THEY WOULD NO LONGER AUDIT ANY PROFIT SHARING PLANS

a	Name:	**b** EIN:	
c	Position:		
d	Address:	**e** Telephone:	

Explanation:

a	Name:	**b** EIN:	
c	Position:		
d	Address:	**e** Telephone:	

Explanation:

a	Name:	**b** EIN:	
c	Position:		
d	Address:	**e** Telephone:	

Explanation:

a	Name:	**b** EIN:	
c	Position:		
d	Address:	**e** Telephone:	

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
M. SHANKEN COMMUNICATIONS, INC & SUBSIDIARIES 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
M. SHANKEN COMMUNICATIONS, INC.

D Employer Identification Number (EIN)
13-3109245

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8936	8373
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2041007	750715
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		864500
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	650250	
(B) Common	1c(4)(B)	4933547	7588252
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	119528	127923
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9911528	12600209
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17664796	21939972
Liabilities			
g Benefit claims payable	1g	2427	
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	2427	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17662369	21939972

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	766005	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		766005
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	165	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	73165	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	5579	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		78909
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	207472	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	145148	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		352620
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1170768	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1052761	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		118007
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1340927	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1340927

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2009132
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4665600
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	379354	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		379354
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	3443	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	5200	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		8643
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		387997
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4277603
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GALLEROS & KOH **(2)** EIN: 27-3263553

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
M. SHANKEN COMMUNICATIONS, INC & SUBSIDIARIES 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
M. SHANKEN COMMUNICATIONS, INC.

D Employer Identification Number (EIN)
13-3109245

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 56-1354495 13-2919773

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

GALLEROS • KOH LLP
Accountants and Consultants

Independent Auditors' Report

To M. Shanken Communications, Inc. & Subsidiaries
401(k) & Profit Sharing Plan and Participants

Report on the Financial Statements

We have audited the accompanying financial statements of M. Shanken Communications, Inc. & Subsidiaries 401(k) & Profit Sharing Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2013 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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16 Penn Plaza, Suite 546
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Tel: 212.244.4344

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2013 and the changes in its net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The financial statements of the Plan as of and for the year ended December 31, 2012, were audited by other auditors whose report dated September 23, 2013, expressed an unmodified opinion on those statements.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of the year) as of December 31, 2013 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Freehold, New Jersey
October 8, 2014

M. Shanken Communications, Inc.
& Subsidiaries 401(k) & Profit Sharing Plan

Financial Statements

December 31, 2013

GALLEROS KOH LLP
CERTIFIED PUBLIC ACCOUNTANTS

M. SHANKEN COMMUNICATIONS, INC.
& SUBSIDIARIES 401(K) & PROFIT SHARING PLAN

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GALLEROS • KOH LLP
Accountants and Consultants

Independent Auditors' Report

To M. Shanken Communications, Inc. & Subsidiaries
401(k) & Profit Sharing Plan and Participants

Report on the Financial Statements

We have audited the accompanying financial statements of M. Shanken Communications, Inc. & Subsidiaries 401(k) & Profit Sharing Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2013 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

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Other Matter

The financial statements of the Plan as of and for the year ended December 31, 2012, were audited by other auditors whose report dated September 23, 2013, expressed an unmodified opinion on those statements.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of the year) as of December 31, 2013 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Freehold, New Jersey
October 8, 2014

M. SHANKEN COMMUNICATIONS, INC.
& SUBSIDIARIES 401(K) & PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	2013	2012
ASSETS		
Investments, at Fair Value -		
Mutual funds	$ 13,315,292	$ 10,643,261
Common stocks	7,588,252	4,972,009
Corporate debt securities	864,500	650,250
Money market funds	35,632	1,270,812
Total Investments	21,803,676	17,536,332
Receivables		
Notes receivable from participants	127,923	119,528
Other	8,373	8,936
Total Receivables	136,296	128,464
Total Assets	21,939,972	17,664,796
LIABILITIES		
Other liabilities	-	2,427
Net Assets Available for Benefits	$ 21,939,972	$ 17,662,369

See notes to financial statements

M. SHANKEN COMMUNICATIONS, INC.
& SUBSIDIARIES 401(K) & PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2013

ADDITIONS	
Investment Income	
Net appreciation in fair value of investments	$ 3,379,316
Interest and dividends	514,860
Total Investment Income	3,894,176
Employee contributions	766,004
Interest on notes receivable to participants	5,579
Total Additions	4,665,759
DEDUCTIONS	
Benefits paid to participants	379,513
Administrative fees	8,643
Total Deductions	388,156
Net Increase	4,277,603
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of Year	17,662,369
End of Year	$ 21,939,972

See notes to financial statements

M. SHANKEN COMMUNICATIONS, INC.
& SUBSIDIARIES 401(K) & PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The following description of M. Shanken Communications, Inc. & Subsidiaries 401(k) & Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of M. Shanken Communications, Inc. & Subsidiaries (the "Company") over age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Participant Contributions

Participants of the Plan can contribute on a pre-tax basis a percentage of their compensation referred to as Regular 401(k) deferral, subject to maximum amount allowed under the Internal Revenue Code ("IRC"). Taxable income is reduced by the Regular 401(k) deferral in the year of contribution but the Regular 401(k) deferral and earnings on it are subject to federal income taxes when distributed to the participants.

Effective November 1, 2011, participants of the Plan can also contribute on an after-tax basis a percentage of their compensation referred to as Roth 401(k) deferral, subject to maximum amount allowed under the IRC. Roth 401(k) deferral is subject to federal income taxes in the year of deferral, but the Roth deferral and, in most cases, the earnings on it are not subject to federal income taxes when distributed to the participants. In order for the Roth 401(k) deferral earnings to be distributed tax-free, there must be a qualified distribution from the Roth 401(k) deferral account. In order to be a qualified distribution, the distribution must occur after one of the following: (1) participant's attainment of age 59½, (2) participant's disability, or (3) participant's death. In addition, the distribution must occur after the expiration of a 5-year participation period. The 5-year participation period is the 5-year period beginning as of January 1 of the year in which a participant first make a Roth 401(k) contribution to the Plan (or to another 401(k) Plan or 403(b) plan if such amount was rolled over into the Plan) and ending on the last day of the calendar year that is 5 years later. It is not necessary that a Roth 401(k) deferral is made in each of the five years.

If a distribution from the participant's Roth 401(k) deferral account is not a qualified distribution, the earnings distributed with the Roth 401(k) deferrals will be taxable to the participant at the time of distribution (unless the participant roll over the distribution to a Roth IRA or other 401(k) plan or 403(b) plan that will accept the rollover). In addition, in some cases, there may be a 10% excise tax on the earnings that are distributed.

1. Description of Plan *(continued)*

Company's Profit Sharing Contributions

The Company may make a discretionary profit sharing contribution to the Plan for participants who meet one of the following requirements: (1) participants employed on the last day of the Plan Year, regardless of the amount of service completed during the plan year, (2) participants who dies, become disabled or retires during the plan year, regardless of the amount of service completed during the plan year, (3) terminated participants credited with more than 500 hours of service during the plan year and not employed on the last day of the plan year.

The profit sharing contribution is "allocated" or divided among participants eligible to share in the contribution for the plan year. The contribution is allocated in the same proportion as participant compensation plus compensation in excess of the Social Security Taxable Wage Base (also called "excess compensation") bears to the total compensation plus "excess compensation" of all eligible participants during the plan year. However, the maximum amount which can be allocated to a participant in this first step is 5.7% of the participant's compensation plus the participant's "excess compensation."

If after the first step of the allocation process there still remains a portion of the contribution which has not yet been allocated, then the remainder will be allocated in the same proportion that participant compensation bears to the total compensation of all participants.

There were no profit sharing contributions for the year ended December 31, 2013.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (1) the Company's profit sharing contribution, (2) plan earnings, and (c) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participants direct the investment of their employee contributions into investment options offered by the Plan.

Non-participant directed investments

The Company's profit sharing contributions allocated to participants' accounts are managed by the Plan. Income and expenses in the profit sharing accounts are allocated based on each participant's individual account balance compared to the total balance in the profit sharing accounts, on an annual basis.

The employer may make discretionary matching contributions based on the percentage of the participant's salary to total compensation of all participants eligible to share in the discretionary contributions.

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan *(continued)*

Vesting
Participants are fully vested in their employee contributions plus actual earnings thereon. Vesting in the Company's profit sharing contributions and earnings thereon is based on years of service and is determined as follows:

Years of Service	Vested %
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Notes Receivable from Participants
Participants may borrow from their accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. The interest rate on the loan is based on the "prime rate" of interest plus 1%. The "prime rate" shall mean, for each calendar quarter, the prime rate published in the Wall Street Journal on last day of the immediately preceding calendar quarter. The loan is secured by the balance in the participant's account. Loan will provide for level amortization with payments to be made not less frequently than quarterly. Generally, the term of your loan may not exceed five years. However, if the loan is for the purchase of the participant's principal residence, the Administrator may permit a longer repayment term. The loan must be repaid through payroll deduction.

Benefit Distributions
Benefit distributions are based on the vested interest of the participants' account upon retirement (age 65) or the 5th anniversary of the participants' joining the plan, if later, death, disability, or termination of employment. The Plan also allows for hardship distributions, subject to certain plan provisions.

All distributions from the Plan are made in single lump-sum payments. If vested account balance exceeds $5,000, participants must consent to the distribution before it may be made.

2. Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting.

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition
The plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income which is reinvested. Realized gains and losses on investments are recognized upon the sale of the related investments, and unrealized appreciation or depreciation is recognized at year end when the carrying values of the related investments are adjusted to their estimated fair value.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2013 and 2012, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Payment of Benefits
Benefits are recorded when paid.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States (“U.S. GAAP”) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Accounting for Uncertainty in Income Taxes
The Plan recognizes the effect of income tax positions only of those positions are more likely than not of being sustained. Management has determined that the Plan had no uncertain tax positions that would require financial statement recognition. The Plan is no longer subject to audits by the applicable taxing jurisdictions for tax periods prior to 2010.

Reclassification
Certain 2012 amounts have be reclassified to conform to 2013 presentation.

Subsequent Event Evaluation by Management
Management has evaluated events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is October 8, 2014.

NOTES TO FINANCIAL STATEMENTS

3. Investments

The following investments represent 5% or more of the Plan's net assets available for benefits at December 31, 2013 and 2012:

	2013	2012
PIMCO Total Return	$ 1,362,413	$ 1,446,336
American Funds Fundamental Investor	1,679,205	1,377,983
American Funds Europacific Growth	1,738,861	1,358,413
American Funds AMCAP Fund	1,685,921	1,261,029
One Liberty Properties Inc.*	1,808,940	1,702,922
Citibank Money Market fund*	**	1,270,812

* nonparticipant-directed investment

**Investment represents less than 5% of net assets available for benefits.

The net appreciation (depreciation) on investments bought, sold as well as held during the year is as follows for the year ended December 31, 2013.

Mutual funds	$ 1,970,171
Common stocks	1,456,511
Corporate debt securities	(47,366)
	$ 3,379,316

4. Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes of in net assets relating to the nonparticipant-directed investments is as follows:

	2013	2012
Net Assets		
Common stocks	$ 7,588,252	$ 4,972,009
Corporate debt securities	864,500	650,250
Money market funds	35,632	1,268,385
	$ 8,488,384	$ 6,890,644

	Year Ended December 31, 2013
Change in Net Assets	
Net appreciation in fair value of investments	$ 1,409,145
Interest and dividends	285,742
Benefits paid to participants	(92,108)
Administrative fees	(5,039)
	$ 1,597,740

5. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

The following is a description of the valuation methodologies used for assets measured at fair value.

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end.

The fair value of common stocks listed on exchanges (e.g. New York Stock Exchange) are valued using the composite close price. The composite close price is the last trade of the day and can come from any exchange on which the security trades. Generally, the last trade of the day comes from the primary exchange; therefore, the composite close and the primary close price are generally the same. If a security is not actively traded, then pricing may be obtained from another source such as Reuters (Primary), Interactive Data Corporation, and Bloomberg.

The fair value of corporate debt securities are generally valued using institutional bid evaluations from various contracted pricing vendors such as Interactive Data Corporation (primary vendor), Standard & Poor's, and Barclays Capital. Institutional bid evaluations are estimated prices that represent the price a dealer would pay for a security. Pricing inputs to the institutional bid evaluation vary by security, and include benchmark yields, reported trades, unadjusted broker/dealer quotes, issuer spreads, bids, offers or other observable market data. If pricing is not available through one of the contracted vendors, then pricing is obtained from another source such as Reuters.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

5. Fair Value Measurements *(continued)*

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan's investments at December 31, 2013 and 2012 are follows:

	December 31, 2013		
	Level 1	Level 2	Total
Mutual funds			
Money market funds	$ 715,083	$ -	$ 715,083
Balanced funds	1,378,108	-	1,378,108
Coporate bond funds	1,920,836	-	1,920,836
Equity funds	9,301,265	-	9,301,265
	13,315,292	-	13,315,292
Common stocks			
Consumer goods	500,180	-	500,180
Basic Materials	1,447,440	-	1,447,440
Services	271,850	-	271,850
Financial	2,987,087	-	2,987,087
Technology	677,645	-	677,645
Industrial goods	403,250	-	403,250
Communications	952,440	-	952,440
Exchange traded funds	348,360	-	348,360
	7,588,252	-	7,588,252
Corporate debt securities			
Corporate bonds	476,000	-	476,000
Fixed-rate capital securities	-	388,500	388,500
	476,000	388,500	864,500
Money market funds	35,632	-	35,632
	$ 21,415,176	$ 388,500	$ 21,803,676

5. Fair Value Measurements *(continued)*

December 31, 2012			
	Level 1	Level 2	Total
Mutual funds			
Money market funds	$ 770,195	$ -	$ 770,195
Balanced funds	1,087,479	-	1,087,479
Coporate bond funds	2,016,325	-	2,016,325
Equity funds	6,769,262	-	6,769,262
	10,643,261	-	10,643,261
Common stocks			
Consumer goods	375,480	-	375,480
Basic Materials	1,133,430	-	1,133,430
Financial	2,546,649	-	2,546,649
Technology	298,500	-	298,500
Industrial Goods	373,950	-	373,950
Communications	244,000	-	244,000
	4,972,009	-	4,972,009
Corporate debt securities			
Corporate bonds	256,500	-	256,500
Fixed-rate capital securities	-	393,750	393,750
	256,500	393,750	650,250
Money market funds	1,270,812	-	1,270,812
	$ 17,142,582	$ 393,750	$ 17,536,332

6. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

7. Tax Status

The Company believes that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

8. Party-in-Interest

The Plan is managed by USI Consulting Group, Inc., the Plan's record keeper. Wells Fargo Bank, NA is the Plan's trustee and custodian of funds of the participant-directed investments. Morgan Stanley Retirement Services is the Plan's trustee and custodian of funds for the non-participant-directed investments. Accordingly, these transactions qualify as party-in-interest transactions.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

M. Shanken Communications, Inc.
& Subsidiaries 401(k) & Profit Sharing Plan

Supplemental Information

December 31, 2013

M. SHANKEN COMMUNICATIONS, INC.
& SUBSIDIARIES 401 (K) & PROFIT SHARING PLAN
Schedule Pursuant to Department of Labor Requirements

December 31, 2013

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN # 13-3109245
Plan # 001

(a)	(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description of Investment Interest rate, Maturity date	# of shares, Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds				
	Eaton Vance Income Fund of Boston		65,399.96	$ 385,085	$ 396,324
	Sentinel Balanced		33,981.99	533,664	669,445
	BlackRock Global Allocation		14,643.20	286,897	312,339
	Pioneer Cash Reserves		715,083.25	715,083	715,083
	Franklin U.S. Government Securities		62,793.84	419,103	405,020
	PIMCO Total Return		127,447.44	1,388,829	1,362,413
	Eaton Vance Government Obligations		22,232.33	165,334	153,403
	American Funds Fundamental Investor		32,311.05	1,193,767	1,679,205
	American Funds New Perspective		20,513.84	596,066	770,500
	American Funds Europacific Growth		35,436.34	1,452,918	1,738,861
	American Funds AMCAP Fund		61,687.55	1,194,403	1,685,921
	Columbia Seligman Communication & Inform		15,541.41	539,040	775,983
	Vanguard 500 Index Signal		6,109.98	764,527	859,796
	Columbia Small Cap Value II		27,259.41	373,499	500,483
	Columbia Mid-Cap Value		4,991.85	75,121	89,304
	IVY Mid Cap Growth		36,524.43	697,415	846,271
	MFS Value Fund		2,081.01	56,939	69,089
	AllianceBernstein Small Cap Growth		5,597.24	235,814	285,852
				11,073,504	13,315,292
	Common Stocks				
	Altria Group, Inc.		7,000.00	126,942	268,730
	Boardwalk Pipely Partners LP		5,000.00	150,555	127,600
	Darden Restaurants		5,000.00	229,009	271,850
	Empire State Realty Trust, Inc		15,000.00	208,399	229,500
	Exxon Mobil Corporation		3,000.00	184,700	303,600
	Facebook, Inc.		5,000.00	129,350	273,245
	Ford Motor Co.		15,000.00	166,800	231,450
	Marathon Oil Corporation		8,000.00	197,041	282,400
	Marathon Petroleum Corporation		8,000.00	318,754	733,840
	MasTec, Inc.		7,500.00	138,589	245,400
	Oaktree Capital Group, LLC		7,000.00	305,876	411,880
	One Liberty Properties Inc.		89,862.91	1,278,907	1,808,940
	OpenTable, Inc.		12,000.00	609,410	952,440
	PrivateBancorp, Inc.		7,500.00	84,720	216,975
	Retail Opportunity Investments Corp.		20,000.00	230,142	294,400
	SPDR Gold Shares		3,000.00	385,078	348,360
	Weyerhaeuser Co.		5,000.00	137,853	157,850
	Yahoo, Inc.		10,000.00	166,075	404,400
	Coheen & Steers Total Return Realty Fund, Inc.		2,117.00	38,127	24,842
	Zweig Fund, Inc.		37.04	335	550
				5,086,662	7,588,252
	Corporate Debt Securities				
	Private Bancorp Inc.	7.125%, 10/30/2042	20,000.00	515,104	476,000
	Leucadia National Corp.	8.125%, 09/15/2015	350,000.00	326,658	388,500
				841,762	864,500
	Money Market Funds				
	Citibank Money market fund			35,632	35,632
*	**Participant Loans**	4.25% to 8%		127,923	127,923
	Total			$ 17,165,483	$ 21,931,599

* Denotes party-in-interest as defined by ERISA

See independent auditors' report

Sponsor: M. Shanken Communications, Inc. **Sponsor EIN: 13-3109245**

Plan Name: M. Shanken Communications, Inc. 401(k) PS Plan **Plan Number: 001**

Schedule H, Attachment for Line 4i - 2010 Form 5500
Schedule of Assets Held at End of Year -12/31/2013

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		Interest Bearing Cash & Equivalents (Money Markets)		
	Pioneer	Cash Reserves	+	$715,083
	Citigroup Smith Barney	Cash Account	+	$35,632
		Total Assets Held in Interest Bearing Cash:		**$750,715**
		Registered Investments Companies (Mutual Funds)		
	AllianceBernstein	Small Cap Growth	+	$285,852
	American Funds	AMCAP Fund	+	$1,685,921
	American Funds	Europacific Growth	+	$1,738,861
	American Funds	Fundamental Investor	+	$1,679,205
	American Funds	New Perspective	+	$770,500
	BlackRock Funds	Global Allocation	+	$312,339
	Columbia Funds	Mid-Cap Value	+	$89,304
	Columbia Funds	Seligman Communication & Information	+	$775,983
	Columbia Funds	Small Cap Value II	+	$500,483
	Eaton Vance Funds	Government Obligations	+	$153,403
	Eaton Vance Funds	Income Fund of Boston	+	$396,324
	Franklin/Templeton Investmen	U.S. Government Securities	+	$405,020
	IVY Funds	Mid Cap Growth	+	$846,271
	MFS Investments	Value Fund	+	$69,089
	PIMCO Funds	Total Return	+	$1,362,413
	Sentinel Funds	Balanced Fund	+	$669,445
	Vanguard Funds	500 Index Signal	+	$859,796
		Total Assets Held at Registered Investment Companies:		**$12,600,209**
		Common Stocks	**Cost**	**Current Value**
	Altria Group	7,000 Shares held by Smith Barney	$ 126,942	$ 268,730
	Boardwalk Pipeline	5,000 Shares held by Smith Barney	150,555	127,600
	Darden Restaurants	5,000 Shares held by Smith Barney	229,009	271,850
	Empire State Reallty Trust	15,000 Shares held by Smith Barney	208,399	229,500
	Exxon	3,000 Shares held by Smith Barney	184,700	303,600
	Facebook	5,000 Shares held by Smith Barney	129,350	273,245
	Ford Motor Company	15,000 Shares held by Smith Barney	166,800	231,450
	Marathon Oil	8,000 Shares held by Smith Barney	197,041	282,400
	Marathon Petroleum	8,000 Shares held by Smith Barney	318,754	733,840
	Mastec	7,500 Shares held by Smith Barney	138,589	245,400
	Oak Tree Capital	7,000 Shares held by Smith Barney	305,876	411,880
	One Liberty Properties	89,863 Shares held by Smith Barney	1,278,907	1,808,940
	Open Table	12,000 Shares held by Smith Barney	609,410	952,440
	Privatbancorp	7,500 Shares held by Smith Barney	84,720	216,975
	Retail Oppty Investment	20,000 Shares held by Smith Barney	230,142	294,400
	Weyerhaeuser Co.	5,000 Shares held by Smith Barney	137,853	157,850
	Yahoo	10,000 Shares held by Smith Barney	166,075	404,400
	State Street Global Advisors	SPDR Gold Shares (Exchange Traded Fund)	385,078	348,360
	Phoenix Investments	The Zweig Fund	335	550
	Cohen & Steers	Total Return Realty Fund	38,127	24,842
			$5,086,662	**$7,588,252**
		Preferred Stocks & Bonds		
	Leucadia SR Notes	350,000 Shares held by Smith Barney	$326,658	$388,500
	Private Bank Corp	20,000 Shares held by Smith Barney	$515,104	$476,000
			$841,762	**$864,500**
*	Participant Loan Notes	Interest Rates ranging from 4.25% to 9.25%	-	$127,923
		Total assets held at 12/31/2013		**$21,931,599**

* Represents permitted party-in-interest

\+ Cost information is not presented, as investment is participant directed