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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calend	ar plan year 2015 or fis	scal plan year beginning 01/01/2	2015	and ending 12	2/31/2015	
A This ref	turn/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer) nployer information in ac	,	
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC	program
Part II	Basic Plan Info	rmation—enter all requested inf	formation			
1a Name	of plan	FINED BENEFIT PLAN			1b Three-digit plan numb (PN) ▶	er 001
					1C Effective d	ate of plan 01/01/1999
Mailing	g address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		ruotiona)	2b Employer III	dentification Number 22-3139336
	INE NEWS, INC.	e, country, and zir or loreign post	ai code (ii foreigh, see inst	actions)	2	telephone number 212-922-9090
330 MADISC 2ND FLOOR NEW YORK,					20 Business c	code (see instructions) 511110
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	sor.		3b Administrat	tor's EIN
		e plan sponsor has changed since not from the last return/report.	the last return/report filed f	or this plan, enter the	3c Administrat	tor's telephone number
a Spons	or's name				4c PN	
		at the beginning of the plan year			5a	6
C Numb	er of participants with	at the end of the plan yearaccount balances as of the end of	the plan year (defined bene	efit plans do not	5b 5c	1
	,	rticipants at the beginning of the pla			5d(1)	1
		rticipants at the end of the plan yea			5d(2)	1
e Numb	ber of participants that	terminated employment during the	plan year with accrued be	nefits that were less	5e	1
Caution: A	A penalty for the late of	or incomplete filing of this return	n/report will be assessed	unless reasonable cau		
SB or Sche		ner penalties set forth in the instruc nd signed by an enrolled actuary, a plete.				
SIGN	Filed with authorized/	valid electronic signature.	04/25/2016	RYU FUJIWARA		
HERE	Signature of plan a	dministrator	Date	Enter name of individe	ual signing as pla	n administrator
SIGN						
HERE	Signature of emplo		Date			ployer or plan sponsor
Preparer's	name (including firm n	ame, if applicable) and address (in	nclude room or suite numbe	ЭГ)	Preparer's telep	hone number

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 Were all of the plan's assets during the plan year in Are you claiming a waiver of the annual examination under 29 CFR 2520.104-46? (See instructions on wiff you answered "No" to either line 6a or line 6b. 	n and report of an independe vaiver eligibility and condition	ent qualified public acco	ountant (I	QPA)		— — — — — — — — — — — — — — — — — — —
C If the plan is a defined benefit plan, is it covered und	der the PBGC insurance prog	gram (see ERISA secti	on 4021)?	X	Yes	No Not determined
Part III Financial Information						<u> </u>
7 Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Year
a Total plan assets	7a		1459219			1405460
b Total plan liabilities	7b		0			0
C Net plan assets (subtract line 7b from line 7a)	7c	,	1459219			1405460
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
Contributions received or receivable from: (1) Employers	8a(1)		0			
(2) Participants	8a(2)		0			
(3) Others (including rollovers)	8a(3)		0			
b Other income (loss)	8b		12491			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						12491
d Benefits paid (including direct rollovers and insurant to provide benefits)			66250			
Certain deemed and/or corrective distributions (see			0			
f Administrative service providers (salaries, fees, con			0			
g Other expenses			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)						66250
i Net income (loss) (subtract line 8h from line 8c)						-53759
j Transfers to (from) the plan (see instructions)	8j		0			
Part IV Plan Characteristics	<u> </u>					
B If the plan provides welfare benefits, enter the appl Part V Compliance Questions	icable welfare feature codes	from the List of Plan C	Characteris	stic Cod	des in the	instructions:
10 During the plan year:			Yes	No	N/A	Amount
Was there a failure to transmit to the plan any part described in 29 CFR 2510.3-102? (See instructio Program)	ns and DOL's Voluntary Fidu	ciary Correction	0a	X		
b Were there any nonexempt transactions with any reported on line 10a.)			0b	Х		
C Was the plan covered by a fidelity bond?		1	0с	X		
d Did the plan have a loss, whether or not reimburse by fraud or dishonesty?		that was caused	0d	X		
Were any fees or commissions paid to any brokers carrier, insurance service, or other organization the plan? (See instructions.)	s, agents, or other persons bat provides some or all of the	y an insurance e benefits under	0e	X		
f Has the plan failed to provide any benefit when du			Of	Х		
g Did the plan have any participant loans? (If "Yes,"	enter amount as of year end	,	0g	X		
h If this is an individual account plan, was there a blacebox of the second plan.	ackout period? (See instructi	ons and 29 CFR	0g 0h			
i If 10h was answered "Yes," check the box if you e exceptions to providing the notice applied under 2	ither provided the required n	otice or one of the	0i			
j Did the plan trust incur unrelated business taxable			0j	X		
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum fu 5500) and line 11a below)	• '		•		,	` \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
11a Enter the unpaid minimum required contribution fo	r all years from Schedule SE	(Form 5500) line 40			11a	(
12 Is this a defined contribution plan subject to the m	inimum fundina requirement	s of section 412 of the	Code or s	ection	302 of FI	RISA? Yes X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of the l		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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

2015

This Form is Open to Public Inspection

Fo	r calendar	r plan year 2015	or fiscal plan y	ear beginning	01/01/2015		and endi	ng 1 <mark>2/3</mark>	1/2015	
•	Round o	off amounts to	nearest dollar.							
<u> </u>	Caution:	A penalty of \$1	,000 will be ass	essed for late filing	g of this report unl	ess reasonable ca	ause is establishe	ed.		
	Name of p		IC. DEFINED B	ENEFIT PLAN			B Three-dig plan num	•	•	001
	•	isor's name as s LINE NEWS, IN		a of Form 5500 or	5500-SF		D Employer	ldentificat 22-3139	ion Number (E 9336	IN)
E	Type of pla	an: X Single	Multiple-A	Multiple-B	F Prid	or year plan size:	100 or fewer	101-50	00 More th	an 500
Р	art I	Basic Inforr	nation							
1	Enter th	ne valuation dat	e: ľ	Month 01	Day01	Year <u>2015</u>	_			
2	Assets:									
	a Marke	et value						2a		1459219
	b Actua	arial value						2b		1459219
3	Funding	g target/participa	ant count break	down		` '	Number of rticipants	,	ted Funding arget	(3) Total Funding Target
	a For re	etired participan	nts and beneficia	aries receiving pay	ment		0		0	0
	b For te	erminated veste	ed participants				5		68034	68034
	C For a	ctive participant	ts				1		1009288	1009288
	d Total						6		1077322	1077322
4				e box and complete		•	<u>.</u> П			
	a Fund	ing target disred	garding prescrib	ed at-risk assump	tions			4a		
	b Fund	ling target reflec	cting at-risk assu	umptions, but disre	garding transition	rule for plans that	have been in	4h		
5								5		6.13%
6	Target	normal cost						6		0
	To the best of accordance combination	with applicable law a	e information supplied and regulations. In my							ed assumption was applied in and such other assumptions, in
	SIGN HERE								04/22/20	016
			Signa	ture of actuary					Date	
TH	IEODORE	ANDERSEN, N	M.A.A.A.,MSPA				<u> </u>		14-0203	34
			Type or pr	int name of actuar	y			Most re	ecent enrollme	nt number
PE	NSION AS	SSOCIATES							203-356	5-0306
SL	JITE 230	MAIN STREET , CT 06902	F	irm name			Τε	elephone	number (includ	ding area code)
			Add	ress of the firm			_			
If th	e actuarv l	has not fully refl	ected any regul	ation or ruling pror	nulgated under th	e statute in comple	eting this schedu	lle, check	the box and s	ee \square
	ructions	. ,	, . 9	. 31	5	·· F·	5			

Page	2	_
ı ayc	_	

Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding I	Balances						
							(a)	Carryover balance	;	(b) F	refundi	ng balance
7		-	•		cable adjustments (line 13				0			28486
8			•	-	unding requirement (line 3				0			0
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)					0			28486
10	Interes	t on line 9	ousing prior year's	actual retu	urn of <u>3.00</u> %				0			855
11	Prior ye	ear's exc	ess contributions to	o be added	to prefunding balance:							
	a Pres	ent value	of excess contribu	utions (line	38a from prior year)							0
	` '			, ,	a over line 38b from prior e interest rate of <u>6.69</u> %	,						0
	b(2) Ir	nterest or	n line 38b from prio	or year Sch	edule SB, using prior yea	ır's actual						0
												0
	C Total	available	at beginning of cur	rent plan ye	ar to add to prefunding bal	ance						0
	d Porti	ion of (c)	to be added to pre	funding ba	lance							0
12	Other r	eductions	s in balances due t	to elections	or deemed elections				0			0
13	Balanc	e at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line 1	12)			0			29341
P	art III	Fun	ding Percenta	ages								
14	Fundin	g target a	attainment percent	age							14	132.72 %
			g target attainment								15	135.44 %
16					of determining whether c						16	0.00 %
17		•			s less than 70 percent of t					-	17	%
Pá	art IV	Con	tributions and	d Liquidi	ty Shortfalls						<u> </u>	
18					ear by employer(s) and er			1		1		
(M	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) [(MM-DE)		(b) Amount pa employer((0	•	int paid by oyees
		,		,	. ,		,	. ,	· /		•	
				·		Totals ▶	18(b)		0	18(c)		0
19	Discou	nted emp	loyer contributions	s – see inst	ructions for small plan wit	th a valuation	date after t	he beginning of the	e year:			
	a Cont	tributions	allocated toward u	unpaid mini	mum required contribution	ns from prior	/ears		19a			0
	b Cont	ributions	made to avoid res	trictions ad	justed to valuation date				19b			0
	C Cont	ributions a	allocated toward mi	nimum requ	ired contribution for curren	it year adjusted	l to valuatio	n date	19c			0
20	Quarte	rly contrib	outions and liquidit	y shortfalls	:							_
	a Did t	the plan h	nave a "funding sh	ortfall" for tl	ne prior year?							Yes X No
	b If line	e 20a is "	Yes," were require	ed quarterly	installments for the curre	ent year made	in a timely	manner?				Yes No
	C If line	e 20a is "	Yes," see instruction	ons and co	mplete the following table	as applicable) :					
		(1) 4	<u>,</u>		Liquidity shortfall as of	end of quarte					(1) 14	
		(1) 1:	ot .		(2) 2nd		(3)	3rd			(4) 4tl	I

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Target	et Normal Cost					
21		unt rate:		<u> </u>						_
	a Seg	gment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yie	eld curv	e used	
	b App	olicable month (enter code)			21b				0
22	Weigh	ited average ret	tirement age			. 22			6	35
23	Mortal	lity table(s) (se	e instructions)	escribed - combined Pre	escribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		-		uarial assumptions for the current				ed Yes	s X No)
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No)
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment	t	× Yes	No.)
27		•	o alternative funding rules, en	er applicable code and see instru	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpai	d minimum requ	uired contributions for all prior	years		. 28				0
29				unpaid minimum required contrib		29				0
30	Rema	ining amount of	funpaid minimum required cor	ntributions (line 28 minus line 29).		. 30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	nd excess assets (see instruct	ions):						
	a Targ	et normal cost	(line 6)			. 31a				0
	b Exc	ess assets, if ap	oplicable, but not greater than	line 31a		31b				0
32	Amort	ization installme	ents:		Outstanding Bala	ance	Insta	Installment		
	a Net	shortfall amorti	zation installment			0				0
	b Wai	ver amortization	n installment			0				0
33				ter the date of the ruling letter gra) and the waived amount		33				0
34	Total f	funding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	. 34				0
				Carryover balance	Prefunding bala	nce	Total b	alance		
35			use to offset funding							
36	Additio	onal cash requi	rement (line 34 minus line 35)			. 36				0
37				ontribution for current year adjuste		37				0
38	Prese	nt value of exce	ess contributions for current ye	ar (see instructions)						
	a Tota	al (excess, if any	y, of line 37 over line 36)			. 38a				0
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard	carryover balances	38b				0
39	Unpai	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39				0
40	Unpai	d minimum requ	uired contributions for all years)		40				0
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sche	edule elected					2 plus 7 years	15	years	
	b Eligi	ible plan year(s) for which the election in line	41a was made		200	8 2009 20	10	2011	
42	Amour	nt of acceleratio	n adjustment			42	<u> </u>	<u> </u>		
			-	d over to future plan years		43				

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 section 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

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information		ctions to the Form 55	00-3F.	
		scal plan year beginning	01/01/2015	and ending	12/31/20	015
	turn/report is for:	x a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating e a foreign plan the final return/report	an (not multiemployer mployer information in n/report (less than 12	accordance with	
Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC	program
Part II	Basic Plan Info	ormation enter all requested	information			
a Name	e of plan	Inc. Defined Benefit P			1b Three-diplan num (PN) ► 1c Effective	001
					01/01/	
Mailin	ng Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street or P.O ce, country, and ZIP or foreign post		uctions)	2b Employe	r Identification Number 2-3139336
	Frontline News,			<i>y</i>		s telephone number 922-9090
2nd	Madison Avenue Floor				2d Business 511110	s code (see instructions)
		nd address X Same as Plan Spo	onsor Name		3b Administ	rator's EIN
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	3c Administ 4b EIN	rator's telephone number
	, EIN, and the plan nur sor's name	nber from the last return/report.			4c PN	
		at the beginning of the plan year				6
		at the end of the plan year				1
Numb	er of participants with	account balances as of the end of t	he plan year (defined bene	fit plans do not	5c	
(1) Tota	al number of active par	ticipants at the beginning of the pla	n year		. 5d(1)	1
(2) Tota	al number of active par	ticipants at the end of the plan year	······		. 5d(2)	1
		erminated employment during the			. 5e	1
Inder per B or Sch elief, it is	nalties of perjury and o	ther penalties set forth in the instruint signed by an enrolled actuary, applete.	ctions, I declare that I have	examined this return/r	eport, including, i	f applicable, a Schedule
HERE	Signature of plan adm	inistrator	Date 5/21/20/	Enter name of individ	ual signing as pla	n administrator
SIGN _	20		///	Ryu Fujiwara		
	Signature of employers name (including firm r	r/plan sponsor name, if applicable) and address; ir	Date 20/10			ployer or plan sponsor phone number

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	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 ar	nd conditio	ns.)					•••••	XYes	i
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forr	n 5500-SF and must inste			_				
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pr	ogram (see ERISA section	402	1)? .	••••••	X Yes	No	Not	determined
Pa	rt III Financial Information		Γ							
	Plan Assets and Liabilities		(a) Beginning of	Year	•	-		(b) End		
_										,460
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	1 45	0 2	0	+			1,405	0
										7,400
а	a Contributions received or receivable from:									
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2) 8a(3)			0					
	Other income (loss)	8b	1	2,4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							12	2,491
	Benefits paid (including direct rollovers and insurance premiums	0.1	6	6 2	<u>-</u>					
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e	6	6,2	0					
	Administrative service providers (salaries, fees, commissions)	8f			0					
	Other expenses	8g			0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							66	,250
i	Net income (loss) (subtract line 8h from line 8c)	8i							(53,	759)
<u>j</u>	j Transfers to (from) the plan (see instructions)									
Pa	Part IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
_	1A 1I									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	racte	ristic (Codes	in the	instructio	ns:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a		ions within	the time period				14,71			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fic	luciary Correction							
	Program)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x				
С				10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's f	idelity bon	d, that was caused							
е	by fraud or dishonesty?			10d		х				
-	carrier, insurance service, or other organization that provides some									
	the plan? (See instructions.)			10e		х				
f	Has the plan failed to provide any benefit when due under the plan	ı?	••••••••••	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h						
i	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									
j	j Did the plan trust incur unrelated business taxable income?									
Pai	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)								XY	es 🗌 No
118	Enter the unpaid minimum required contribution for current year from				••••••		11a			0
12	Is this a defined contribution plan subject to the minimum funding r							RISA?	Y	es X No

Form 5500-SF 2015 Page	3		
(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 granting the waiver.			f the letter ruling ear
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sl			<u> </u>
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	0	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		 	□ No □ N/A
Part VII Plan Terminations and Transfers of Assets	•••••••••••••••••••	····· <u> </u>	INO IN/A
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes X	No.
	••••••	13a	110
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plof the PBGC?			Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another play which assets or liabilities were transferred. (See instructions.))	
13c(1) Name of plan(s):	13	c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust		14b Trust's EI	N
14c Name of trustee or custodian		14d Trustee o	
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan:	••••••	Yes	☐ No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee of matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	deferrals and employer	Design- based safe harbor method	ADP/ACP test
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "creating method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2) 2(a)(2)(ii))?	(ii) and 1.401(m)-	Yes	☐ No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements	under section 410(b):	Ratio Percentage Test	Average Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a this plan with any other plans under the permissive aggregation rules?	a)(4) by combining	☐ Yes	☐ No
17a Has the Plan been timely amended for all required law changes?	***************************************	Yes	□ No □ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted instructions for tax law changes and codes).	//Enter tl	ne applicable cod	e (See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume subr		o a favorable IRS	opinion or
advisory letter, enter the date of that favorable letter / / and the letter 17d If the plan is an individually-designed plan and recieved a favorable determination letter from determination letter / /	r's serial number. n IRS, please enter the dat	e of plan's last fa	vorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the		☐ Yes	☐ No
19 Were in-service distributions made during the plan year?	•••••••••••••••••	Yes	☐ No
If Yes, enter amount	······	19	
Were minimum required distributions made to 5% owners who have attained age 70 ½ (reganot retired) as required under section 401(a)(9)?		Yes	□ No □ N/A

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).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

		File as an attachme	ent to Form 5500 or	5500-SF.			WWW.
Fo	calendar	plan year 2015 or fiscal plan year beginning 01/01	/2015	and ending	12/	31/201	15
>	Round of	ff amounts to nearest dollar.					
>	Caution:	A penalty of \$1,000 will be assessed for late filing of this report	unless reasonable cat	use is established.			
Α 1	lame of p	lan		B Three-digit			
US	Frontl	ine News, Inc. Defined Benefit Plan		plan numb	er (PN)	>	001
C	Plan spon	sor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	entificati	on Numb	per (EIN)
US	Frontl	ine News, Inc.		22	-3139	336	
E	ype of pla	an: X Single Multiple-A Multiple-B	Prior year plan size:	100 or fewer]101-5	00 🔲 1	More than 500
P	art I I	Basic Information					
1_	Enter th	e valuation date: Month <u>01</u> Day <u>01</u>	Year <u>2015</u>		***************************************		
2	Assets:			-			
	a Marke	et value			2 a		1,459,219
	b Actua	rial value			2b		1,459,219
3	Funding	target/participant count breakdown:	(1) Number of participants	(2) Vested Targ		a	(3) Total Funding Target
	3 For ro	etired participants and beneficiaries receiving payment	0			0	0
			5		68	,034	68,034
		rminated vested participants	1		1,009		1,009,288
		ctive participants			1,077		1,077,322
4		an is in at-risk status, check the box and complete lines (a) and		<u> </u>			
4	•	ng target disregarding prescribed at-risk assumptions	• •		4a	S43.45.45	erite in the residence of the second
		ng target reflecting at-risk assumptions, but disregarding transiti		-			
		risk status for fewer than five consecutive years and disregardin			4b		
5	Effective	e interest rate			5		6.13 %
6	Target r	normal cost			6		C
To	the best of m	r Enrolled Actuary by knowledge, the information supplied in this schedule and accompanying schedules					
		applicable law and regulations. In my opinion, each other assumption is reasonable er my best estimate of anticipated experience under the plan.	(taking into account the expe	erience of the plan and r	easonable	expectation	ns) and such other assumptions, in
	IGN	~ 1 Λ					
Н	ERE	Sh U				04/22/	2016
		Signature of actuary				Da	te
		Theodore Andersen, M.A.A.A., MSPA				14-020	34
		Type or print name of actuary			Most re	cent enro	ollment number
		Pension Associates			(20	3) 356	5-0306
		Firm name		Tele	phone	number (including area code)
		2001 West Main Street					
	** ~	Suite 230					
	បន	Stamford					
	actuary l actions	nas not fully reflected any regulation or ruling promulgated under	r the statute in comple	eting this schedule	, check	the box a	and see

	Sc	nedule SB (Form 5500) 2015 Page	2			
Pa	rt II	Beginning of Year Carryover and Prefunding Balances				
			(a) Carryover balance	(b)	Prefundir	ng balance
7		at beginning of prior year after applicable adjustments (line 13 from prior	0			28,486
8		elected for use to offset prior year's funding requirement (line 35 from ur)	0			0
9	Amount	remaining (line 7 minus line 8)	0			28,486
10	Interest	on line 9 using prior year's actual return of3.00%	0			855
11	Prior yea	ar's excess contributions to be added to prefunding balance:				
	a Prese	ent value of excess contributions (line 38a from prior year)				0
	b(1) In:	erest on the excess, if any, of line 38a over line 38b from prior year				
	Sc	hedule SB, using prior year's effective interest rate of6.69 %				0
	b(2) In:	erest on line 38b from prior year Schedule SB, using prior year's actual				
	re	turn				0
	C Total	available at beginning of current plan year to add to prefunding balance .				0
	d Portion	on of (c) to be added to prefunding balance				0
12	Other re	ductions 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			29,341
Pa	rt III	Funding Percentages				
14	Funding	target attainment percentage		•••••	14	132.72 %
15	Adjusted	funding target attainment percentage	• • • • • • • • • • • • • • • • • • • •	•••••	15	135.44 %
16		ar's funding percentage for purposes of determining whether carryover/prefurear's funding requirement			16	0.00 %
17	If the cu	rrent value of the assets of the plan is less than 70 percent of the funding ta	rget, enter such percentage	•••••	17	%
Pa	rt IV	Contributions and Liquidity Shortfalls				
18	Contribu	tions made to the plan for the plan year by employer(s) and employees:				

	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return										C
	C Total av	ailable at beginning of	current pla	an year to add to prefunding ba	alance .						0
	d Portion o	of (c) to be added to p	efunding t	palance							C
12	Other reduc	ctions in balances due	to election	s or deemed elections	•••••			0			C
13	Balance at	beginning of current ye	ear (line 9	+ line 10 + line 11d - line 12) .	•••••			0			29,341
P	art III	Funding Percent	ages					•			
14	Funding tar	get attainment percen	tage		•••••	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••		14	132.72 %
15	Adjusted fu	nding target attainmer	t percenta	ge		• • • • • • • • • • • • • • • • • • • •				15	135.44 %
	 Adjusted funding target attainment percentage Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement 										0.00 %
17				is less than 70 percent of the f					••••	17	%
P	art IV	Contributions an	d Liqui	dity Shortfalls							
18	Contribution	ns made to the plan fo	r the plan	year by employer(s) and emplo	yees:						
(N	(a) Date 1M-DD-YYYY	(b) Amount p employer((c) Amount paid by employees) Date D-YYYY)	(b) Amount employe		(c) Amou	unt paid by oyees
		-			Totals	► 18(b)		0	18(c)		0
19	Discounted	employer contribution	s see in:	structions for small plan with a	valuation	date after t	the beginning of the	year:			
	a Contribu	tions allocated toward	unpaid mi	nimum required contributions f	rom prior	years		19a			C
	b Contribut	tions made to avoid re	strictions a	adjusted to valuation date		• • • • • • • • • • • • • • • • • • • •		19b			C
	C Contribu	tions allocated toward	minimum	required contribution for currer	it year ad	usted to va	lluation date	19c			C
20	Quarterly co	ontributions and liquidi	ty shortfall	s:			•				
	a Did the p	olan have a "funding sh	nortfall" for	the prior year?		• • • • • • • • • • • • • • • • • • • •				[Yes X No
	b If line 20	a is "Yes," were requir	ed quarter	ly installments for the current y	ear made	in a timely	manner?			🗀	Yes No
				complete the following table as							
				Liquidity shortfall as of end			n year				
	(1) 1st		(2) 2nd		(3)	3rd		(-	4) 4th	า

Pa	art V	Assumption	ons Used To Determine	Funding Target and Targ	get Normal Cost				
21	Disco	unt rate:							
	a Se	gment rates:	1st segment: 4.72 %	3rd segment: 6.81 %	0	N/A, full yield curve used			
	b App	0							
22	Weigh	nted average re	22	65					
_23	Mortal	lity table(s) (see	e instructions) X Pr	escribed - combined Pre	scribed - separate	Substitu	te		
Pa	rt VI	Miscellane	eous items						
24		•	•	uarial assumptions for the current			0 0 .		
			·	an year? If "Yes," see instructions					
						attachmen	tX Yes No		
			•	er applicable code and see instruc		27			
Pa	rt VII	Reconcili	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years				
_28	Unpai	d minimum req	uired contributions for all prior	years		28	0		
29				I unpaid minimum required contrib	. ,	29	0		
30				ntributions (line 28 minus line 29)		30	0		
	rt VIII		Required Contribution		• • • • • • • • • • •	30	<u> </u>		
			.						
31			nd excess assets (see instruct			312	0		
	a Target normal cost (line 6)								
32	D Excess assets, if applicable, but not greater than line 31a								
02						0	0		
				• • • • • • • • • • • • • • • • • • • •		0	0		
				ter the date of the ruling letter gran	nting the approval				
) and the waived amount .		33	0		
34	Total f	unding requirer	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0		
				Carryover balance	Prefunding Bala	ince	Total balance		
35	Balan	ces elected for	use to offset funding						
	require	ement	• • • • • • • • • • • • • • • • • • • •			•			
36	Additio	onal cash requi	rement (line 34 minus line 35)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • •	36	0		
37				ontribution for current year adjuste		37	0		
38			ess contributions for current ye		• • • • • • • • • • •				
						38a	0		
		-		prefunding and funding standard c		38b	0		
39				ear (excess, if any, of line 36 over		39	0		
			uired contributions for all years	•	· ·	40	0		
	rt IX		<u> </u>	Pension Relief Act of 2010		s)			
41	If an ele	ection was mad	de to use PRA 2010 funding re	lief for this plan:		-			
							2 plus 7 years 15 years		
				41a was made					
42			•	+ia was iliaue		42			
			-	d over to future plan years		43			
				. ,					

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

US Frontline News, Inc. Defined Benefit Plan 22-3139336 / 001

For the plan year 01/01/2015 through 12/31/2015

Valuation Date: 01/01/2015

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at nearest birthday and other ages at nearest birthday

New participants are not included in current year's valuation

Prospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Segment 3

Minimum

Interest Rates -

permitted under IRC 430(h)(2)(C) Segment # Year Rate % 0 - 5 1.22

Segment rates for the Valuation Date as

Segment 1 Segment 2 6 - 20 4.11 5.20 Segment 3 > 20

Segment rates as of September 30, 2014 As permitted under IRC 430(h)(2)(C)(iv)(II) -HATFA Segment # Year Rate % Segment 1 0 - 5 4.72 Segment 2 6 - 206.11

> 20

6.81

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -15C - 2015 Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5.5%

15E - 2015 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -8% Post-Retirement - Interest -8%

> Mortality Table -U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

US Frontline News, Inc. Defined Benefit Plan 22-3139336 / 001

For the plan year 01/01/2015 through 12/31/2015

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, Part V Summary of Plan Provisions

US Frontline News, Inc. Defined Benefit Plan 22-3139336 / 001

For the plan year 01/01/2015 through 12/31/2015

Employer: US Frontline News, Inc.

Type of Entity - S-Corporation

EIN: 22-3139336 TIN: Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 01/01/1999 Year end - 12/31/2015 Valuation - 01/01/2015

Top Heavy Years - 2010, 2011, 2012, 2013, 2014, 2015

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 18 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - 0 times the Monthly Retirement Benefit plus Present Value of Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service except years prior to plan effective date

Schedule SB, Part V Summary of Plan Provisions

US Frontline News, Inc. Defined Benefit Plan 22-3139336 / 001

For the plan year 01/01/2015 through 12/31/2015

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.48
Segment 2	6 - 20	3.77
Segment 3	> 20	4.79

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5.5%

Mortality Table - None

Post-Retirement - Interest - 5.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 22 - Description of Weighted Average Retirement Age

US Frontline News, Inc. Defined Benefit Plan 22-3139336 / 001 For the plan year 01/01/2015 through 12/31/2015

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 26 - Schedule of Active Participant Data

US Frontline News, Inc. Defined Benefit Plan 22-3139336/001

For the plan year 01/01/2015 through 12/31/2015

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34			1							
35 to 39			5							
40 to 44			3							
45 to 49			2	4						
50 to 54				1						
55 to 59										
60 to 64					2					
65 to 69										
70 & up										