

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), 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
		2010
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information								
1a Name of plan AUDIENCESCIENCE INC. 401K PLAN	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>001</td> </tr> <tr> <td>1c Effective date of plan</td> <td>01/01/2001</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan	01/01/2001				
1b Three-digit plan number (PN) ►	001								
1c Effective date of plan	01/01/2001								
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) AUDIENCESCIENCE 1120 112TH AVENUE NE, STE 400 BELLEVUE, WA 98004	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>91-2029906</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>425-201-3900</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>518210</td> </tr> <tr> <td colspan="2"></td> </tr> </table>	2b Employer Identification Number (EIN)	91-2029906	2c Sponsor's telephone number	425-201-3900	2d Business code (see instructions)	518210		
2b Employer Identification Number (EIN)	91-2029906								
2c Sponsor's telephone number	425-201-3900								
2d Business code (see instructions)	518210								

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.	10/14/2011	DEB NIELSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

AUDIENCESCIENCE

1120 112TH AVENUE NE, STE 400
BELLEVUE, WA 98004**3b** Administrator's EIN

91-2029906

3c Administrator's telephone number

425-201-3900

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**

134

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**

45

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

204

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

204

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

134

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 Characteristic Codes in the instructions:

2F 2G 2J 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

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) ☒

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) ☒**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) ☒**H** (Financial Information)(2) ☐**I** (Financial Information - Small Plan)(3) ☐**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☐**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information 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.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan AUDIENCESCIENCE INC. 401K PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AUDIENCESCIENCE		D Employer Identification Number (EIN) 91-2029906

Part I	Service Provider Information (see instructions)
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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)..... ☐ 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

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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)

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04-2647786

(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?
64 65	RECORDKEEPER	25	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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.	

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
(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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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:

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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan AUDIENCESCIENCE INC. 401K PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AUDIENCESCIENCE	D Employer Identification Number (EIN) 91-2029906	

Part I	Asset and Liability Statement
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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)	10816	14792
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	683349	808179
(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)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	24592	0
(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)	2200535	2996888
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	2919292	3819859

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2919292	3819859
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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)	784514	
(C) Others (including rollovers)	2a(1)(C)	42677	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		827191
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	145	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	674	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		819
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	36807	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		36807
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(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)		366348
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1231165

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	327085	
(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)		327085
f Corrective distributions (see instructions)	2f		3454
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	59	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		59
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		330598

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		900567
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: **BADER MARTIN, P.S.**

(2) EIN: **91-1501421**

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 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.).....	X		73092
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.).....		X	
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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		X	

- 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)

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 2010 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>AUDIENCESCIENCE INC. 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AUDIENCESCIENCE</u>	D Employer Identification Number (EIN) <u>91-2029906</u>

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	<u>0</u>
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): <u>04-6568107</u>		
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 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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(es). If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2010
v.092308.1

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 items 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 items 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 items 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 items 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 items 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 items 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 item 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 items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

AUDIENCESCIENCE INC. 401(k) PLAN

2010
FINANCIAL STATEMENTS



EIN: 91-2029906
Plan number 001

AUDIENCESCIENCE INC. 401(k) PLAN

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Independent Auditors' Report

Trustees
AudienceScience, Inc. 401(k) Plan
Bellevue, Washington

We were engaged to audit the accompanying statements of net assets available for benefits of AudienceScience, Inc. 401(k) Plan (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules of assets held at year end as of December 31, 2010, and delinquent participant contributions as of December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bader Martin, P.S.

October 10, 2011

Bader Martin, P. S. Certified Public Accountants + Business Advisors

1000 Second Avenue, 34th Floor, Seattle, Washington 98104-1022 | 206.621.1900 | FAX 206.682.1874 | www.badermartin.com



AUDIENCESCIENCE, INC. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2010	2009
Assets:		
Investments, at fair value:		
Mutual funds	\$ 2,996,888	\$ 2,200,535
Money market fund	808,179	683,349
	3,805,067	2,883,884
Participant contributions receivable	14,792	10,816
Notes receivable from participants		24,592
Net assets available for benefits	<u>\$ 3,819,859</u>	<u>\$ 2,919,292</u>

See notes to financial statements.

AUDIENCESCIENCE, INC. 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31,	
	2010	2009
Investment and other income:		
Net appreciation in fair value of mutual funds	\$ 366,348	\$ 520,552
Dividends	36,807	26,659
Interest:		
Money market fund	145	4,396
Notes receivable	674	1,803
	<u>403,974</u>	<u>553,410</u>
Contributions:		
Participant	784,514	551,873
Rollover	42,677	6,377
	<u>827,191</u>	<u>558,250</u>
Payments:		
Benefit payments	327,085	280,642
Corrective distribution	3,454	
Expenses	59	404
	<u>330,598</u>	<u>281,046</u>
Net increase	900,567	830,614
Net assets available for benefits, beginning of year	<u>2,919,292</u>	<u>2,088,678</u>
Net assets available for benefits, end of year	<u>\$ 3,819,859</u>	<u>\$ 2,919,292</u>

See notes to financial statements.

AUDIENCESCIENCE, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan:

The following description of AudienceScience, Inc. 401(k) 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 for employees of AudienceScience, Inc. (the Company). During 2010, the Plan's name was changed from Revenue Science Inc. 401(k) Plan to AudienceScience, Inc. 401(k) Plan. The Plan was established effective January 1, 2001 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility:

Employees who are at least 21 years of age are eligible to participate in the Plan. Employees are admitted to the Plan beginning the first day of the month following attainment of eligibility requirements.

Plan administration:

The Plan is administered by the Company. The trustee of the Plan's investments is Fidelity Management Trust Company.

Contributions:

A participant may elect to have up to 60% of compensation contributed to the Plan and allocated to his or her account, up to the maximum dollar amount permitted by applicable law. The Plan allows for "catch-up" contributions for participants who are age 50 or older. Participants may also contribute amounts representing distributions from other qualified retirement plans. The Plan does not provide for employer contributions.

Vesting:

Participants are fully vested in their contributions and earnings thereon.

AUDIENCESCIENCE, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued):

Participant accounts:

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and the participant's share of the Plan's income and loss on those amounts. Participant accounts are valued daily based on quoted market prices.

Participants direct their account balance among the investment options allowed under the Plan. Participants may change their investment elections and make transfers between investment options on a daily basis.

Benefits:

On termination of service, a participant or their beneficiary may elect to receive either a lump sum distribution equal to the value of the participant's account, or installments over a period not to exceed the life expectancy of the participant or their beneficiary. Account balances totaling \$1,000 or less must be distributed in a lump-sum amount.

Hardship withdrawals:

While still employed by the Company, participants are permitted to withdraw a single lump sum amount from the balance they have contributed under certain conditions. A participant's right to make deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

Notes receivable from participants:

Participants generally may borrow up to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the borrower's vested plan benefits, bear interest at a commercially reasonable rate, and may have terms ranging from one to five years. Principal and interest are paid through payroll deductions. Notes receivable from participants are measured at the outstanding principal amount plus accrued, but unpaid interest.

The Plan's management considers notes receivable from participants to be past due at the end of the calendar quarter following a quarter for which there is an outstanding payment due. Notes receivable from participants are deemed distributions to the participant once the Plan's management has exhausted all its collection efforts. There were no outstanding notes receivable at December 31, 2010.

AUDIENCESCIENCE, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued):

Retirement:

Normal retirement age is 60 years old.

Plan termination:

The Company reserves the right to amend or terminate the Plan at any time subject to the provisions of ERISA. However, no such amendment or termination shall deprive any participant of any vested interest in the Plan.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements are prepared on the accrual basis of accounting. Benefits paid to participants are recorded when paid.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and related disclosures. Actual results could differ from those estimates.

Investment valuation and income recognition:

Investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued when earned. Dividends are recorded on the ex-dividend date. Gains and losses (realized and unrealized) are reported in net appreciation in fair value of mutual funds.

Subsequent events:

The Plan has evaluated subsequent events through October 10, 2011, the date the financial statements were available to be issued.

AUDIENCESCIENCE, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

3. Investments and fair value measurements:

The fair value of the mutual funds and the money market fund are based on quoted net asset values from active markets (level 1 measurements in the fair value hierarchy).

There have been no changes in the methodologies used in valuing investments as of December 31, 2010 and 2009. The fair value of the Plan's investments, all valued using level 1 inputs within the fair value hierarchy, were as follows:

	December 31,	
	2010	2009
Mutual funds:		
Large cap funds	\$ 1,191,566	\$ 921,021
Mid cap funds	533,901	449,154
International funds	480,161	414,306
Target date funds	387,852	213,373
Fixed income funds	262,250	116,176
Small cap funds	89,069	59,905
Real estate fund	52,089	26,600
Money market fund	808,179	683,349
	<u>\$ 3,805,067</u>	<u>\$ 2,883,884</u>

The Plan's investments are exposed to various risks such as interest rate, market, credit and concentration risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of the Plan's investments will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the financial statements.

AUDIENCESCIENCE, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

3. Investments and fair value measurements (continued):

The following investments comprise five percent or more of the Plan's net assets available for benefits as of December 31:

	<u>2010</u>	<u>2009</u>
Fidelity Retire Money Market	\$ 808,179	\$ 683,349
Fidelity Diversified International	347,453	301,529
Spartan Total Market Index	248,141	218,926
Fidelity OTC Portfolio	245,324	156,091
Fidelity Mid-Cap Stock		171,342
Five percent of net assets available for benefits	\$ 190,993	\$ 145,965

4. Tax status:

The Plan obtained its latest determination letter on October 9, 2003, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

During 2010 and 2009, the Company did not remit participant contributions totaling \$73,092 and \$132,761, respectively, within the time period prescribed by the Department of Labor. A delinquent remittance of participant contributions is considered to be a prohibited transaction. The Company did remit the delinquent participant contributions during the 2010 and 2009 plan years.

5. Information certified by trustee:

The following information included in the financial statements and supplemental schedules was provided and certified by the trustee as complete and accurate:

- Investments, at fair value
- Investment and other income
- Schedule of assets held at end of year
- Notes receivable from participants

AUDIENCESCIENCE, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

6. Party-in-interest transactions:

The Plan invests in shares of mutual funds managed by Fidelity Investments, an affiliate of the trustee. Transactions in such investments qualify as party-in-interest transactions under ERISA.

7. Administrative expenses:

The Company pays all administrative expenses of the Plan except for loan processing fees which are paid by the participant.

8. Reconciliation of financial statements to Form 5500:

	Year ended December 31,	
	2010	2009
Participant contributions, per financial statements	\$ 784,514	\$ 551,873
Plus contributions receivable, beginning of year		18,675
Less contributions receivable, end of year		
Participant contributions, per Form 5500	<u>\$ 784,514</u>	<u>\$ 570,548</u>

SUPPLEMENTAL SCHEDULES

AUDIENCESCIENCE, INC. 401(k) PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2010

FORM 5500, SCHEDULE H, LINE 4(i), SCHEDULE OF ASSETS HELD AT END OF YEAR

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Fidelity Retire Money Market	Money Market Fund	**	\$ 808,179
*	Fidelity Diversified International	Mutual fund	**	347,453
*	Spartan Total Market Index	Mutual fund	**	248,141
*	Fidelity OTC Portfolio	Mutual fund	**	245,324
*	Fidelity Mid-Cap Stock	Mutual fund	**	158,713
*	Fidelity Blue Chip	Mutual fund	**	154,606
*	Fidelity Value	Mutual fund	**	142,994
*	Fidelity Overseas	Mutual fund	**	132,708
*	Fidelity Short Term Bond	Mutual fund	**	121,577
*	Fidelity Low Priced Stock	Mutual fund	**	121,477
*	Fidelity Contrafund	Mutual fund	**	112,226
*	Fidelity Growth Company	Mutual fund	**	108,308
*	Fidelity Freedom 2030	Mutual fund	**	94,044
*	Fidelity Intermediate Bond	Mutual fund	**	86,217
*	Fidelity Freedom 2040	Mutual fund	**	84,586
*	Fidelity Dividend Growth	Mutual fund	**	81,978
*	Fidelity Puritan	Mutual fund	**	81,064
*	Fidelity Freedom 2025	Mutual fund	**	71,980
*	Fidelity Freedom 2045	Mutual fund	**	68,107
*	Fidelity Investment Grade Bond	Mutual fund	**	54,456
*	Fidelity Real Estate Invs	Mutual fund	**	52,089
*	Fidelity Small Cap Value	Mutual fund	**	49,239
*	Fidelity Lg-Cap Stock	Mutual fund	**	48,669
*	Fidelity Growth Strategies	Mutual fund	**	43,593
*	Fidelity Value Strategies	Mutual fund	**	42,856
*	Fidelity Small Cap Discovery	Mutual fund	**	39,830
*	Fidelity Freedom 2035	Mutual fund	**	33,806
*	Fidelity Equity Income II	Mutual fund	**	28,024
*	Fidelity Fund	Mutual fund	**	24,395
*	Spartan Extended Market Index	Mutual fund	**	24,268
*	Fidelity Exp & Multinatl	Mutual fund	**	22,035
*	Fidelity Equity Income	Mutual fund	**	21,750
*	Fidelity Freedom 2010	Mutual fund	**	15,104
*	Fidelity Fifty	Mutual fund	**	10,867
*	Fidelity Freedom 2050	Mutual fund	**	9,598
*	Fidelity Freedom 2020	Mutual fund	**	6,877
*	Fidelity Freedom Income	Mutual fund	**	4,179
*	Fidelity Freedom 2000	Mutual fund	**	2,479
*	Fidelity Freedom 2005	Mutual fund	**	1,176
*	Fidelity Freedom 2015	Mutual fund	**	95
				\$ 3,805,067

* A party-in-interest, as defined by ERISA

** Cost information is not required, as investments are participant-directed

AUDIENCESCIENCE, INC. 401(k) PLAN**SUPPLEMENTAL SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS****YEAR ENDED DECEMBER 31, 2010**

FORM 5500, SCHEDULE H, LINE 4(a), SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

<u>Participant contributions transferred late to the Plan</u>		<u>Total that constitute nonexempt prohibited transactions</u>	
		<u>Contributions not corrected</u>	<u>Contributions corrected outside VFCP</u>
Year ended December 31, 2010	\$ 73,092	\$ 73,092	
Year ended December 31, 2009	\$ 132,761	\$ 132,761	
Year ended December 31, 2008	\$ 21,025	\$ 21,025	

AUDIENCESCIENCE INC. 401(k) PLAN

2010
FINANCIAL STATEMENTS



EIN: 91-2029906
Plan number 001

AUDIENCESCIENCE INC. 401(k) PLAN

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Independent Auditors' Report

Trustees
AudienceScience, Inc. 401(k) Plan
Bellevue, Washington

We were engaged to audit the accompanying statements of net assets available for benefits of AudienceScience, Inc. 401(k) Plan (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules of assets held at year end as of December 31, 2010, and delinquent participant contributions as of December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bader Martin, P.S.

October 10, 2011

Bader Martin, P. S. Certified Public Accountants + Business Advisors

1000 Second Avenue, 34th Floor, Seattle, Washington 98104-1022 | 206.621.1900 | FAX 206.682.1874 | www.badermartin.com



AUDIENCESCIENCE, INC. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2010	2009
Assets:		
Investments, at fair value:		
Mutual funds	\$ 2,996,888	\$ 2,200,535
Money market fund	808,179	683,349
	<u>3,805,067</u>	<u>2,883,884</u>
Participant contributions receivable	14,792	10,816
Notes receivable from participants	<u> </u>	<u>24,592</u>
Net assets available for benefits	<u><u>\$ 3,819,859</u></u>	<u><u>\$ 2,919,292</u></u>

See notes to financial statements.

AUDIENCESCIENCE, INC. 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31,	
	2010	2009
Investment and other income:		
Net appreciation in fair value of mutual funds	\$ 366,348	\$ 520,552
Dividends	36,807	26,659
Interest:		
Money market fund	145	4,396
Notes receivable	674	1,803
	<u>403,974</u>	<u>553,410</u>
Contributions:		
Participant	784,514	551,873
Rollover	42,677	6,377
	<u>827,191</u>	<u>558,250</u>
Payments:		
Benefit payments	327,085	280,642
Corrective distribution	3,454	
Expenses	59	404
	<u>330,598</u>	<u>281,046</u>
Net increase	900,567	830,614
Net assets available for benefits, beginning of year	<u>2,919,292</u>	<u>2,088,678</u>
Net assets available for benefits, end of year	<u>\$ 3,819,859</u>	<u>\$ 2,919,292</u>

See notes to financial statements.

AUDIENCESCIENCE, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan:

The following description of AudienceScience, Inc. 401(k) 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 for employees of AudienceScience, Inc. (the Company). During 2010, the Plan's name was changed from Revenue Science Inc. 401(k) Plan to AudienceScience, Inc. 401(k) Plan. The Plan was established effective January 1, 2001 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility:

Employees who are at least 21 years of age are eligible to participate in the Plan. Employees are admitted to the Plan beginning the first day of the month following attainment of eligibility requirements.

Plan administration:

The Plan is administered by the Company. The trustee of the Plan's investments is Fidelity Management Trust Company.

Contributions:

A participant may elect to have up to 60% of compensation contributed to the Plan and allocated to his or her account, up to the maximum dollar amount permitted by applicable law. The Plan allows for "catch-up" contributions for participants who are age 50 or older. Participants may also contribute amounts representing distributions from other qualified retirement plans. The Plan does not provide for employer contributions.

Vesting:

Participants are fully vested in their contributions and earnings thereon.

AUDIENCESCIENCE, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued):

Participant accounts:

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and the participant's share of the Plan's income and loss on those amounts. Participant accounts are valued daily based on quoted market prices.

Participants direct their account balance among the investment options allowed under the Plan. Participants may change their investment elections and make transfers between investment options on a daily basis.

Benefits:

On termination of service, a participant or their beneficiary may elect to receive either a lump sum distribution equal to the value of the participant's account, or installments over a period not to exceed the life expectancy of the participant or their beneficiary. Account balances totaling \$1,000 or less must be distributed in a lump-sum amount.

Hardship withdrawals:

While still employed by the Company, participants are permitted to withdraw a single lump sum amount from the balance they have contributed under certain conditions. A participant's right to make deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

Notes receivable from participants:

Participants generally may borrow up to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the borrower's vested plan benefits, bear interest at a commercially reasonable rate, and may have terms ranging from one to five years. Principal and interest are paid through payroll deductions. Notes receivable from participants are measured at the outstanding principal amount plus accrued, but unpaid interest.

The Plan's management considers notes receivable from participants to be past due at the end of the calendar quarter following a quarter for which there is an outstanding payment due. Notes receivable from participants are deemed distributions to the participant once the Plan's management has exhausted all its collection efforts. There were no outstanding notes receivable at December 31, 2010.

AUDIENCESCIENCE, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued):

Retirement:

Normal retirement age is 60 years old.

Plan termination:

The Company reserves the right to amend or terminate the Plan at any time subject to the provisions of ERISA. However, no such amendment or termination shall deprive any participant of any vested interest in the Plan.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements are prepared on the accrual basis of accounting. Benefits paid to participants are recorded when paid.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and related disclosures. Actual results could differ from those estimates.

Investment valuation and income recognition:

Investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued when earned. Dividends are recorded on the ex-dividend date. Gains and losses (realized and unrealized) are reported in net appreciation in fair value of mutual funds.

Subsequent events:

The Plan has evaluated subsequent events through October 10, 2011, the date the financial statements were available to be issued.

AUDIENCESCIENCE, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

3. Investments and fair value measurements:

The fair value of the mutual funds and the money market fund are based on quoted net asset values from active markets (level 1 measurements in the fair value hierarchy).

There have been no changes in the methodologies used in valuing investments as of December 31, 2010 and 2009. The fair value of the Plan's investments, all valued using level 1 inputs within the fair value hierarchy, were as follows:

	December 31,	
	2010	2009
Mutual funds:		
Large cap funds	\$ 1,191,566	\$ 921,021
Mid cap funds	533,901	449,154
International funds	480,161	414,306
Target date funds	387,852	213,373
Fixed income funds	262,250	116,176
Small cap funds	89,069	59,905
Real estate fund	52,089	26,600
Money market fund	808,179	683,349
	<u>\$ 3,805,067</u>	<u>\$ 2,883,884</u>

The Plan's investments are exposed to various risks such as interest rate, market, credit and concentration risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of the Plan's investments will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the financial statements.

AUDIENCESCIENCE, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

3. Investments and fair value measurements (continued):

The following investments comprise five percent or more of the Plan's net assets available for benefits as of December 31:

	<u>2010</u>	<u>2009</u>
Fidelity Retire Money Market	\$ 808,179	\$ 683,349
Fidelity Diversified International	347,453	301,529
Spartan Total Market Index	248,141	218,926
Fidelity OTC Portfolio	245,324	156,091
Fidelity Mid-Cap Stock		171,342
Five percent of net assets available for benefits	\$ 190,993	\$ 145,965

4. Tax status:

The Plan obtained its latest determination letter on October 9, 2003, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

During 2010 and 2009, the Company did not remit participant contributions totaling \$73,092 and \$132,761, respectively, within the time period prescribed by the Department of Labor. A delinquent remittance of participant contributions is considered to be a prohibited transaction. The Company did remit the delinquent participant contributions during the 2010 and 2009 plan years.

5. Information certified by trustee:

The following information included in the financial statements and supplemental schedules was provided and certified by the trustee as complete and accurate:

- Investments, at fair value
- Investment and other income
- Schedule of assets held at end of year
- Notes receivable from participants

AUDIENCESCIENCE, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

6. Party-in-interest transactions:

The Plan invests in shares of mutual funds managed by Fidelity Investments, an affiliate of the trustee. Transactions in such investments qualify as party-in-interest transactions under ERISA.

7. Administrative expenses:

The Company pays all administrative expenses of the Plan except for loan processing fees which are paid by the participant.

8. Reconciliation of financial statements to Form 5500:

	Year ended December 31,	
	2010	2009
Participant contributions, per financial statements	\$ 784,514	\$ 551,873
Plus contributions receivable, beginning of year		18,675
Less contributions receivable, end of year		
Participant contributions, per Form 5500	<u>\$ 784,514</u>	<u>\$ 570,548</u>

SUPPLEMENTAL SCHEDULES

AUDIENCESCIENCE, INC. 401(k) PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2010

FORM 5500, SCHEDULE H, LINE 4(i), SCHEDULE OF ASSETS HELD AT END OF YEAR

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Fidelity Retire Money Market	Money Market Fund	**	\$ 808,179
*	Fidelity Diversified International	Mutual fund	**	347,453
*	Spartan Total Market Index	Mutual fund	**	248,141
*	Fidelity OTC Portfolio	Mutual fund	**	245,324
*	Fidelity Mid-Cap Stock	Mutual fund	**	158,713
*	Fidelity Blue Chip	Mutual fund	**	154,606
*	Fidelity Value	Mutual fund	**	142,994
*	Fidelity Overseas	Mutual fund	**	132,708
*	Fidelity Short Term Bond	Mutual fund	**	121,577
*	Fidelity Low Priced Stock	Mutual fund	**	121,477
*	Fidelity Contrafund	Mutual fund	**	112,226
*	Fidelity Growth Company	Mutual fund	**	108,308
*	Fidelity Freedom 2030	Mutual fund	**	94,044
*	Fidelity Intermediate Bond	Mutual fund	**	86,217
*	Fidelity Freedom 2040	Mutual fund	**	84,586
*	Fidelity Dividend Growth	Mutual fund	**	81,978
*	Fidelity Puritan	Mutual fund	**	81,064
*	Fidelity Freedom 2025	Mutual fund	**	71,980
*	Fidelity Freedom 2045	Mutual fund	**	68,107
*	Fidelity Investment Grade Bond	Mutual fund	**	54,456
*	Fidelity Real Estate Invs	Mutual fund	**	52,089
*	Fidelity Small Cap Value	Mutual fund	**	49,239
*	Fidelity Lg-Cap Stock	Mutual fund	**	48,669
*	Fidelity Growth Strategies	Mutual fund	**	43,593
*	Fidelity Value Strategies	Mutual fund	**	42,856
*	Fidelity Small Cap Discovery	Mutual fund	**	39,830
*	Fidelity Freedom 2035	Mutual fund	**	33,806
*	Fidelity Equity Income II	Mutual fund	**	28,024
*	Fidelity Fund	Mutual fund	**	24,395
*	Spartan Extended Market Index	Mutual fund	**	24,268
*	Fidelity Exp & Multinatl	Mutual fund	**	22,035
*	Fidelity Equity Income	Mutual fund	**	21,750
*	Fidelity Freedom 2010	Mutual fund	**	15,104
*	Fidelity Fifty	Mutual fund	**	10,867
*	Fidelity Freedom 2050	Mutual fund	**	9,598
*	Fidelity Freedom 2020	Mutual fund	**	6,877
*	Fidelity Freedom Income	Mutual fund	**	4,179
*	Fidelity Freedom 2000	Mutual fund	**	2,479
*	Fidelity Freedom 2005	Mutual fund	**	1,176
*	Fidelity Freedom 2015	Mutual fund	**	95
				\$ 3,805,067

* A party-in-interest, as defined by ERISA

** Cost information is not required, as investments are participant-directed

AUDIENCESCIENCE, INC. 401(k) PLAN**SUPPLEMENTAL SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS****YEAR ENDED DECEMBER 31, 2010****FORM 5500, SCHEDULE H, LINE 4(a), SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

<u>Participant contributions transferred late to the Plan</u>		<u>Total that constitute nonexempt prohibited transactions</u>	
		<u>Contributions not corrected</u>	<u>Contributions corrected outside VFCP</u>
Year ended December 31, 2010	\$ 73,092	\$ 73,092	
Year ended December 31, 2009	\$ 132,761	\$ 132,761	
Year ended December 31, 2008	\$ 21,025	\$ 21,025	