## 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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ctions to the Form 550	0-SF.					
Part I		<b>Identification Information</b>								
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012				
	turn/report is for:	X a single-employer plan     ☐ the first return/report	a multiple-employer p the final return/report	lan (not multiemployer)		a one-participant plan				
<b>D</b> This ret	urn/report is:	H '			41\					
_		an amended return/report	H	n/report (less than 12 mo	ontns)					
C Check b	box if filing under:	Form 5558	automatic extension			DFVC program				
		special extension (enter descri								
Part II	Basic Plan Info	rmation—enter all requested info	ormation							
1a Name					1b	Three-digit				
MEDIAPRO,	INC. 401(K) INVEST	MENT AND RETIREMENT PLAN				plan number (PN) 001				
					10	Effective date of plan				
					. •	07/01/1998				
<b>2a</b> Plan sp MEDIAPRO,		dress; include room or suite numbe	er (employer, if for a single-	-employer plan)	2b	<b>b</b> Employer Identification Number (EIN) 91-1589657				
20021 - 120 <sup>-</sup>	TH AVE NE				2c	Sponsor's telephone number 425-483-4700				
SUITE 102	VA 98011-8248				2d	Business code (see instructions) 541990				
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponso	or Name Same as Plar	n Sponsor Address	3b	Administrator's EIN				
					3c	Administrator's telephone number				
						·				
		e plan sponsor has changed since the	he last return/report filed for	or this plan, enter the	4b	EIN				
<b>a</b> Sponso	•	mber from the last return/report.			4c	PN				
		at the beginning of the plan year			5a	67				
		at the end of the plan year			5b	65				
		account balances as of the end of the			30	65				
			, , ,	•	5c	54				
<b>6a</b> Were	all of the plan's assets	s during the plan year invested in eli	igible assets? (See instruc	ctions.)		X Yes No				
•	•	f the annual examination and report			,					
		? (See instructions on waiver eligibil				<del>-</del> -				
		ither line 6a or line 6b, the plan ca								
		or incomplete filing of this return	•							
SB or Sche	, , ,	her penalties set forth in the instruct nd signed by an enrolled actuary, as plete.	•			3, 11 ,				
SIGN	Filed with authorized/	valid electronic signature.	07/11/2013	STEVEN CONRAD						
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	gning as plan administrator				
SIGN HERE	Filed with authorized/	valid electronic signature.	07/11/2013	STEVEN CONRAD						
	Signature of emplo		Date		_	gning as employer or plan sponsor				
Preparer's	name (including firm n	name, if applicable) and address; inc	clude room or suite numbe	er (optional)	Prep	parer's telephone number (optional)				
				ļ						

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7 Plan Assets and Labilities	Pai	t III Financial Information										
a Total plan assets. 75   1538966   1891641   1901641	7			(a) Beginning of Yea	ar			(b) End	d of Y	ear		
D Total plan liabilities. 7b   1539806   1891841   18918			7a	· , · · ·			` '					
C Net plan assets (subtract line 7b from line 7a). 7c (s.358666 (s.361641)  8 Income, Expenses, and Transfers for his Plan Year (b.) Amount (b.) Total  8 Contributions received or receivable form: (1) Employers (s.46		·										
8 Income. Expenses, and Transfers for this Plan Year  8 Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including pollowers). (3) Others (including pollowers). (4) Septimental (including pollowers). (5) Participants. (6) Total income (loss). (6) Total income (loss). (7) Employers. (8) Septimental (including pollowers). (8) Septimental (including pollowers). (8) Debter income (loss). (9) Debter income (loss). (10) Debter income (loss). (		•		153986	66	18016					1	
a Contributions received or receivable from:  (1) Employers: (2) Participants. (3) Others (including relievers). (3) Others (including relievers). (4) Employers: (5) Other (including relievers). (6) Other income (loss). (7) Other (including relievers). (8) Other (including relievers). (8) Other (including relievers). (8) Other (including relievers). (8) Other (including direct rollovers and insurance premiums to provide benefits; paid (including direct rollovers and insurance premiums to provide benefits. (8) Other expenses. (8) Other expenses. (9) Other expen		· · · · · · · · · · · · · · · · · · ·										
(2) Participants. 8a(2) 156864  (3) Others (including rollovers) 8a(3)  (b) Other income (loss) 8b 102958  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 374042  d Benefits pad inclusting direct rollovers and insurance premiums to provide benefits) 8d 20992  e Certain deemed and/or corrective distributions (see instructions). 8e 7 Administrative service providers (salaries, fees, commissions). 8e 7 Administrative service providers (salaries, fees, commissions). 8f 1275  g Other expenses. 8g 9 1276  h Total expenses (add lines 8d, 5e, 8f, and 8g). 8h 12275  g Other expenses. 8g 9 1276  h Total expenses (add lines 8d, 5e, 8f, and 8g). 8h 12276  g Than Fart IV Plan Characteristics  8g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 010 2E 2F 2C 32 25 25 25 25 25 25 25 25 25 25 25 25 25		·		(a) runount				(2)	Total			
(3) Others (including rollovers)		(1) Employers	8a(1)	4500	0							
b Cther income (loss)		(2) Participants	8a(2)	13608	34							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  e Certain deemed and/or corrective distributions (see instructions)	b	Other income (loss)	. 8b	19295	8							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	374042	2	
f Administrative service providers (salaries, fees, commissions)		, , , ,	. 8d	2099	2							
Solution	е	Certain deemed and/or corrective distributions (see instructions)	8e									
n Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f	127	'5							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g									
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2226	7	
Transfers to (from) the plan (see instructions)   8     Part IV   Plan Characteristics  3a   If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 2F 2G 2J 2K   26			. 8i							35177	5	
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 2F 2G 2J 2K  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102 (See instructions and DOL's Voluntary Fiduciary Correction Program)		· · · · · · · · · · · · · · · · · · ·										
9a	Par	t IV Plan Characteristics	<u> </u>	l								
But the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Part V   Compliance Questions		If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	uctions	s:		
10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions).  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  10	b		eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:			
10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions).  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  10	Dord	V Compliance Questions										
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a						Vac	Na					
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a			tiono withi	n the time period described in	I	res	NO		Am	ount		
on line 10a.)		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					10b		X					
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	C	Was the plan covered by a fidelity bond?			10c	X					1500	000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	d		-		10d		X					
f Has the plan failed to provide any benefit when due under the plan?	е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See		X						
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					10e		V				44	406
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ.					
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	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					196	680
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	h	• •	`		10h		X					
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	· · · · · · · · · · · · · · · · · · ·			10i							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part	VI Pension Funding Compliance										
11a Enter the amount from Schedule SB line 39	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form											
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  Month Day Year    If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a	44										
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction		ERISA?.		Yes	X	No
granting the waiver		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
	a	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_	ne date of			ling	
b Enter the minimum required contribution for this plan year	If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
	b	Enter the minimum required contribution for this plan year					12b					

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## 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).

2012

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

Complete all entries in accordance with the instructions to the Form 5500-SF.

*Part   Annual Report Identification Information		·					
For calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012	2			
A This return/report is for:	a multiple-employer p	olan (not multiemployer)	a one-participant plan				
This return/report is: the first return/report the final return/report							
an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
C Check box if filing under: Form 5558	automatic extension		☐ DFVC pri	ogram			
special extension (enter descript	ion)		ч .	•			
Part II Basic Plan Information enter all requested info							
1a Name of plan	ormation	****	1b Three-digit				
·			plan numbe				
MediaPro, Inc. 401(k) Investment and Retire	ment Plan		(PN) ►	001			
			1c Effective da 07/01/19				
2a Plan sponsor's name and address; include room or suite number MediaPro, Inc.	(employer, if for a singl	e-employer plan)		lentification Number			
				elephone number			
20021 - 120th Ave NE			(425) 48				
Suite 102			2d Business co	de (see instructions)			
US Bothell WA 98011-8248			541990	·			
3a Plan administrator's name and address X Same as Plan Spons	sor Name 🔲 Same as	Plan Sponsor Address	3b Administrate	or's EIN			
			20 11 11 1				
			3C Administrate	or's telephone number			
	•						
4 If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN				
a Sponsor's name			4c PN				
5a Total number of participants at the beginning of the plan year			5a	67			
b Total number of participants at the end of the plan year			5b	65			
C Number of participants with account balances as of the end of the complete this item)	plan year (defined ben	efit plans do not	5c	54			
6a Were all of the plan's assets during the plan year invested in eligit	ble assets? (See instru	ctions.)	471417417417417417417474	X Yes No			
<b>b</b> Are you claiming a waiver of the annual examination and report of	f an independent qualifi	ed public accountant (IQI	PA)				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility			***************************************	X Yes ☐ No			
If you answered "No" to either line 6a or line 6b, the plan can				<del></del>			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.							
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.							
SIGN CE	7-2-13	Steven E	Conrad				
HERE Signature of plan administrator	" "	,		after the tendence of the second			
m h	Date 7/2//3	Enter name of individua	ai signing as pian a	dministrator			
SIGN // // // // // // HERE Signature of employer/plan sponsor	<del></del>	M. Sue	Conrad				
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)				yer or plan sponsor			
reparers name (including infinitialite, if applicable) and address; incl	ude room or suite numi	er (optional)	Preparer's teleph	one number (optional)			

Pa	rtilli Financial Information		1 11 11 11 11 11 11							
7	Plan Assets and Liabilities		(a) Beginning of Year	•	T	(b) End of Year				
а	Total plan assets	7a	1,539,86	66		1,891,641				
b	Total plan liabilities	7b			1	, , , , , , , , , , , , , , , , , , ,				
C.	Net plan assets (subtract line 7b from line 7a)	7c	1,539,80	56		1,891,641				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from:	90(4)	45,00	20						
	(1) Employers(2) Participants	8a(1) 8a(2)	136,08							
	(3) Others (including rollovers)	8a(3)	25070.							
b	Other income (loss)	8b	192,9	:_ 58						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					374,042			
d	Benefits paid (including direct rollovers and insurance premiums			<b>3</b> 4 2	Že, št	bi. n	3/4,042			
	to provide benefits)	8d	20,99	92	7					
	Certain deemed and/or corrective distributions (see instructions)	8e		:						
	Administrative service providers (salaries, fees, commissions)	8f	1,2	75	10.					
g	Other expenses	8g		ritorii Brusi						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					22,267			
	Net income (loss) (subtract line 8h from line 8c)	8i			1900 M	Lake estab	351,775			
	Transfers to (from) the plan (see instructions)	8j	****							
	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	les from the List of Plan Charac	teristi	c Cod	es in t	he instructions:			
$\rightarrow$	3D 2E 2F 2G 2J 2K									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Code	s in th	e instructions:			
Pa	nt.V. Compliance Questions		<del></del>							
10	During the plan year:		* T14-1		Yes	No	Amount			
а		tions withi	n the time period described in	10a	165	X	Amount			
b		? (Do not i	include transactions reported	10b		х				
С	Was the plan covered by a fidelity bond?			10c	x		150,000			
d							230,000			
	or dishonesty?		***************************************	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all cinstructions.)	of the bene	fits under the plan? (See	10e	x		4,406			
f	Has the plan failed to provide any benefit when due under the plan			10f		х				
g			···	10g	х		19,680			
h		(See instru	ictions and 29 CFR				19,660			
i	If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the	10h		х				
Pa	exceptions to providing the notice applied under 29 CFR 2520.101  Pension Funding Compliance	1-3		10i						
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form									
11:	5500) and line 11a below) Yes X No.  11a Enter the amount from Schedule SB line 39									
12	Is this a defined contribution plan subject to the minimum funding		<del> </del>			11a   02 of l	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					1				
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver	ng amortiz	ed in this plan year, see instruc	tions,	and e	nter th	ne date of the letter ruling			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule						100 100 100			
b	• • • • • • • • • • • • • • • • • • • •					12b	Transport Market			

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c	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A			
Part	VII Plan Terminations and Transfers of Assets						
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?		es X	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	***************************************				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	ontrol		Yes X No			
Ċ	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.)	)					
	3c(1) Name of plan(s): 13c	(2) EIN	s)	13c(3) PN(s)			
Parl	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			