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

2013

This Form is Open to Public Inspection

Pension E	Benefit Guaranty Corporation	▶ Complete all entries in accordar	nce with the instruc	tions to the Form 5500)-SF.		pedilon
Part I		Identification Information					
For calend	dar plan year 2013 or fis			and ending 12	2/31/2013		
A This re	eturn/report is for:			an (not multiemployer)	Па	one-particip	ant plan
B This re	eturn/report is:	the first return/report the	e final return/report				
		an amended return/report as	short plan year return	/report (less than 12 mo	onths)		
C Check	box if filing under:		utomatic extension			FVC progra	m
	1	special extension (enter description)					
Part II		rmation—enter all requested information	on				
1a Name MEDIAPRO		MENT AND RETIREMENT PLAN			1b Three plan (PN	number	001
						ctive date of 07/01/	•
2a Plan s		dress; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b Emp (EIN		ication Number 39657
20021 - 120	OTH AVE NE				2c Spo	nsor's teleph 425-483	none number 3-4700
SUITE 102 BOTHELL,	WA 98011-8248				2d Busi	iness code (s 54199	see instructions)
3a Plan	administrator's name an	d address 🏻 Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b Adm	ninistrator's E	IN
					3c Adm	ninistrator's to	elephone number
		plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b EIN		
	e, EIN, and the plan nun sor's name	nber from the last return/report.			4c PN		
		at the beginning of the plan year			5a		73
b Total	number of participants	at the end of the plan year			5b		71
C Numl	ber of participants with a	account balances as of the end of the plar	n year (defined benef	fit plans do not	5c		59
	•	during the plan year invested in eligible a					X Yes No
b Are y	ou claiming a waiver of	the annual examination and report of an (See instructions on waiver eligibility and	independent qualified	d public accountant (IQF	PA)		X Yes ☐ No
		ther line 6a or line 6b, the plan cannot					
c If the	plan is a defined benefi	t plan, is it covered under the PBGC insu	rance program (see l	ERISA section 4021)?	Yes	No 🗌	Not determined
Caution:	A penalty for the late of	or incomplete filing of this return/repor	t will be assessed ι	ınless reasonable cau	se is estal	blished.	
SB or Sch		ner penalties set forth in the instructions, I d signed by an enrolled actuary, as well a slete.					
SIGN	Filed with authorized/\	valid electronic signature.					
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ıal signing	as plan adm	inistrator
SIGN							
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individu	ıal signing	as employe	or plan sponsor
Preparer's	s name (including firm na	ame, if applicable) and address; include r	oom or suite number	(optional)	Preparer's	s telephone	number (optional)
				h			

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Day	t III Financial Information							
	t III Financial Information							
7	Plan Assets and Liabilities	(1) 13 3					(b) End of Year	
	Total plan assets 7a 189164						2473323	
	Total plan liabilities	. 7b	400404	4	-		0.470000	
	Net plan assets (subtract line 7b from line 7a)	- 7c	189164	-1	+		2473323	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from: (1) Employers	. 8a(1)	7500	0				
	(2) Participants	8a(2)	18312	23				
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b	34327	1				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					601394	_
	Benefits paid (including direct rollovers and insurance premiums	. 00					001001	
	to provide benefits)	. 8d	1964	6				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f						
g	Other expenses	. 8g	6	6				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					19712	
	Net income (loss) (subtract line 8h from line 8c)	. 8i					581682	
j	Transfers to (from) the plan (see instructions)	- 8j						
Par	t IV Plan Characteristics	<u> </u>	<u> </u>					
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	3D 2E 2F 2G 2J 2K If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X		
С				10c	X		30000)0
d	Did the plan have a loss, whether or not reimbursed by the plan's	-				X		
е	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d				
C	insurance service, or other organization that provides some or all				X			
	instructions.)			10e	^		511	0
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	X		1247	' 9
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i				
Part		1 0		10.				
11	Is this a defined benefit plan subject to minimum funding requirem	onto? (If "	Voc. " and instructions and com	nloto	Sobor	lula CE	2 (Form	
	5500) and line 11a below)	······					·	Ю
11a	Enter the unpaid minimum required contribution for current year fr	rom Sched	dule SB (Form 5500) line 39			11a	<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X N	10
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below							
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		Mon		, and e	enter th Day		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Fo	rm 5500), and skip to line 13.					
h	Enter the minimum required contribution for this plan year	_		_		12b	1	

Page	3 -	. 1	
raye	J		

С	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?	`	res 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	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
	(3c(1) Name of plan(s):	3c(2) E	N(s)	13c(3)	PN(s)			
Part	VIII Trust Information (optional)							
	Name of trust NAPRO, INC. 401(K) INVESTMENT AN		rust's EIN 11589657					

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

X-1	art Annual Report I	Complete all entries in acco	ordance with the instru	ictions to the Form 550	0-SF.					
_	calendar plan year 2013 or fisc	dentification Information cal plan year beginning	01/01/2013	and ending	12/	/31/2013				
		x a single-employer plan		plan (not multiemployer)	Γ	a one-partici	nant nlan			
	This return/report is:			j a ono parion	ouri piuri					
		the first return/report an amended return/report	the final return/report	urn/report (less than 12 m	onthe)					
C	C Check box if filing under: Form 5558 automatic extension					DFVC program				
•	Check box if filling diffuer.	special extension (enter descript				j Dr vo progra	ш			
		<u> </u>								
	art II Basic Plan Infor Name of plan	mation enter all requested inf	formation		4h m	'hree-digit	· •			
	•					lan number				
	MediaPro, Inc. 401()	k) Investment and Retire	ement Plan			PN) ► ffective date o	001			
							f plan			
2a	Plan sponsor's name and add	fress; include room or suite number	(employer, if for a singl	e-employer plan)		7/01/1998 mplover ident	ification Number			
	MediaPro, Inc.			,	1	EIN) 91-15				
					2c s	ponsor's telep	hone number			
	20021 - 120th Ave NE	2				(425) 483-				
***	Suite 102					Business code 341990	(see instructions)			
3a	Bothell Plan administrator's name and	WA 98011-8248 d address X Same as Plan Spons	sor Namo 🗆 Samo as	Plan Changer Address		dministrator's	CINI			
vu	That during a dot 3 hattle ark	Jaddiess [A] Saine as Flair Sports	sor ivallie Same as	Fian Sponsor Address	JU A	diministrator s	EIN			
					20.0					
					3c Administrator's telephone number					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.				4b EIN						
а		ber from the last return/report.			4- 5	**1				
		at the beginning of the plan year			4с Р 5а	<u> </u>	73			
b		it the end of the plan year			5b		71			
C	Number of participants with a	ccount balances as of the end of the	e plan year (defined ber	efit plans do not	0.0		. , , ,			
_	complete this item)	***************************************	***************************************	***************************************	5c		59			
		during the plan year invested in eligi			***********	***********	X Yes No			
D		he annual examination and report of (See instructions on waiver eligibility	•		,		ਦੀ∨ □N-			
		ner line 6a or line 6b, the plan can	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and must instead use		 EOO	XYes No			
C		plan, is it covered under the PBGC					Not determined			
_										
		or incomplete filing of this return/interpretation of the instruction					ankle a Cakadula			
SE	B or Schedule MB completed an	id signed by an enrolled actuary, as	well as the electronic v	ersion of this return/repor	t, and to	the best of m	y knowledge and			
be	lief, it is true, correct, and comp	lete				· · · · · · · · · · · · · · · · · · ·				
S	igne the		07/07/14	STEVEN E.	CON	J124D				
	ERE Signature of plan admir	pistrator	Date	Enter name of individua	dual signing as plan administrator					
	ign M. Mull	inal	07/01/2014	M. Sue C	ano	ad				
	ERE Signature of employer/	<u> </u>	Date	Enter name of individua	ıl signing	as employer	or plan sponsor			
Pr	eparer's name (including firm na	ame, if applicable) and address; incl	lude room or suite numb	per (optional)			number (optional)			
	•									

Pa	rt III Financial Information								_
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End c	f Year	
а	Total plan assets	7a	1,891,6	41				2,473,323	
b	Total plan liabilities	7b							-
C	Net plan assets (subtract line 7b from line 7a)	7c	1,891,6	41				2,473,323	_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а 	Contributions received or receivable from: (1) Employers	8a(1)	75,0	00					
	(2) Participants	8a(2)	183,1	23					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	343,2	71					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						601,394	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	19,6	46					
е	Certain deemed and/or corrective distributions (see instructions)	8e					de a contr		
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f				4.4			
g	Other expenses	8g		66					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	a de maria					19,712	
<u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i						581,682	
j	Transfers to (from) the plan (see instructions)	8 j							
_	TEIV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for 3D 2E 2F 2G 2J 2K	eature cod	ies from the List of Plan Charac	teristi	ic Cod	es in t	the instructi	ons:	
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 instructio	ns:	—
		_							
	nt V. Compliance Questions								
10	During the plan year:						-	Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ection Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		х			
C				10c	х			300,00	<u>-</u>
d		fidelity bor	nd, that was caused by fraud	10d		х	•		_
e				100		**			—
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	x	•		5,11	0
f	Has the plan failed to provide any benefit when due under the plan			10f		x			—
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	х	•••		12,47	— 9
h		See instru	ictions and 29 CFR	10h		х		4841	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i		46		nde virusine editar bes, save	
Pa	Pension Funding Compliance		***************************************	101					
11	ls this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	ule S	B (Form	Yes X N	 o
11:	Enter the unpaid minimum required contribution for current year fr					11a			<u> </u>
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Yes X N	 o
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								_
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver	ng amortize	ed in this plan year, see instruc	tions,	and e	nter th		ne letter ruling Year	_
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	n 5500), and skip to line 13.						_
b	- 100			******		12b	•		_

	Form 5500-SF 2013		Page 3-					
	Enter the amount contributed by the ampleyer to the plan for this pl	don your			12c	<u> </u>		
d	Enter the amount contributed by the employer to the plan for this pl Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a	minus sign to t	he left of a	12d			_
е	Will the minimum funding amount reported on line 12d be met by the				🖂	Yes [□ No □ N/A	
Par	VII Plan Terminations and Transfers of Assets							_
13a	Has a resolution to terminate the plan been adopted in any plan year	ar?		***************************************	□ Y.	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 confidence of the PBGC?				control		Yes X No	_	
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)				0			
	3c(1) Name of plan(s):			130	c(2) EIN	(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)							
14a	lame of trust				14b ⊺	rust's Ell	N	
ì	ediaPro, Inc. 401(k) Investment an				:	91-158	39657	