## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## **Short Form Annual Return/Report of Small Employee Benefit Plan**

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

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I		t Identification Information								
For calend	lar plan year 2014 or f	or fiscal plan year beginning 01/01/2014 and ending 12/31/2014								
A This re	turn/report is for:	<u> </u>		an (not multiemployer) ver information in accor	,	s box must attach a list instructions)				
		a one-participant plan a	foreign plan							
<b>B</b> This ret	urn/report is	the first return/report the	the final return/report							
		an amended return/report as	short plan year return	n/report (less than 12 m	12 months)					
C Check	box if filing under:	Form 5558	utomatic extension	ension DFVC program						
		special extension (enter description)								
Part II	Basic Plan Info	ormation—enter all requested information	on							
1a Name	•				<b>1b</b> Three-digit					
MEDIAPRO	), INC. 401(K) INVEST	TMENT AND RETIREMENT PLAN			plan number	001				
					` '					
					1c Effective date of plan 07/01/1998					
		ddress; include room or suite number (emp	ployer, if for a single-	employer plan)	<b>2b</b> Employer Ide	entification Number				
MEDIAPRO,	INC.		-			I-1589657				
					<b>2c</b> Sponsor's te	elephone number				
20021 - 1207	TH AVE NE				425-483-4700					
SUITE 102 BOTHELL, V	VA 98011-8248				<b>2d</b> Business code (see instructions)					
20. Dlan a	alasiaistastaula assas s	and address VC Disc Co			541990					
<b>Ja</b> Plan a	idministrator's name a	and address XSame as Plan Sponsor.			<b>3b</b> Administrate	r's ein				
					<b>3c</b> Administrato	r's telephone number				
4 If the	name and/ar FINI of th		t raturn/ranart filad fa	ur this plan antar the	4h FIN					
		ne plan sponsor has changed since the las umber from the last return/report.	a return/report illed to	or this plan, enter the	4b EIN					
	sor's name	·			4c PN					
<b>5a</b> Total	number of participants	s at the beginning of the plan year			5a	82				
<b>b</b> Total	number of participants	s at the end of the plan year			5b					
C Numb	er of participants with	account balances as of the end of the pla	n year (defined bene	fit plans do not	5c					
•	,				. 30	61				
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the plan yea	r		5d(1)	44				
<b>d(2)</b> Tot	tal number of active pa	articipants at the end of the plan year			5d(2)					
		terminated employment during the plan yea			, ,					
					5e	3				
		or incomplete filing of this return/repor								
		other penalties set forth in the instructions, and signed by an enrolled actuary, as well								
	true, correct, and com		as the electronic vers	sion of this return/repor	t, and to the best of	my knowledge and				
SIGN		d/valid electronic signature.								
HERE	Signature of plan	administrator	Date	Enter name of individ	tual eigning ae nlan	administrator				
14012	Jighatare of piant	<u></u>	Date	Enter Hame of Highle	addi digrillig as piali	adminionator				
SIGN HERE				_						
		oyer/plan sponsor name, if applicable) and address (include i	Date		idual signing as employer or plan sponsor  Preparer's telephone number (optional)					
riepaiers	name (including ilm	name, ii applicable) and address (include i	room or suite number	ι , (οριιοπαι)	rieparer s telepno	ле питьег (орионаг)				

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th	an indepe and condit	ndent qualified public accountations.)	int (IQ	PA)				res No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)?		Yes	No	Not de	termined
Par	t III Financial Information	1	1						
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End		
	Total plan assets	7a	24733	323				279	96188
	Total plan liabilities	7b	24733	223				270	06188
	Net plan assets (subtract line 7b from line 7a)	7c		020			(L) T		0100
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otai	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	2559	929					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1492	264					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						40	)5193
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	822	280					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		48					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						8	32328
	Net income (loss) (subtract line 8h from line 8c)	8i						32	22865
j	Transfers to (from) the plan (see instructions)	8j							
	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K								
10	During the plan year:				Yes	No		Amour	nt
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)	ıciary Cor	rection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		·	10b		X			
C	Was the plan covered by a fidelity bond?			10c	X				300000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e	X				6472
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	X				3090
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			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Υ	es X No
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a			
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?	Y	es X No
	(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 beir granting the waiver.	-			, and e 	enter th Day		he letteı Year _	ruling

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If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13					
b	Enter the minimum required contribution for this plan year			12b			
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 negative amount)	`		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?			Y	'es X No	1	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferrof the PBGC?	, ,	under the o	control		Ye	es X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify	he plan(s) t	0			
1	3c(1) Name of plan(s):		13	3c(2) EI	N(s)	13c(	( <b>3)</b> PN(s)
Part	VIII Trust Information (optional)						

**14a** Name of trust MEDIAPRO, INC. 401(K) INVESTMENT AN

**14b** Trust's EIN 911589657

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part		t Identification Information				
For cale	endar plan year 2014 or	iscal plan year beginning	01/01/2014	and ending	12/31/20	L4
<b>A</b> This	s return/report is for:	x a single-employer plan a one-participant plan		plan (not multiemployer over information in acco		nis box must attach a list m instructions)
<b>B</b> This	s return/report is:	the first return/report	the final return/report	t		
		an amended return/report	_ <del>  _</del>	- urn/report (less than 12	months)	
<b>C</b> Che	eck box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC p	rogram
	200 Age   100 Ag					
Part	III Basic Plan Int ame of plan	ormation enter all requested	I information	V	1b Three-digit	:
		(k) Investment and Ret	irement Plan		plan numb (PN) ▶	er 001
					1c Effective d 07/01/1	· · · · · · · · · · · · · · · · · · ·
2a Pla M∈	an sponsor's name and a adiaPro, Inc.	address; include room or suite num	ber (employer, if for a sing	le-employer plan)		dentification Number -1589657
20	021 - 120th Ave NE	•				telephone number 83-4700
	ite 102 Bothell WA 98011-824				2d Business of 541990	code (see instructions)
3a Pla	an administrator's name	and address 🗓 Same as Plan Sp	oonsor Name		3b Administra	tor's EIN
					3c Administra	tor's telephone number
4 If t	the name and/or FIN of t	he plan sponsor has changed since	the last return (ven est files		4b EIN	
na	me, EIN, and the plan n	umber from the last return/report.	, me last returnitebolt filed	ioi una pian, enter the		
	onsor's name	a at the besidence of the	· · · · · · · · · · · · · · · · · · ·		4c PN	00
		s at the beginning of the plan year sat the end of the plan year				82 71
		s at the end of the plan year account balances as of the end of				. /1
COI	mplete this item)	***************************************	***************************************	•	, t	61
	4	articipants at the beginning of the p				44
No		articipants at the end of the plan ye terminated employment during the			. 5d(2)	45
les	ss than 100% vested .	***************************************	***************************************	***************************************	, 5e	3
		e or incomplete filing of this retu				···
SB or S	penalties of perjury and Schedule MB completed it is true, correct, and co	other penalties set forth in the instr and signed by an enrolled actuary, mplete.	uctions, I declare that I ha as well as the electronic	ve examined this return version of this return/rep	report, including, if port, and to the best	applicable, a Schedule of my knowledge and
ଞାଞ୍ଚଧ		,	6/7/16	Diane Zy	itivale	
भः।महरम	N   //   //   //   //	ministrator	Date	Enter name of individ		administrator
ଞାଜଧ			617/15	Dione Z		
HERE	Signature of employ		Date	Enter name of individ	<i>।</i> ual signing as empl	oyer or plan sponsor
Prepar	er's name (including firm	name, if applicable) and address;	include room or suite num	ber (optional)	Preparer's telepi	none number (optional)
					-	
				•		
					新了5000000000000000000000000000000000000	在原始 \$260 学品,主要中国中央发展。\$360 \$36

<del></del>	Form 5500-SF 2014		Page <b>2</b>		_		
6a '	Were all of the plan's assets during the plan year invested in eligible	le assets? (	(See instructions )				
	Are you claiming a waiver of the annual examination and report of a		,	t (IQF	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					X Yes No	
I	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.						
c i	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 402	21)?	[	Ye:	s No Not determined
Pa	Financial Information						. *
7	Plan Assets and Liabilities	Edwards 200	(a) Beginning of Yea	r			(b) End of Year
a	Total plan assets	. 7a	2,473,3	23			2,796,188
<u>b</u>	Total plan liabilities	. 7b					
	Net plan assets (subtract line 7b from line 7a)	. 7c	2,473,3	23			2,796,188
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		i x suframiliano		(b) Total
	Contributions received or receivable from:  (1) Employers	. 8a(1)	:				
	(2) Participants	. 8a(2)	255,9	29			
	(3) Others (including rollovers)	. 8a(3)			51		
b	Other income (loss)	. 8b	149,2	64			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					405,193
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	82,2	80			
	Certain deemed and/or corrective distributions (see instructions)		02,20	50		eriologia. Protesta	
	Administrative service providers (salaries, fees, commissions)	. 8f		48			
	Other expenses	. 8g					
-	Total expenses (add lines 8d, 8e, 8f, and 8g)			) : X:M			82,328
	Net income (loss) (subtract line 8h from line 8c)	. 8i	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				322,865
<u>i</u>	Transfers to (from) the plan (see instructions)	. 8j		madaminate.	POR NOTICE	Sharena <b>D</b> aring	on in the second of the second
Pa	Plan Characteristics						
(ADDINESSOR)	3D 2E 2F 2G 2J 2K  If the plan provides welfare benefits, enter the applicable welfare fe  TWO Compliance Questions	eature code	s from the List of Plan Characte	eristic	Code	s in th	e instructions:
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ciary Corre	ction Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not i	nclude transactions reported	10b		x	
C	Was the plan covered by a fidelity bond?			10c	x		300,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		x	
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all	her person:	s by an insurance carrier,				
	instructions.)		······································	10e	Х		6,472
f	Has the plan failed to provide any benefit when due under the pla	in?	***************************************	10f		x	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g	х		3,090
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	I notice or one of the	10i			
Par	We Pension Funding Compliance			1	1	<u> </u>	begannen er till det sammen ble er
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fi					T	LI TES AL NO
12	Is this a defined contribution plan subject to the minimum funding		<del></del>			02 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	/, as applica	able.)				
a	If a waiver of the minimum funding standard for a prior year is bei granting the waiver	ing amortize	ed in this plan year, see instruc	tions, nth _	and e	nter th Da	ne date of the letter ruling y Year

Form 5500-SF 2014	Page <b>3</b>					
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	Form 5500), and skip to line 13.					
b Enter the minimum required contribution for this plan year	••••••••	12b				
				•		
c Enter the amount contributed by the employer to the plan for this plan ye	ar	12c				
	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)					
e Will the minimum funding amount reported on line 12d be met by the fun	ding 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?	***************************************	\	∕es 区 No			
If "Yes," enter the amount of any plan assets that reverted to the employ	13a					
b Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	nder the control	□ч	es 🗓 No			
c If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the	plan(s) to				
13c(1) Name of plan(s):		13c(2) EIN	l(s) 13	c(3) PN(s)		
Part VIIIs Trust Information (optional)						
14a Name of trust		14b	Trust's EIN			
MediaPro, Inc. 401(k) Investment an			91-1589657			