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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Pa	rt I Annual R	Report Ide	entification Informatior	1					
For o	calendar plan year 20	016 or fisca	I plan year beginning 01/01/2	2016 and ending 1	2/31/2	2016			
A T	his return/report is fo	or:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in a a foreign plan		_			
Вт	his return/report is		the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 n	nonths	s)			
C	Check box if filing und	der: X	Form 5558 special extension (enter desc	automatic extension	D	FVC progra	am		
Pa	rt II Basic Pla	an Inform	nation—enter all requested in	nformation					
	Name of plan MEDIA GROUP, IN	C. 401(K) P	LAN		1b	Three-dig plan num (PN)		001	
					1c	Effective		f plan 1/2012	
	Mailing address (incl City or town, state or	lude room, a	r, if for a single-employer plan) apt., suite no. and street, or P.C country, and ZIP or foreign pos	O. Box) tal code (if foreign, see instructions)	2b Employer Identification Number (EIN) 47-1253413				
LEXO MEDIA GROUP, INC.					2c Sponsor's telephone number 425-750-3366				
	48TH AVE W, SUIT WOOD, WA 98037	E 206			2a	Business	5419	see instructions) 90	
3a	Plan administrator's	name and a	address X Same as Plan Spo	onsor.	3b	Administr	ator's I	ΞIN	
					3c	Administr	ator's t	elephone number	
4			an sponsor has changed since er from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN	46-05	559464	
а	Sponsor's name EPI	CENTER H	OLDINGS, INC.		4c	PN		001	
5a	Total number of par	ticipants at t	the beginning of the plan year.		5	ia		42	
b	Total number of part	ticipants at t	the end of the plan year		5	b		4	
С				f the plan year (only defined contribution plans	5	ic		4	
d(1) Total number of a	ctive partici	pants at the beginning of the p	lan year	5d	(1)		2	
d (2) Total number of a	active partici	ipants at the end of the plan ye	ear	5d	(2)		2	
	than 100% vested.			e plan year with accrued benefits that were less		ie			
				rn/report will be assessed unless reasonable ca				oblo o Cobodul-	
				as well as the electronic version of this return/re					

beliet, it is t	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	10/06/2017	SMOKEY BURNS				
HERE	Signature of plan administrator	Enter name of individual signing as plan administrator					
SIGN							
HERE	Signature of employer/plan sponsor	dual signing as employer or plan sponsor					
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbe	er)	Preparer's telephone number			

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IC	PA)			X Ye	
	If you answered "No" to either line 6a or line 6b, the plan cann									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
a	Total plan assets	7a	1	194888	3				143729	4
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1	194888	3				143729	4
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) T	otal	
а	Contributions received or receivable from:	90(4)		84270						
	(1) Employers	8a(1)		152089						
	(2) Participants	8a(2)		102000						
	(3) Others (including rollovers) Other income (loss)	8a(3)		87954						
		8b 8c			-				32431	3
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	00							32 101	
	to provide benefits)	8d		81747						
e	Certain deemed and/or corrective distributions (see instructions) .	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		160)					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8190	7
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							24240	6
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					90000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			_	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X					16492
h	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						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					Yes X No	
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part	Annual Report	Identification Information		re wint als mishat	ions to the roun st	JUV-OF.				
L		scal plan year beginning		01/01/2016	and ending	12/31/2016				
A This re	tum/report is for:	a single-employer plan	alis	st of participating en) (Filers checking this accordance with the				
B This re	turn/report is:	a one-participant plan the first return/report	-	oreign plan final return/report						
		an amended return/report	=		/report (less than 12	months)				
C Check	box if filing under:	x Form 5558		omatic extension		DFVC pro	gram			
		special extension (enter descri								
Part II		ormation — enter all requested	informat	ion						
1a Name		Inc. 401(k) Plan				1b Three-digit plan number (PN) ▶	001			
					No. of the contract of the con	1c Effective dat 09/01/20	Name of the state			
Maili	na Address (include ro	oyer, if for a single-employer plan) om, apt., suite no, and street, or P.C ce, country, and ZIP or foreign post	D. Box)	(if foreign, see instr	actions)	2b Employer Id (EIN) 47-	entification Number 1253413			
(2) (4)	o Media Group,			(,	2c Sponsor's te (425) 75				
168:	25 48th Ave W,	Suite 206				2d Business co 541990	de (see instructions)			
	ynnwood WA 98037									
3a Plan	administrator's name a	and address Z Same as Plan Spo	onsor			3b Administrate	3b Administrator's EIN			
						3c Administrate	r's telephone number			
		ne plan sponsor has changed since imber from the last return/report.	the last	return/report filed fo	r this plan, enter the	4b EIN 46-0	559464			
	5 (5)	ter Holdings, Inc.				4c PN 001				
5a Tota	I number of participant	s at the beginning of the plan year			*************************	5a	42			
		s at the end of the plan year				5b	43			
		account balances as of the end of		year (only defined	contribution plans	5c	40			
200		articipants at the beginning of the pla		***		5d(1)	23			
		articipants at the end of the plan yea		***************************************	***************************************	5d(2)	24			
e Num less	ber of participants that than 100% vested	t terminated employment during the	plan ye	ar with accrued ben	efits that were	5e	0			
Caution	: A penalty for the lat	e or incomplete filing of this retu	m/repor	rt will be assessed	uniess reasonable	cause is established				
SB or So	enaities of perjury and chedule MB completed is true, correct, and co	other penalties set forth in the instru and signed by an enrolled actuary, mplete	uctions, as well	I declare that I have as the electronic ve	examined this return sion of this return/re	report, including, if apport, and to the best o	oplicable, a Schedule f my knowledge and			
SIGN	-	1/2		10-6-17	Smokey	BURNS				
HERE	Signature of plan ad	ministrator		Date		idual signing as plan a	dministrator			
CION										
SIGN	Signature of employ	ver/plan sponsor		Date	Enter name of indiv	idual signing as emplo	yer or plan sponsor			
Prepare		n name, if applicable) and address ((include	room or suite numb	er)	Preparer's teleph Skip this qu				
And of the last of										

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	•••••	•••••	•••••	•••••	•••••	X Yes	No
b	Are you claiming a waiver of the annual examination and report of a	n independ	dent qualified public accou	ıntant	(IQP	A)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							•••••	X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan canno					_	_			
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	1 402	1)?	••••••	Yes	NC	Not de	termined
Pa	rt III Financial Information									
<u>7</u>	Plan Assets and Liabilities		(a) Beginning of	f Yea	<u> </u>			(b) End	of Year	
а	Total plan assets	7a	1,19	4,8	88				1,437,	294
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	1,19		88				1,437,	294
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			_		(b) -	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	8	34,2	70					
	(2) Participants	8a(2)	15	52,0	89					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	8	37,9	54					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							324,	313
d	Benefits paid (including direct rollovers and insurance premiums			1 7	47					
_	to provide benefits)	8d		31,7	4/					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		1	60					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			00					
<u>g</u> h	Other expenses (add lines 2d, 2e, 2f, and 2g)	8g 8h							81,	907
"	Total expenses (add lines 8d, 8e, 8f, and 8g)	8i							242,4	
÷	Net income (loss) (subtract line 8h from line 8c)								212,	100
D.	Transfers to (from) the plan (see instructions)	8j	<u> </u>							
$\overline{}$		atura and	as from the List of Dian Ch	oroot	oriotic	. Code	o in th	a inatmust	iono	
Ja	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2J 2K 3D	ature cou	es from the List of Plan Cr	iaraci	ensuc	Code	es in the	e instruct	IONS.	
_										
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture code:	s from the List of Plan Cha	aracte	ristic	Codes	in the	instructio	ons:	
D	rt V Compliance Questions									
10					Yes	No	N/A		Amount	
a	During the plan year: Was there a failure to transmit to the plan any participant contribut	ions withir	the time period		162	NO	N/A		Amount	
_	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		·							
	Program)	,	,	10a		x				
b	-									
	reported on line 10a.)			10b		Х				
				10c	Х				9	0,000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	າ?	••••••	10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	х	1			1	6,492
s		See instru	ictions and 29 CFR	10h		x				
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10ii						
	exceptions to providing the notice applied under 29 CFR 2520.101	··········	••••••	ן וטו		1				

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Part	t VI	Pension Funding Compliance				_			
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 5500 and line 11a below)			SB		Yes 2	∑ No	
11a	•	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•			
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see	-		er the date	of the Ye		ling	
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.						
b	Enter t	ne minimum required contribution for this plan year.	••••••	12b					
С	Enter t	ne amount contributed by the employer to the plan for the plan year	••••••	12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)		12d					
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	••••••		Yes [No		I/A	
Part	t VII	Plan Terminations and Transfers of Assets							
_13a	Has a	esolution 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		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or broof the PBGC?	•			Yes	X No)	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ideasets or liabilities were transferred. (See instructions.)	entify the plar	n(s) to					
1:	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		13	c(3) PN	(s)	
Part	t VIII	Trust Information - Skip These Questions							
14a	Name	of trust		141) Trust's E	IN			
140	Name	of trustee or custodian		140	Trustee of telephon				
Pari	t IX	IRS Compliance Questions - Skip These Questions		•					
15a	Is the p	olan a 401(k) plan? If "No," skip b.		Yes			No		
15b		d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design- safe har	rbor		test	ear" ADP	
				ADP tes		Ш	N/A		
16a		esting method was used to satisfy the coverage requirements under section 410(b) for the pla Check all that apply:		Ratio percent test	age 🗌	Avera bene	ige it test	□ N/A	
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(plan year by combining this plan with any other plan under the permissive aggregation rules?	, II I	Yes			No		
17a	If the p	lan is a master and prototype plan (M&P) or volume submitter plan that received a favorable I er/ and serial number	RS opinion le	etter or a	dvisory let	ter, en	ter the d	ate of	
17b	If the p	an is an individually-designed plan that received a favorable determination letter from the IRS	, enter the d	ate of th	e most rec	ent de	erminat	ion	
18	Define Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not s?			☐ Yes		No		
19		ny plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		••••••	☐ Yes		No		