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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

F	Pension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 5500	O-SF.		p	
	art I Annual Report Identi							
For	calendar plan year 2011 or fiscal plan	n year beginning 01/01/2011	1	and ending 1	2/31/2	2011		
Α	This return/report is for:	single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	oant plan	
В	This return/report is:							
_		· H	a short nla	n vear return/report (less than 12 mo	onths)			
_								
C	Check box if filing under: Form 5558 automatic extension DFVC program							
_		pecial extension (enter description	,					
Pa	art II Basic Plan Informati	on—enter all requested informa	ation					
	Name of plan				1b	Three-digit		
MED	IAPRO, INC. 401(K) INVESTMENT A	AND RETIREMENT PLAN				plan number (PN) ▶	001	
					10	Effective date of		
					10	07/01	•	
2a	Plan sponsor's name and address; ii	include room or suite number (ei	mplover if	for a single-employer plan)	2h	Employer Identif		
	DIAPRO, INC.	Tiolade footh of batte flambor (or	inployer, ii	Tot a single employer planty	20		89657	
					20	Sponsor's telep	hone number	
2002	1 - 120TH AVE NE					425-483		
SUIT	E 102				2d	Business code (see instructions)	
ВОТ	HELL, WA 98011-8248					54199	,	
3a	Plan administrator's name and addre	ess (if same as plan sponsor, er	nter "Same	?")	3b	Administrator's I	ΞIN	
MED	IAPRO, INC.	20021 - 120Ti	H AVE NE			91-15	89657	
		SUITE 102 BOTHELL, W	A 98011-8	3248	3с	Administrator's t	elephone number	
	If the page and/on FINI of the plane				415	5-4700		
4	If the name and/or EIN of the plan s name, EIN, and the plan number from		ast return/i	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name	PN						
5a	Total number of participants at the b	5a		71				
b	Total number of participants at the e	5b		67				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)							56	
							X Yes No	
b	-			ndent qualified public accountant (IQI				
	under 29 CFR 2520.104-46? (See i	instructions on waiver eligibility a	and conditi	ions.)	·····		X Yes No	
_			orm 5500-	SF and must instead use Form 550	00.			
Pa	rt III Financial Information	<u>n</u>	1	I	-			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		. 7a	1383524			1539866	
b	Total plan liabilities		. 7b					
С	Net plan assets (subtract line 7b fro	om line 7a)	. 7c	1383524			1539866	
8	Income, Expenses, and Transfers for	or this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable			, ,		. , ,		
	(1) Employers		8a(1)	40805				
	(2) Participants		8a(2)	145435				
	(3) Others (including rollovers)		8a(3)	197	97			
b	Other income (loss)		8b	-4333				
С	Total income (add lines 8a(1), 8a(2)), 8a(3), and 8b)	8c				182104	
d	Benefits paid (including direct rollov			4.77				
	to provide benefits)		8d	14754				
е	Certain deemed and/or corrective di	istributions (see instructions)	8e					
f	Administrative service providers (sa	alaries, fees, commissions)	8f	11008				
g	Other expenses		. 8g					
h	Total expenses (add lines 8d, 8e, 8f	f, and 8g)	8h				25762	
i	Net income (loss) (subtract line 8h f	from line 8c)	. 8i				156342	
i	Transfers to (from) the plan (see ins	,						

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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			ı					
10	During the plan year:		Yes	No	Α	mount			
а	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	iva							
	on line 10a.)								
С	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?								
е									
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 as of year end.)	10g	X				28326		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
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	10i							
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))									
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? \[\subseteq \text{Yes} \subseteq \text{No} \]									
(If "Yes," complete 12a or 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									
а	granting the waiver								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (enter a minus sign to the left of negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A		
art	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				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a		-				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to			_			
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) P							PN(s)		
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.				
	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu					le, a Sche	edule		

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	Filed with authorized/valid electronic signature.	07/19/2012	STEVEN CONRAD					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	07/19/2012	STEVEN CONRAD					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

-	art Annual Report Identification Information							
For	the calendar plan year 2011 or fiscal plan year beginning	01/	01/2011	and ending	12	/31/2011		
Α	This return/report is for:	a multip	le-employer plar	n (not multiemployer)		a one-participant plan		
В	This return/report is: the first return/report	the final	return/report			_ a sine participant plan		
	an amended return/report	a short	olan vear return/	report (less than 12 mo	onthe)			
C	Check box if filing under: Form 5558	7	ic extension	roport (icas thair 12 mi	ліці з) Г	7,550		
	special extension (enter description		io exterision		L	DFVC program		
P:								
	art II Basic Plan Information enter all requested info	ormation.			1 41			
						Three-digit plan number		
	MediaPro, Inc. 401(k) Investment and Retirement	nt Plan				PN) ► 001		
						Effective date of plan		
2a	Plan sponsor's name and address; include room or suite number (em	nplover if	for single-emplo	ver plan)		07/01/1998		
	MediaPro, Inc.	p.o,o,, ,,	or single-emplo	yer platt)		Employer Identification Number		
						EIN) 91-1589657		
	20021 - 120th Ave NE				20	Plan sponsor's telephone number (425) 483-4700		
	Suite 102					Business code (see instructions)		
ບຣ 3a	Bothell WA 98011-8248				5	541990		
oa -	Plan administrator's name and address (If same as plan sponsor, ent Same	ter "Same')		3b /	Administrator's EIN		
					3c A	dministrator's telephone number		
						terepriorio mamber		
1	If the name and/or EIN of the plan sponsor has changed since the last	st return/re	port filed for this	plan enter the	4b EIN			
а	name, EIN, and the plan number from the last return/report. Sponsor's Name	plan, onto the						
	Total number of participants at the beginning of the plan year		4c PN					
b	Total number of participants at the end of the plan year	• • •	• • • •	• • • • • •	5a 5b	71		
C	realities of participants with account palatices as of the end of the nia	n vear (de	finad hanafit ala	d t	30	67		
	complete this item)			*	5c	56		
	vivere all of the plan's assets during the plan year invested in eligible a	assets? (Se	ee instructions)			Yes No		
	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	Independe Condition	ent qualified pub	lic accountant (IQPA)				
	If you answered "No" to either 6a or 6b, the plan cannot use Form	n 5500-SF	and must inste	ad use Form 5500	• • •	Yes No		
- ai	t III Financial Information			ad doc i omi 5500.				
	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End of Year		
a /	Total plan assets	. 7a		1,383,524				
	Total plan liabilities	. 7b				1,539,866		
	Net plan assets (subtract line 7b from line 7a)	7c		1,383,524		1 520 066		
_	Income, Expenses, and Transfers for this Plan Year		(8	a) Amount		1,539,866 (b) Total		
	Contributions received or receivable from: (1) Employers	0.40				(5) 1001		
	(2) Participants	8a(1)		40,805	_			
	(3) Others (including rollovers).	8a(2)		145,435	4			
	Other income (loss)	8a(3)		197	4			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c		(4,333)				
1 [Benefits paid (including direct rollovers and insurance premiums	80				182,104		
t	o provide benefits)	8d		14,754				
• (Certain deemed and/or corrective distributions (see instructions)	8e		<u> </u>				
	Administrative service providers (salaries, fees, commissions)	8f		11,008	1			
-	Other expenses	8g			1			
ן ו	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h				25,762		
, P	let income (loss) (subtract line 8h from line 8c)	8i				156,342		
07.5	ransfers to (from) the plan (see instructions)	8j				,		

en en e	Plan Characteristics	**********					······································
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characte		<u> </u>				
	3D 2E 2F 2G 2J 2K						
D	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteri	istic C	odes i	n the	instruction	s:	
	f V Compliance Questions						
***********	***************************************		·	·			
0	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	1		†	1 1		
	on line 10a.)	10b		x			
C	Was the plan covered by a fidelity bond?	10c	ж				150,
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	 		†			
	or dishonesty?	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,			1			
	insurance services or other organization that provides some or all of the benefits under the plan? (See		x				4,
f	instructions.)	10e		 	-		* /
		10f		Х			
9	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х				28,
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520 101-3)			х			
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10h					
	exceptions to providing the notice applied under 29 CFR 2520.101-3.	40:					
	Pension Funding Compliance	1101		L			
	is this a defined benefit plan subject to minimum funding requirements? (If "Yes " see instructions and complete	sta Cal		CD /	P	***************************************	
	<u> </u>					Yes	S XIN
	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or	sectio	n 302	of ER	ISA? .	. MYes	
	(ii res, complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						-
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ns, an	d ente	r the	date of the	letter ruling	3
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ın		Day	·	Year	
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 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	• •	· -	120			
	negative amount)	3	.	12d			
9	Will the minimum funding amount reported on line 12d be met by the funding deadline?		· L	L	Tyes	□No	Пи
	Plan Terminations and Transfers of Assets	• •	• •	•	<u></u>		
а	Has a resolution to terminate the plan been adopted in any plan year?				······································		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	• •	· -	• •		. Yes	X
)	Were all the plan assets distributed to and in the size of the siz	• •		3a			
-	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?					p ************************************	
	if during this plan year, any assets or liabilities were transferred from this plan to another plants.	• • •	• •	•	• • .	· Yes	X N
,	which assets or liabilities were transferred. (See instructions.)	an(s)	.0				
3	c(1) Name of plan(s):		420	(2) EII	M/a)	T 40 (0)	
;			130	(2) Ell	V(S)	13c(3)	PN(s)
;						. 1	
;							
;		****	***************************************				
C					*		

Under penalties of perjury and other pe SB or Schedule MB completed and sign belief, it is true, correct, and complete. electronic version of this return/report, and to the best of my knowledge and

SIGN	W. one Chrisal	071	17/	12	M Sue Conrad
HERE	Signature of plan administrator	Date			Enter name of individual signing as plan administrator
SIGN	Have Call	7/	17/1	2	STEVEY CONRAD
HERE	ERE Signature of employer/plan sponsor				Enter name of individual signing as employer or plan sponsor