# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2011**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
MPI RESEARCH, INC. 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 03/01/1996

**2a** Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

MPI RESEARCH, INC.

54943 NORTH MAIN STREET
MATTAWAN, MI 49071-9399

**2b** Employer Identification Number (EIN) 38-3400587

**2c** Sponsor's telephone number 269-668-3336

**2d** Business code (see instructions) 541700

**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 accompanying schedules, statements and attachments, 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 HERE** | Filed with authorized/valid electronic signature. | 10/11/2012 | JODI L. HAVERA |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
MPI RESEARCH, INC.

54943 NORTH MAIN STREET
MATTAWAN, MI 49071-9399

**3b** Administrator's EIN
38-3400587

**3c** Administrator's telephone number
269-668-3336

**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:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 1579 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 1190 |
| **b** | Retired or separated participants receiving benefits | **6b** | 363 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 1553 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 2 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 1555 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 1302 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 24 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2J 2K 2G 3D 3H 2T

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | X | **R** (Retirement Plan Information) |
| **(2)** | | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

| | | |
|---|---|---|
| **(1)** | X | **H** (Financial Information) |
| **(2)** | | **I** (Financial Information – Small Plan) |
| **(3)** | | **A** (Insurance Information) |
| **(4)** | X | **C** (Service Provider Information) |
| **(5)** | | **D** (DFE/Participating Plan Information) |
| **(6)** | | **G** (Financial Transaction Schedules) |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2011**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
MPI RESEARCH, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MPI RESEARCH, INC.

**D** Employer Identification Number (EIN)
38-3400587

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GREENLEAF TRUST

38-3416104

**(b)** Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

GREENLEAF TRUST

38-3416104

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 37 57 | TRUSTEE | 9452 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
MPI RESEARCH, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MPI RESEARCH, INC.

**D** Employer Identification Number (EIN)
38-3400587

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 511942 | 461972 |
| **(2)** Participant contributions | 1b(2) | | 112507 |
| **(3)** Other | 1b(3) | 6883 | 7551 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 851729 | 864237 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 594807 | 662789 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 27410143 | 28594405 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 29375504 | 30703461 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 29375504 | 30703461 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 934644 | |
| | **(B)** Participants | 2a(1)(B) | 3104866 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 59187 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 4098697 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 172 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 172 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -561551 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 3537318 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2180773 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | | |
| **(3)** Other | 2e(3) | | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 2180773 |
| **f** Corrective distributions (see instructions) | 2f | | 19136 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Investment advisory and management fees | 2i(3) | | |
| **(4)** Other | 2i(4) | 9452 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 9452 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 2209361 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1327957 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | |
| **(2)** From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: FLEGAL & TIBBETS **(2)** EIN: 38-3363225

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

**5b** 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.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
MPI RESEARCH, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
MPI RESEARCH, INC.

**D** Employer Identification Number (EIN)
38-3400587

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... 3

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

**If the plan is a defined benefit plan, go to line 8.**

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... 6a

b Enter the amount contributed by the employer to the plan for this plan year ..... 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... 6c

**If you completed line 6c, skip lines 8 and 9.**

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

## Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# MPI RESEARCH, INC. 401(K) PLAN

## FINANCIAL STATEMENTS

## FOR THE YEAR ENDED
## DECEMBER 31, 2011

# *Flegal & Tibbitts*

*Certified Public Accountants*

*Mary K. Flegal, CPA*
*Jana L. Tibbitts, CPA*


To The Plan Administration Committee
MPI Research, Inc. 401(K) Plan

We were engaged to audit the statement of net assets available for Plan benefits of MPI Research, Inc. 401(K) Plan as of December 31, 2011 and 2010, the statement of changes in net assets available for Plan benefits for the year ended December 31, 2011, and the supplemental schedules as of and for the year ended December 31, 2011. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by Greenleaf Trust, trustee of the Plan, except for comparing the information with the related information included in the 2011 financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2011, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Flegal & Tibbitts

FLEGAL & TIBBITTS

August 16, 2012


2750 Old Centre, Suite 150
Portage, Michigan 49024
Phone (269) 383-1900

233 Hubbard Street
Allegan, Michigan 49010
Phone (269) 673-2222

MPI RESEARCH, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS
AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2011 AND 2010

ASSETS

| | 2011 | 2010 |
|---|---|---|
| Cash Equivalents | $ 864,237 | $ 851,729 |
| Investments: | | |
| Corporate debt and equity | 28,594,405 | 27,410,143 |
| Receivables: | | |
| Accrued income | 7,551 | 6,883 |
| Employer contributions | 461,972 | 511,942 |
| Employee contributions | 112,507 | |
| Notes receivable from participants | 662,789 | 594,807 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | $ 30,703,461 | $ 29,375,504 |

See accompanying notes

MPI RESEARCH, INC. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

| | | |
|---|---|---|
| ADDITIONS | | |
| Contributions: | | |
| Employer | $ | 934,644 |
| Employee elective | | 3,104,866 |
| Rollovers | | 59,187 |
| Additions to net assets attributed to: | | |
| Investment earnings | | 868,265 |
| Investment gain (loss) on sales | | 26,617 |
| Unrealized gain (loss) | | (1,456,261) |
| TOTAL ADDITIONS (LOSSES) | $ | 3,537,318 |
| DEDUCTIONS | | |
| Deductions from net assets attributed to: | | |
| Distribution of benefits to participants | $ | 2,180,773 |
| Excess contributions | | 19,136 |
| Administrative expenses | | 9,452 |
| TOTAL DEDUCTIONS | $ | 2,209,361 |
| NET ADDITIONS | $ | 1,327,957 |
| NET ASSETS AVAILABLE FOR BENEFITS January 1, 2011 | | 29,375,504 |
| NET ASSETS AVAILABLE FOR BENEFITS December 31, 2011 | $ | 30,703,461 |

See accompanying notes

MPI RESEARCH, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011

## DESCRIPTION OF PLAN

The following description of the MPI Research, Inc. 401(K) Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

### GENERAL

The MPI Research, Inc. 401(K) Plan is a defined profit sharing plan with 401(K) features and covers substantially all employees of MPI Research, Inc. who are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The 401(K) feature provides employees with the option to make elective contributions up to the maximum allowed under ERISA guidelines. Such contributions are 100% vested. Employer 401(K) match contributions are vested at a rate of 33% per year beginning after one year in the Plan. After three years the match contributions are 100% vested. Employees can choose how to invest their account among the investment funds offered.

### DISTRIBUTION OF BENEFITS

A participant's vested account balance will be distributed to them or their beneficiary in the event of death, disability, and retirement. Benefits shall be paid in a lump sum or at the election of the participant in installments over a period not to exceed their assumed life expectancy. Employees whose employment is terminated for a reason other than those discussed above are entitled to receive only their vested percentage of their account balance and the remainder will be forfeited.

### EMPLOYER CONTRIBUTIONS

Each year the employer can make discretionary matching contributions equal to a percent of the salary reduction elected by the employee subject to a maximum percentage. The percent is determined by the employer. The employer matching contribution for 2011 was $988,924. Forfeitures of $54,285 were used towards this match.

### NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 8.5%. Principal and interest is paid ratably through monthly payroll deductions.

### FORFEITED ACCOUNTS

For the year ended December 31, 2011, forfeitures were $31,372. Forfeitures of $22,910 were used as employer match in 2011. Total forfeitures held at December 31, 2011, were $31,375. These forfeitures were used to reduce employer contributions due to the Plan for 2011.

MPI RESEARCH, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011

## STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Plan are prepared under the accrual basis of accounting. Benefit payments are recorded when paid.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end. Notes receivable from participants are valued at their unpaid principal balance.

The Company absorbs significant costs associated with the Plan.

Benefits are recorded when paid.

Subsequent events were evaluated through August 16, 2012, which is the date the financial statements were available to be issued.

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

## PLAN TERMINATION

Although it has not expressed any interest to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

## REPORTABLE TRANSACTIONS

There were no investment assets reportable as acquired and disposed of during the year. Additionally, there were no reportable transactions under categories i), ii), iii), or iv) as set forth in the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

## FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

FAIR VALUE MEASUREMENTS (Continued)

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

*Level 1 Fair Value Measurements*

The fair values of common stocks, certain corporate bonds, and U.S. government securities are based on the closing price reported in the active market where the individual securities are traded, when available.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value at:

December 31, 2011:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual Funds | | | | |
| Growth | $6,905,994 | | | 6,905,994 |
| Index | 2,427,453 | | | 2,427,453 |
| Value | 2,893,107 | | | 2,893,107 |
| International | 2,112,069 | | | 2,112,069 |
| Blend | 913,098 | | | 913,098 |
| Balanced | 1,010,963 | | | 1,010,963 |
| Specialty | 1,584,667 | | | 1,584,667 |
| Life Cycles | 7,737,714 | | | 7,737,714 |
| Short-Term Gov. Fund | 238,933 | | | 238,933 |
| Intermediate Gov. Fund | 366,957 | | | 366,957 |
| Index Gov. Fund | 2,403,450 | | | 2,403,450 |
| Total Investments at Fair Value | $28,594,405 | | | 28,594,405 |

FAIR VALUE MEASUREMENTS (Continued)

December 31, 2010:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual Funds | | | | |
| Growth | $6,822,671 | | | 6,822,671 |
| Index | 2,360,292 | | | 2,360,292 |
| Value | 2,773,821 | | | 2,773,821 |
| International | 2,577,374 | | | 2,577,374 |
| Blend | 887,069 | | | 887,069 |
| Balanced | 1,014,681 | | | 1,014,681 |
| Specialty | 1,358,982 | | | 1,358,982 |
| Life Cycles | 7,310,311 | | | 7,310,311 |
| Short-Term Gov. Fund | 18,879 | | | 18,879 |
| Intermediate Gov. Fund | 221,862 | | | 221,862 |
| Index Gov. Fund | 2,064,201 | | | 2,064,201 |
| Total Investments at Fair Value | $27,410,143 | | | 27,410,143 |

INVESTMENTS

The trustee of the Plan at December 31, 2011, is Greenleaf Trust.

The following presents investments at December 31, 2011 and 2010, that represent 5% or more of the Plan assets:

| | 2011 | 2010 |
|---|---|---|
| Columbia Acorn Fund Class Z | $2,511,360 | $2,680,119 |
| Dodge & Cox International Stock Fund | 1,997,299 | 2,474,770 |
| Dodge & Cox Stock Fund | 2,007,839 | 1,953,733 |
| Fidelity Advisor New Insights Class I | 1,780,127 | 1,669,992 |
| T. Rowe Price Health Sciences Fund | 1,584,667 | |
| T. Rowe Price Midcap Growth Fund | 2,614,508 | 2,472,519 |
| T. Rowe Price Retirement 2030 Fund | 1,996,628 | 1,804,210 |
| T. Rowe Price Retirement 2040 Fund | 3,529,895 | 3,205,990 |
| Vanguard 500 Index Fund Signal Shares | 1,549,177 | 1,484,016 |
| Vanguard Total Bond Market Index Fund | 2,403,450 | 2,064,201 |

During 2011, the Plan had a net gain on investments sold of $26,617 and an unrealized loss of $1,456,261. All such investments were held in mutual funds.

MPI RESEARCH, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011

## INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Greenleaf Trust:

| | 2011 | 2010 |
|---|---|---|
| Cash equivalents | $ 864,237 | $ 851,729 |
| Corporate debt and equity | 28,594,405 | 27,410,143 |
| Loans to participants | 662,789 | 594,807 |
| Accrued income | 7,551 | 6,883 |
| Investment earnings | 868,265 | |
| Investment gain (loss) on sales | 26,617 | |
| Unrealized gain (loss) on investments | (1,456,261) | |

## RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

## TAX STATUS

The Internal Revenue Service has determined that the Plan qualifies under Section 401(a) of the Internal Revenue Code and is, therefore, not subject to tax under present income tax law. Once qualified the Plan is required to operate in conformity with Internal Revenue Code to maintain its qualification. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

MPI RESEARCH, INC. 401(K) PLAN
SUPPLEMENTAL SCHEDULES
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2011

| Identity of issue | Investment Type | Current Value |
|---|---|---|
| **CASH EQUIVALENTS** | | |
| Northern Diversified Asset Fund | Registered Investment Company | $ 864,237 |
| | | |
| **CORPORATE DEBT & EQUITY** | | |
| Columbia Acorn Fund Class Z | Registered Investment Company | $ 2,511,360 |
| Columbia Small Cap Core Fund Class Z | Registered Investment Company | 507,764 |
| Columbia Small Cap Value Fund Class Z | Registered Investment Company | 56,499 |
| Dodge & Cox Balanced Fund | Registered Investment Company | 1,010,963 |
| Dodge & Cox International Stock Fund | Registered Investment Company | 1,997,299 |
| Dodge & Cox Stock Fund | Registered Investment Company | 2,007,839 |
| Fidelity Advisor New Insights Class I | Registered Investment Company | 1,780,127 |
| Parnassus Income Trust Equity Income Fund | Registered Investment Company | 405,333 |
| T. Rowe Price Health Sciences Fund | Registered Investment Company | 1,584,667 |
| T. Rowe Price Mid Cap Growth Fund | Registered Investment Company | 2,614,508 |
| T. Rowe Price Mid Cap Value Fund | Registered Investment Company | 828,769 |
| T. Rowe Price Retirement 2010 Fund | Registered Investment Company | 46,398 |
| T. Rowe Price Retirement 2015 Fund | Registered Investment Company | 644,851 |
| T. Rowe Price Retirement 2020 Fund | Registered Investment Company | 814,750 |
| T. Rowe Price Retirement 2030 Fund | Registered Investment Company | 1,996,628 |
| T. Rowe Price Retirement 2040 Fund | Registered Investment Company | 3,529,895 |
| T. Rowe Price Retirement 2045 Fund | Registered Investment Company | 317,372 |
| T. Rowe Price Retirement 2050 Fund | Registered Investment Company | 301,617 |
| T. Rowe Price Retirement Income Fund | Registered Investment Company | 86,203 |
| Vanguard Intermediate Term US Treasury Fund | Registered Investment Company | 366,957 |
| Vanguard 500 Index Fund Signal Shares | Registered Investment Company | 1,549,177 |
| Vanguard Mid Cap Index Signal Shares | Registered Investment Company | 839,198 |
| Vanguard Short-Term Corporate Fund | Registered Investment Company | 238,933 |
| Vanguard Small Cap Stock Index Fund | Registered Investment Company | 39,078 |
| Vanguard Total Bond Market Index Fund | Registered Investment Company | 2,403,450 |
| Vanguard Total International Stock Index Fund | Registered Investment Company | 114,770 |
| **TOTAL CORPORATE DEBT AND EQUITY** | | $ 28,594,405 |
| | | |
| * **PARTICIPANT LOANS** | 4.25% - 8.5% | $ 662,789 |
| | | |
| **TOTAL INVESTMENTS** | | $ 30,121,431 |

* Party in interest

Schedule H, Line 4i -
Schedule of Assets (Held at End of Year)

**MPI Research Inc 401k Plan** **01/01/2011-12/31/2011**

# Schedule - 3.1
# List Of Assets

| | *Prior Period Ending Market Value (Aggregate Market Value)* | *Current Market Unit Price* | *Current Market Value* | *Unrealized Gain/(Loss)* |
|---|---|---|---|---|
| **Cash** | 0.00 | | 0.00 | 0.00 |
| **Short Term** | | | | |
| Northern Institutional Treasury Portfolio<br>864236.94 Par Value | 864,236.94 | 1.00 | 864,236.94 | 0.00 |
| **Total Short Term** | **864,236.94** | | **864,236.94** | **0.00** |
| **Investments** | | | | |
| **Corporate Debt & Equity** | | | | |
| Columbia Acorn Fund Cl Z<br>91123.356 Shares | 2,743,410.42 | 27.56 | 2,511,359.69 | -232,050.73 |
| Columbia Small Cap Core Fund Cl Z<br>34146.906 Shares | 542,228.77 | 14.87 | 507,764.49 | -34,464.28 |
| Columbia Small Cap Value I Fund Cl Z<br>1372.666 Shares | 64,042.98 | 41.16 | 56,498.93 | -7,544.05 |
| Dodge & Cox Balanced Fund<br>14988.338 Shares | 1,052,802.79 | 67.45 | 1,010,963.40 | -41,839.39 |
| Dodge & Cox International Stock Fund<br>68307.069 Shares | 2,402,299.66 | 29.24 | 1,997,298.70 | -405,000.96 |
| Dodge & Cox Stock Fund<br>19754.413 Shares | 2,127,939.25 | 101.64 | 2,007,838.54 | -120,100.71 |
| Fidelity Advisor New Insights Cl I<br>89184.695 Shares | 1,800,430.29 | 19.96 | 1,780,126.51 | -20,303.78 |
| Parnassus Income Trust Equity Income Fund<br>15382.668 Shares | 404,281.69 | 26.35 | 405,333.30 | 1,051.61 |

Schedule H, Line 4i -
Schedule of Assets (Held at End of Year)

**MPI Research Inc 401k Plan** **01/01/2011-12/31/2011**

# Schedule - 3.1
# List Of Assets

| | *Prior Period Ending Market Value (Aggregate Market Value)* | *Current Market Unit Price* | *Current Market Value* | *Unrealized Gain/(Loss)* |
|---|---|---|---|---|
| T Rowe Price Health Sciences Fund 48609.431 Shares | 1,497,146.02 | 32.60 | 1,584,667.45 | 87,521.43 |
| T Rowe Price Mid Cap Growth Fund 49582.93 Shares | 2,878,292.38 | 52.73 | 2,614,507.90 | -263,784.48 |
| T Rowe Price Mid Cap Value Fund 38745.65 Shares | 913,008.69 | 21.39 | 828,769.45 | -84,239.24 |
| T Rowe Price Retirement 2010 Fund 3089.112 Shares | 47,505.98 | 15.02 | 46,398.46 | -1,107.52 |
| T Rowe Price Retirement 2015 Fund 55686.654 Shares | 662,723.49 | 11.58 | 644,851.45 | -17,872.04 |
| T Rowe Price Retirement 2020 Fund 51209.915 Shares | 842,304.74 | 15.91 | 814,749.75 | -27,554.99 |
| T Rowe Price Retirement 2030 Fund 120715.131 Shares | 2,085,348.23 | 16.54 | 1,996,628.27 | -88,719.96 |
| T Rowe Price Retirement 2040 Fund 213029.26 Shares | 3,710,017.10 | 16.57 | 3,529,894.84 | -180,122.26 |
| T Rowe Price Retirement 2045 28773.484 Shares | 334,867.18 | 11.03 | 317,371.53 | -17,495.65 |
| T Rowe Price Retirement 2050 Fund 32607.246 Shares | 318,694.29 | 9.25 | 301,617.03 | -17,077.26 |
| T Rowe Price Retirement Income Fund 6656.567 Shares | 87,371.99 | 12.95 | 86,202.54 | -1,169.45 |
| Vanguard 500 Index Fund Signal Shares 16196.311 Shares | 1,551,777.79 | 95.65 | 1,549,177.15 | -2,600.64 |

Schedule H, Line 4i -
Schedule of Assets (Held at End of Year)

**MPI Research Inc 401k Plan** **01/01/2011-12/31/2011**

# Schedule - 3.1
# List Of Assets

| | *Prior Period Ending Market Value (Aggregate Market Value)* | *Current Market Unit Price* | *Current Market Value* | *Unrealized Gain/(Loss)* |
|---|---|---|---|---|
| Vanguard Intermediate Term U S Treasury Fund 31363.821 Shares | 368,713.30 | 11.70 | 366,956.71 | -1,756.59 |
| Vanguard Mid Cap Index Signal Shares 29832.845 Shares | 869,210.77 | 28.13 | 839,197.93 | -30,012.84 |
| Vanguard Short-Term Corporate Fund 22456.075 Shares | 240,292.76 | 10.64 | 238,932.64 | -1,360.12 |
| Vanguard Small Cap Stock Index Fund 1170.691 Shares | 41,091.55 | 33.38 | 39,077.67 | -2,013.88 |
| Vanguard Total Bond Market Index Fd Signal Sh 218495.416 Shares | 2,328,364.50 | 11.00 | 2,403,449.58 | 75,085.08 |
| Vanguard Total International Stock Index Fund 8787.96 Shares | 136,499.00 | 13.06 | 114,770.76 | -21,728.24 |
| **Total Corporate Debt & Equity** | **30,050,665.61** | | **28,594,404.67** | **-1,456,260.94** |
| ***TOTAL INVESTMENTS MARKET VALUE*** | **30,914,902.55** | | **29,458,641.61** | **-1,456,260.94** |
| ***TOTAL ACCRUED INCOME*** | **7,551.20** | | **7,551.20** | |
| ***NET ASSETS*** | **30,922,453.75** | | **29,466,192.81** | **-1,456,260.94** |