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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	F Complete all entries in accordance	uance wit	n the instructions to the Form 5500-	ъг.			
	art I Annual Report Identification Information						
For	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 multiple	e-employer plan (not multiemployer)		a one-participa	nt plan	
В	This return/report is: the first return/report	the final r	return/report				
	an amended return/report	a short pla	an year return/report (less than 12 mor	nths)	_		
С	Check box if filing under: Form 5558	automatio	extension		DFVC program		
	special extension (enter descripti	on)					
Pa	art II Basic Plan Information—enter all requested inform	nation					
1a	Name of plan			1b	Three-digit		
MAC	CKAY & SPOSITO, INC. EMPLOYEES' 401(K) SAVINGS PLAN				plan number		
			_	4 -	(PN) •	002	
				1C	Effective date of p		
	Plan sponsor's name and address; include room or suite number (employer, it	f for a single-employer plan)	2b	Employer Identification		er
MAC	CKAY & SPOSITO, INC.				(EIN) 91-0915		
				2c	Sponsor's telepho		
	5 SE TECH CENTER DR, STE 140 COUVER, WA 98683			24			\alpha\
VAIN	000 VER, WA 90003			Zu	Business code (se 541330	e instruction	15)
3a	Plan administrator's name and address (if same as plan sponsor, e	enter "Same	€")	3b	Administrator's Ell		
MACI	KAY & SPOSITO, INC. 1325 SE TEI VANCOUVE		R DR, STE 140 83	3c	91-0915 Administrator's tele		ber
					360-695-3		
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			100
b	Total number of participants at the end of the plan year			5b			
С			 	<u> </u>			
	complete this item)			5c			83
-	Were all of the plan's assets during the plan year invested in eligit		,			X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility			A)		X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use F		•).).			
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of	Year	
а	Total plan assets	7a	3689472			3573548	
b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c	3689472			3573548	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Tot	al	
а	Contributions received or receivable from:		04047				
	(1) Employers	` '	81847	-			
	(2) Participants	` ` `	240396				
_	(3) Others (including rollovers)	. 8a(3)					
b	,		-512				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				321731	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	399018				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f	38637				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				437655	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-115924	
j	Transfers to (from) the plan (see instructions)	. 8j					

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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:

2E 2F 2G 2J 2K 2T 3D

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								
0	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)	10a	X				32730		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х					
С	Was the plan covered by a fidelity bond?	10c	Χ			5	500000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Х						
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X					
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	Χ			1	109506		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
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		Х					
art	VI Pension Funding Compliance								
11									
12									
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiverMon	th					-		
If 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				12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left 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	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.)	he plai	n(s) to)		_	<u> </u>		
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)		
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.				
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and complete.								

SIGN	Filed with authorized/valid electronic signature.	07/11/2012	TIM SCHAUER
HERE	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

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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

£	art I Annual Report Identification Information	. 70. 70						
For		1/01/2	011 and ending		12/31/201	1		
Α	This return/report is for: $\overline{f X}$ a single-employer plan $oxedsymbol{f \Box}$	a multiple	-employer plan (not multiemployer)	r) a one-participant plan				
В	This return/report is:	the final re	eturn/report					
	an amended return/report	a short pla	n year return/report (less than 12 mc	nths)				
С	Check box if filing under: Form 5558	automalic	extension		DFVC progra	m		
	Special extension (enter description	on)			ш			
Pa	urt II Basic Plan Information—enter all requested inform	ation						
	Name of plan			1b	Three-digit			
	MACKAY & SPOSITO, INC.				plan number			
	EMPLOYEES' 401(k) SAVINGS PLAN				(PN) ▶	002		
	202300		٠.	TC	Effective date of 06/01/1993			
- 2a	Plan sponsor's name and address; include room or suite number (e	malayer if	for a single-employer plan)	2h	Employer Identif			
	MACKAY & SPOSITO, INC.	mpiojei, ii	to a single employer plany	217	(EIN) 91-091			
				2c	Sponsor's telepi			
					(360) 695-			
	1325 SE TECH CENTER DR, STE 140		·	2d	Business code (see instructions)		
	VANCOUVER		WA 98683		541330			
3a	Plan administrator's name and address (if same as plan sponsor, el SAME	nter "Same	.")	3b	Administrator's I	EIN		
	ORPH.			30	Administrator's t	elephone number		
				•	Administrator 3 (esebuone namoei		
4	If the name and/or EIN of the plan sponsor has changed since the l	ast return/i	report fited for this plan, enter the	4b	EIN			
_	name, EIN, and the plan number from the last return/report.			40	DN	-		
	Sponsor's name Total number of participants at the beginning of the plan year			4c	PN	100		
	• •		j	5a 5b	•	100		
	b Total number of participants at the end of the plan year					117		
C	Number of participants with account balances as of the end of the promplete this item)			5c		83		
6a	Were all of the plan's assets during the plan year invested in eligib					X Yes No		
	Are you claiming a waiver of the annual examination and report of	an indepen	ident qualified public accountant (IQF	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes No		
Da	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	orm 5500-	SF and must instead use Form 550	U.				
7			(a) Paginnian of Vacu	T	(b) F., J.			
-	Plan Assets and Liabilities Total plan assets	7a	(a) Beginning of Year 3,689,47	;	(b) End	or rear		
a	Total plan llabilities	/ / /				3 573 5/Q		
		75		2		3,573,548		
•	•	7b						
	Net plan assets (subtract line 7b from line 7a)		3,689,47		/b) T	3,573,548		
8	Net plan assets (subtract line 7b from line 7a)				(b) T	3,573,548		
	Net plan assets (subtract line 7b from line 7a)		3,689,47	2	(b) T	3,573,548		
8	Net plan assets (subtract line 7b from line 7a)	7c	3, 689, 47 (a) Amount	2 7	(b) T	3,573,548		
8	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2)	3, 689, 47 (a) Amount . 81, 84	2 7	(b) Т	3,573,548		
8	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2) 8a(3)	3, 689, 47 (a) Amount . 81, 84	7 6	(b) T	3,573,548		
8 a	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b	3, 689, 47 (a) Amount 81, 84 240, 39	7 6	(b) T	3,573,548		
8 a b	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c	3,689,47 (a) Amount 81,84 240,39	7 6	(b) T	3,573,548 otal		
8 a b c	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c	3, 689, 47 (a) Amount 81, 84 240, 39	7 6	(b) T	3,573,548 otal		
8 a b	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	3,689,47 (a) Amount 81,84 240,39 (512	7 6 8	(b) T	3,573,548 otal		
8 a b c d	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	3,689,47 (a) Amount 81,84 240,39	7 6 8	(b) T	3,573,548 otal		
8 a b c d e f g	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	3,689,47 (a) Amount 81,84 240,39 (512	7 6 8	(b) T	3,573,548 rotal		
8 a b c d	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	3,689,47 (a) Amount 81,84 240,39 (512	7 6 8	(b) T	3,573,548 otal 321,731 437,655		
8 a b c d e f g	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	3,689,47 (a) Amount 81,84 240,39 (512	7 6 8	(b) T	3,573,548 rotal		

Form 5500-SF 2011 Page 2 -							
t IV Plan Characteristics		······					
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 2G 2J 2K 2T 3D	acteris	tic Co	des in th	e instructions:			
If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterist	ic Cod	es in the	instructions:			
t V Compliance Questions							
During the plan year:		Yes	No	Amount			
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	х		32,7			
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
Was the plan covered by a fidelity bond?	10c	Х		500,0			
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	N			
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See				••			

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity b or dishonesty? Were any fees or commissions paid to any brokers, agents, or other person insurance service or other organization that provides some or all of the ber instructions.) Has the plan failed to provide any benefit when due under the plan? Х 10f q Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... Х 109,506 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h 2520.101-3.) 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..... **Pension Funding Compliance** Part VI Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. 12 (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 granting the waiver. Month If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12h b Enter the minimum regulred contribution for this plan year. 12c C Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?...... N/A Part VII Plan Terminations and Transfers of Assets X No 13a 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 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?.... 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.) 13c(2) EIN(s) 13c(3) PN(s) 13c(1) Name of plan(s): 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, 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

Part IV

Part V

belief, it is true, correct, and complete. Tim Schauer SIGN HERE Signature of plan adm/histrator Enter name of individual signing as plan administrator SIGN HERE Enter name of individual signing as employer or plan sponsor Date Signature of employer/plan sponsor