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), 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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011

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
MAYO MANUFACTURING CORPORATION AMENDED EMPLOYEES PROFIT SHARING

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/30/1976

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MAYO MANUFACTURING CORPORATION

P.O. BOX 5338
TEXARKANA, TX 75505

4101 TERRY STREET 75501
TEXARKANA, TX 75505

2b Employer Identification Number (EIN)
75-1218676

2c Sponsor's telephone number
903-838-0518

2d Business code (see instructions)
337000

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.	09/12/2012	JOSH PERMENTER
	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")
MAYO MANUFACTURING CORPORATION

P.O. BOX 5338
TEXARKANA, TX 75505

3b Administrator's EIN
75-1218676

3c Administrator's telephone number
903-838-0518

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**	167
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**	123
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	53
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	176
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	177
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	175
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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 2G 2J 2K 2T 3D

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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011

A Name of plan	**B** Three-digit plan number (PN) ▶	
MAYO MANUFACTURING CORPORATION AMENDED EMPLOYEES PROFIT SHARING		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
MAYO MANUFACTURING CORPORATION	75-1218676	

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

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04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 37 65 60	RECORDKEEPER	2844	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ALLNZ NFJ DIV VAL AD - BOSTON FINAN 04-2526037	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ALLNZ NFJ SMCPVAL AD - BOSTON FINAN 04-2526037	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DODGE & COX INTL STK - BOSTON FINAN 04-2526037	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO TOT RETURN ADM - BOSTON FINAN 04-2526037	0.26%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TURNER MID CP GR INV - DST SYSTEMS, 43-1581814	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
WFA SM CAP VAL INV - BOSTON FINANCI 04-2526037	0.40%

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

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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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011

A Name of plan
MAYO MANUFACTURING CORPORATION AMENDED EMPLOYEES PROFIT SHARING

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAYO MANUFACTURING CORPORATION

D Employer Identification Number (EIN)
75-1218676

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)	60000	60000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	131806	112355
(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)	96288	115397
(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)	2642548	2780417
(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	2930642	3068169
	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	2930642	3068169

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)	60000	
	(B) Participants	2a(1)(B)	106463	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		166463
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12	
	(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)	6615	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6627
	(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)	75695	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		75695
	(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)		

		(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)		
(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)		36822
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		285607
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	142753	
(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)		142753
f Corrective distributions (see instructions)	2f		2483
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)	2844	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2844
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		148080
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		137527
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: WILF & HENDERSON (2) EIN: 75-1726749

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		X	

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011

A Name of plan
MAYO MANUFACTURING CORPORATION AMENDED EMPLOYEES PROFIT SHARING

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAYO MANUFACTURING CORPORATION

D Employer Identification Number (EIN)
75-1218676

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): 04-6568107

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 **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 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(es). 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):

---

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):

MAYO MANUFACTURING CORPORATION
AMENDED EMPLOYEES PROFIT SHARING PLAN
ANNUAL FINANCIAL REPORT
NOVEMBER 30, 2011 AND 2010

MAYO MANUFACTURING CORPORATION
AMENDED EMPLOYEES PROFIT SHARING PLAN
NOVEMBER 30, 2011 AND 2010

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WILF & HENDERSON, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

Member of American Institute of Certified Public Accountants
Member of Center for Public Company Audit Firms
Member of AICPA Governmental Audit Quality Center

INDEPENDENT AUDITOR'S REPORT

Mayo Manufacturing Corporation Amended Employees Profit Sharing Plan
Mayo Manufacturing Corporation
4101 Terry Street
Texarkana, Texas 75505

We were engaged to audit the financial statements of Mayo Manufacturing Corporation Amended Employees Profit Sharing Plan as of November 30, 2011 and 2010, and for the years then ended, and the supplemental schedule as of and for the year ended November 30, 2011, as listed in the accompanying index. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. 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 custodian as of and for the years ended November 30, 2011 and 2010, that the information provided to the plan administrator by the custodian 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 schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that derived from the information certified by the custodian, 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.

Wilf & Henderson, P.C.

Wilf & Henderson, P.C.
Certified Public Accountants

September 7, 2012

1430 College Drive • P.O. Box 5197 • Texarkana, Texas 75505 • 903-793-5646 • FAX 903-792-7630 • www.wilhen.com

MAYO MANUFACTURING CORPORATION
AMENDED EMPLOYEES PROFIT SHARING PLAN

FINANCIAL STATEMENTS

MAYO MANUFACTURING CORPORATION
AMENDED EMPLOYEES PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
NOVEMBER 30, 2011 AND 2010

	2011	2010
ASSETS		
Investments (at fair value):		
Interest-bearing cash	$ 112,355	$ 131,806
Participant loans - note receivables	115,397	96,288
Value of interest in registered investment companies	2,780,417	2,642,548
Total Investments	3,008,169	2,870,642
Receivables:		
Employer's contributions	60,000	60,000
Participants' employees contributions	-	-
Total Receivables	60,000	60,000
Total Assets	**3,068,169**	**2,930,642**
LIABILITIES		
Benefit claims payable	-	-
Total Liabilities	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,068,169	$ 2,930,642

The accompanying "Notes to the Financial Statements" are an integral part of this statement.

MAYO MANUFACTURING CORPORATION
AMENDED EMPLOYEES PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED NOVEMBER 30, 2011 AND 2010

	2011	2010
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest income - interest-bearing cash	$ 12	$ 28
Interest income - participant loans	6,615	7,657
Dividend income - registered investment companies	75,695	49,527
Net investment gain (loss) from registered investment companies	36,822	258,166
	119,144	315,378
Contributions:		
Employer's contributions	60,000	60,000
Participants' contributions	106,463	81,822
Other contributions (including rollovers)	-	-
	166,463	141,822
Total Additions	**285,607**	**457,200**
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefit payment and payments to provide benefits:		
Benefit payments directly to participants or beneficiaries, including direct rollovers	145,236	782,485
Administrative expenses	2,844	3,122
	148,080	785,607
Total Deductions	**148,080**	**785,607**
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	**137,527**	**(328,407)**
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING	**2,930,642**	**3,259,049**
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	$ 3,068,169	$ 2,930,642

The accompanying "Notes to the Financial Statements" are an integral part of this statement.

Note A - Description of Plan

The following description of the Mayo Manufacturing Corporation ("Company") or ("Employer") Amended Employees Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General. The Plan is designed to help the employees save for their retirement and share in company profits. The Plan is a defined contribution plan covering all employees of the Company. For the plan years beginning December 1, 2005, to be eligible and participate in the Plan the employee must not be covered by a collective bargaining agreement and must complete three months of service and have attained the age of twenty-one. An amendment executed on July 20, 2006, the age eligibility of twenty-one was changed to have attained the age of eighteen. Upon satisfying these requirements the employee becomes eligible to participate in the Plan on the first day of the following month. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Prior to the amendment to the Plan executed on October 15, 1997, the Mayo Manufacturing Corporation Employees Profit Sharing Plan implemented November 30, 1976, allowed only employer contributions to the Plan. The amendment executed on October 15, 1997 offered employees a way to contribute on a pretax basis to the plan. The amendment did not have a significant impact on the payment of benefits.

Contributions. The Employer may make annual discretionary profit sharing contributions in an amount to be determined at the Plan year-end by the Board of Directors. The employee must meet the eligibility requirements to participate in the Plan and be employed at the end of the year to be eligible for any employer profit sharing contributions made for the Plan Year. Profit sharing contributions are allocated in the ratio that an employee's eligible compensation bears to the total compensation paid to all eligible participants for the Plan Year. Each year, participants may contribute between 1% and 60% of pretax annual compensation, as defined in the Plan. Also, if the participant is over age 50, the participant may contribute an additional salary deferral, pre-tax contributions to the Plan up to the IRS Catch Up Provision Limit. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. All employee and employer contributions are invested according the various investment options selected by the employee. The Plan intends to qualify as a participant-directed account plan under section 404 (c) of the Employee Retirement Income Security Act (ERISA) of 1974.

Participant Accounts. Each participant's account is credited with the participant's contribution and earnings and an allocation of the Company's contribution. Allocations are based on participant eligible compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Payment of Benefits. On termination of employment, retirement, or disability the participant may take a lump sum or installment distribution from the Plan. In the event of death the beneficiary will receive the distribution from the Plan.

Forfeited Accounts. At November 30, 2011 and 2010, forfeited non vested accounts totaled $1,363 and $4,877 respectively. The forfeited non vested accounts totaling $1,363 at November 30, 2011 will be reallocated as a profit sharing contribution to employees that meet the eligibility requirements to participate in the Plan and are employed at year end. The forfeited non vested accounts totaling $4,877 at November 30, 2010 were utilized to pay some of the costs of plan operating and administrative expenses.

Vesting. Participants are immediately vested in their own voluntary contributions to their account and any rollover accounts plus the actual earnings thereon. Vesting in the Company discretionary profit sharing contributions portion of their accounts plus actual earnings thereon is based on years of service in accordance with the following schedule:

Years of Service for Vesting	Percentage
Less than 3	0
3	20
4	40
5	60
6	80
7	100

Investment Options. The trustee, Fidelity Management Trust Company, is responsible for holding the Plan assets. Upon enrollment in the Plan, a participant may direct employee and employer contributions in any of the thirty-one investment options. The election allows the participant to allocate their funds among the variable portfolios to take advantage of what each investment option has to offer and help balance different types of risks. The values of the variable portfolios may increase or decrease on any day. Participants may change their investment options at any time. The Plan is intended to be a participant-directed plan as described in 404 (c) of the Employee Retirement Income Security Act (ERISA) of 1974, and Labor Regulations governing section 404 (c) plans. This means that fiduciaries of the Plan are ordinarily relieved of the liability for any losses which are the direct and necessary result of investment instructions given by a participant or beneficiary under the participant-directed investment feature of the Plan.

Participant Loans. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. All loans must be paid back within five years unless it is for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 5.25% to 10.25%, which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through weekly or monthly payroll deductions. At November 30, 2011 and 2010, there was $115,397 and $96,288, respectively of participant notes receivable outstanding.

Operating and Administrative Expenses. The Company absorbed all of costs of plan operating and administrative expenses except the cost related to participant loan initial set up fees, participant loan quarterly maintenance fees and outside fund fees for the years ended November 30, 2011 and 2010.

Note B - Summary of Significant Accounting Policies

Basis of Accounting. The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates. 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.

Investment Valuation and Income Recognition. The Plan's investments are stated at fair value. If available, quoted prices are used to value investments. Participant note receivables are valued at cost, which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. See Note F for discussion of fair value measurements.

Payment of Benefits. Benefits are recorded when paid.

Note C - Tax Status

The Internal Revenue Service has determined and informed the Company by the last letter dated September 29, 2003, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note D - Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by Fidelity Management Trust Company.

	2011	2010
Investments, at fair value:		
Participant loans	$ 115,397	$ 96,288
Interest-bearing cash in Fidelity Retirement Government Money-Market Portfolio	112,355	131,806
Value of interest in registed investment companies	2,780,417	2,642,548
Interest income - interest bearing cash	12	28
Interest income - participant loans	6,615	7,657
Dividend income - registered investment companies	75,695	49,527
Net investment gain (loss) from registered investment companies	36,822	258,166

Note E - Investments

The trustee is responsible for holding the Plan assets. The trustee's duties are specifically identified in the Plan document and relate only to the assets in its possession. The name and address of the Plan's trustee is: Fidelity Management Trust Company, 82 Devonshire Street, LP10A, Boston, MA 02109. The following table presents investments at November 30, 2011 and 2010.

	2011		2010	
Investments at Fair Market Value as Determined by:				
Cost which Approximates Fair Value				
Participant loans	$ 115,397		$ 96,288	
Quoted Market Price				
Interest-Bearing Cash				
Fidelity Retirement Government Money-Market Portfolio	112,355		131,806	
Value of Interest in Registered Investment Companies				
PIMCO TOT RETURN ADM	274,889	*	241,976	*
ALLNZ NFJ DIV VAL AD	107,255		99,816	
TURNER MID CP GR INV	13,473		7,570	
WFA SM CAP VAL INV	11,618		17,573	
ALLNZ NFJ SMCPVAL AD	111,658		60,450	
DODGE & AMP; COX INTL STK	41,406		45,469	
FID GINNIE MAE	229,253	*	181,046	*
FID CONTRAFUND	519,235	*	530,792	*
FIDELITY INVST GR BD	228,794	*	216,134	*
FID GROWTH & AMP; INCOME	91,037		99,564	
FID VALUE	139,007		147,588	*
FID CAP APPRECIATION	125,378		121,398	
FID ASSET MGR 50%	142,713		170,062	*
FIDELITY LOW PR STK	233,927	*	241,650	*
FID DIVERSIFIED INTL	150,442		151,928	*
FID FREEDOM INCOME	11,514		10,939	
FID FREEDOM 2000	382		370	
FID FREEDOM 2010	1,264		779	
FID FREEDOM 2020	4,994		3,908	
FID FREEDOM 2030	12,743		6,725	
SPARTAN TOTAL MKT INDEX	135,768		126,662	
SPARTAN 500 INDEX	82,878		73,026	
FIDELITY US BD INDEX	73,952		65,777	
FID FREEDOM 2040	12,449		8,473	
FID FREEDOM 2015	3,104		2,629	
FID FREEDOM 2025	903		613	
FID FREEDOM 2035	3,039		6,724	
FID FREEDOM 2045	4,196		1,143	
FID FREEDOM 2050	13,146		1,764	
	2,780,417		2,642,548	
Total Investments	$ 3,008,169		$ 2,870,642	

The participant loans represent approximately 3.8% and 3.3% of net assets available for benefits at November 30, 2011 and 2010 respectively. Investments representing 5% or more of net assets available for benefits are indicated by an asterisk (*).

Note F – Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements at Reporting Date Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
November 30, 2011				
U.S. Government Money-Market Portfolios	$ 112,355	$ 112,355	$ -	$ -
Registered Investment Companies (Mutual Funds)	2,780,417	2,780,417	-	-
Participant Loans	115,397	-	115,397	-
Total	$ 3,008,169	$2,892,772	$ 115,397	$ -
November 30, 2010				
U.S. Government Money-Market Portfolios	$ 131,806	$ 131,806	$ -	$ -
Registered Investment Companies (Mutual Funds)	2,642,548	2,642,548	-	-
Participant Loans	96,288	-	96,288	-
Total	$ 2,870,642	$2,774,354	$ 96,288	$ -

SFAS No. 157, *Fair Value Measurements*, 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 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 are only when Level 1 or Level 2 inputs are not available.

Level 1 Fair Value Measurements

The fair values of U. S. Government Money-Market Portfolios and Registered Investment Companies (mutual funds) are based on quoted market prices, when available.

Level 2 Fair Value Measurements

The fair value of certain participant loans for which quoted market price are not available are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Note G - Plan Termination

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify benefits provided to active employees, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note H – Reconciliation of Financial Statements to Form 5500

There are no disclosures required to provide a reconciliation of the financial statements at November 30, 2011 and 2010 to the Form 5500.

Note I – 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.

Note J – Subsequent Events

In reviewing its financial statements, management has evaluated events subsequent to the balance sheet date through September 7, 2012, which is the financial statements issuance date.

MAYO MANUFACTURING CORPORATION
AMENDED EMPLOYEES PROFIT SHARING PLAN

SUPPLEMENTAL INFORMATION

MAYO MANUFACTURING CORPORATION
AMENDED EMPLOYEES PROFIT SHARING PLAN
EIN 75-1218676 PN 001
SUPPLEMENTAL SCHEDULES - SCHEDULE H PART IV LINE 4i (IRS FORM 5500)
FOR THE YEAR ENDED NOVEMBER 30, 2011

Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	FIDELITY RET GOV MM	Money-Market Fund	$112,355	$112,355
	PIMCO TOT RETURN ADM	Registered Investment Company	$273,528	$274,889
	ALLNZ NFJ DIV VAL AD	Registered Investment Company	$92,200	$107,255
	TURNER MID CP GR INV	Registered Investment Company	$13,378	$13,473
	WFA SM CAP VAL INV	Registered Investment Company	$10,744	$11,618
	ALLNZ NFJ SMCPVAL AD	Registered Investment Company	$95,801	$111,658
	DODGE & AMP; COX INTL STK	Registered Investment Company	$54,718	$41,406
	FID GINNIE MAE	Registered Investment Company	$215,767	$229,253
	FID CONTRA FUND	Registered Investment Company	$394,451	$519,235
	FIDELITY INVST GR BD	Registered Investment Company	$219,095	$228,794
	FID GROWTH & AMP; INCOME	Registered Investment Company	$40,293	$91,037
	FID VALUE	Registered Investment Company	$132,610	$139,007
	FID CAP APPRECIATION	Registered Investment Company	$129,168	$125,378
	FID ASSET MGR 50%	Registered Investment Company	$154,943	$142,713
	FIDELITY LOW PR STK	Registered Investment Company	$203,290	$233,927
	FID DIVERSIFIED INTL	Registered Investment Company	$163,703	$150,442
	FID FREEDOM INCOME	Registered Investment Company	$11,175	$11,514
	FID FREEDOM 2000	Registered Investment Company	$341	$382
	FID FREEDOM 2010	Registered Investment Company	$1,269	$1,264
	FID FREEDOM 2020	Registered Investment Company	$5,016	$4,994
	FID FREEDOM 2030	Registered Investment Company	$12,963	$12,743
	SPARTAN TOTAL MKT INDEX	Registered Investment Company	$114,897	$135,768
	SPARTAN 500 INDEX	Registered Investment Company	$79,630	$82,878
	FIDELITY US BD INDEX	Registered Investment Company	$69,762	$73,952
	FID FREEDOM 2040	Registered Investment Company	$12,690	$12,449
	FID FREEDOM 2015	Registered Investment Company	$2,920	$3,104
	FID FREEDOM 2025	Registered Investment Company	$905	$903
	FID FREEDOM 2035	Registered Investment Company	$3,042	$3,039
	FID FREEDOM 2045	Registered Investment Company	$4,323	$4,196
	FID FREEDOM 2050	Registered Investment Company	$13,682	$13,146
	Participant Loans	Participant Loans, maturity date 2012-2016, interest rate 5.25%-10.25%, secured by participants' vested benefits	$0	$115,397

MAYO MANUFACTURING CORPORATION
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EIN 75-1218676 PN 001
SUPPLEMENTAL SCHEDULES - SCHEDULE H PART IV LINE 4i (IRS FORM 5500)
FOR THE YEAR ENDED NOVEMBER 30, 2011

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	FID FREEDOM 2045	Registered Investment Company	$4,323	$4,196
	FID FREEDOM 2050	Registered Investment Company	$13,682	$13,146
	Participant Loans	Participant Loans, maturity date 2012-2016, interest rate 5.25%-10.25%, secured by participants' vested benefits	$0	$115,397