Form 5500-SF		Short Form Annual Ret	urn/Report o nefit Plan	of Small Employ	<b>YEE</b> OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	DC This form is required to be filed u		nd 4065 of the Employe	vee 2012		
Employee Be	partment of Labor enefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058	8(a) of This Form is C		s Open to Public
	nefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 550	0-SF.	IIIS	pection
Part I		lentification Information		and an diam. A	0/04/	2010	
For calenda	ar plan year 2012 or fisca	· · · · ·			2/31/2		
A This ret	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	pant plan
B This ret	urn/report is:	the first return/report the	e final return/report				
		an amended return/report a s	hort plan year return	/report (less than 12 mo	onths)	1	
C Check b	box if filing under:	] Form 5558	tomatic extension			DFVC progra	ım
		special extension (enter description)					
Part II	Basic Plan Inform	nation—enter all requested information	n				
1a Name	of plan				1b	Three-digit	
MACKAY MA	NUFACTURING, INC. 4	401(K) SAVINGS PLAN				plan number	001
					10	(PN) ►	001
					IC	Effective date o	•
	oonsor's name and addre	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identi	
					2c	Sponsor's telep	hone number
P.O. BOX 11 SPOKANE, V	278 NA 99211-1278				2d	Business code (	see instructions)
<b>3a</b> Plan ad	dministrator's name and	address Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	33270 Administrator's	EIN
	UFACTURING, INC.	P.O. BOX 11278 SPOKANE, WA 9	_		2.5		29759 elephone number
4 If the r	ame and/or EIN of the p	lan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN	
name,	EIN, and the plan numb	er from the last return/report.		•			
a Sponso		de la sisteria d'ile alle company			4c	PN	
-		the beginning of the plan year			5a	_	116
		the end of the plan year			5b	_	121
		count balances as of the end of the plar			5c		114
		uring the plan year invested in eligible a					X Yes No
<b>b</b> Are yo	u claiming a waiver of th	he annual examination and report of an See instructions on waiver eligibility and	independent qualifie	d public accountant (IQI	PA)		X Yes No
		er line 6a or line 6b, the plan cannot					
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed ι	unless reasonable cau	se is	established.	
SB or Sche		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a tte.					
SIGN	Filed with authorized/va	lid electronic signature.	03/25/2013	MICHAEL J. MACKAY	,		
HERE	Signature of plan adn	dministrator Date Enter name of individu			dual signing as plan administrator		
SIGN	· ·						
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	r or plan sponsor
	name (including firm nan	ne, if applicable) and address; include r	oom or suite number				number (optional)
601 W RIVE	HURLEY, INC. RSIDE AVE., SUITE 160	00				509-838	3-5500
SPOKANE,	WA 99201						

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year		
a Total plan assets	7a	659897	5			7686386	
<b>b</b> Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	659897	5			7686386	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:		4 4000	_				
(1) Employers	8a(1)	14092					
(2) Participants	8a(2)	36686	9	_			
(3) Others (including rollovers)	8a(3)						
<b>b</b> Other income (loss)	8b	99136	6	_			
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c			_		1499162	
to provide benefits)	8d	41032	1				
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f	143	0				
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					411751	
i Net income (loss) (subtract line 8h from line 8c)	8i					1087411	
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
2E       2F       2G       2J       2K       3D         b       If the plan provides welfare benefits, enter the applicable welfare for         Part V       Compliance Questions	eature codes	from the List of Plan Charac	cterist	ic Cod	es in the in	structions:	
10 During the plan year:				Yes	No	Amount	
<ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> </ul>			10a	100	X	Amount	
<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	ude transactions reported	10b		х		
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		500000	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	100		×	500000	
insurance service or other organization that provides some or all	<ul> <li>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.)</li> </ul>						
f Has the plan failed to provide any benefit when due under the plan?					X		
f Has the plan failed to provide any benefit when due under the pla	n?		10e 10f		X X		
			10f	X		103552	
	s of year end (See instruction	.) ons and 29 CFR		X		103552	
<ul><li>g Did the plan have any participant loans? (If "Yes," enter amount a</li><li>h If this is an individual account plan, was there a blackout period?</li></ul>	s of year end (See instruction) he required no	) ons and 29 CFR otice or one of the	10f 10g	X	X	103552	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul>	s of year end (See instruction) he required no	) ons and 29 CFR otice or one of the	10f 10g 10h	X	X	103552	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> </ul>	s of year end (See instruction he required no 1-3	.) ons and 29 CFR otice or one of the s," see instructions and com	10f 10g 10h 10i	Scheo	X X	rm I c c	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> </ul>	s of year end (See instruction he required no 1-3 hents? (If "Yes	ons and 29 CFR otice or one of the s," see instructions and com	10f 10g 10h 10i	Schec	X X	rm I c c	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> </ul>	s of year end (See instruction he required no 1-3	.) ons and 29 CFR otice or one of the s," see instructions and com	10f 10g 10h 10i	Schec	X X lule SB (Fo	rm	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> </ul>	s of year end (See instruction he required no 1-3 hents? (If "Yes requirements	) ons and 29 CFR otice or one of the s," see instructions and com	10f 10g 10h 10i	Schec	X X lule SB (Fo	rm	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	s of year end (See instruction he required no 1-3 hents? (If "Yes requirements , as applicable ng amortized	.) ons and 29 CFR otice or one of the s," see instructions and com s of section 412 of the Code e.) in this plan year, see instruction	10f 10g 10h 10i plete or se	Scheo 	X X Iule SB (Fo 11a 302 of ERIS	Yes No	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39</li></ul>	s of year end (See instruction he required no 1-3 hents? (If "Yes requirements , as applicable ng amortized	.) ons and 29 CFR otice or one of the s," see instructions and com s of section 412 of the Code e.) in this plan year, see instruction	10f 10g 10h 10i plete or se	Scheo 	X X Iule SB (Fo 11a 302 of ERIS	rm Yes No SA? Yes X No te of the letter ruling	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)					
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII	Plan Terminations and Transfers of Assets			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan					OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		e 3(a) of This Form is Open to Pub Inspection					
Department of Labor Employee Benefits Security Administration	This form is required to be filed Retirement Income Security Act of 1 the Internal f						
Pension Benefit Guaranty Corporation	Complete all entries in accorda	nce with the instruct	ions to the Form 5500	)-SF.			
	entification Information				10/01/0010		
For calendar plan year 2012 or fisca		01/2012	and ending		12/31/2012		
A This return/report is for:		i multiple-employer pla	in (not multiemployer)		a one-participant plan		
<b>B</b> This return/report is:							
an amended return/report       a short plan year return/report (less than 12 months)         C. Check box if filing under:       Form 5558         DFVC program							
C Check box if filing under:			DFVC program				
	special extension (enter description						
Part II Basic Plan Inform	nation-enter all requested informat	ion		4 6			
1a Name of plan	TNO 401 (K) CANTNEE D	፣ አእ፣		าม	Three-digit plan number		
MACKAY MANUFACTURING,	INC. 401(K) SAVINGS P	LIAN			(PN) • 001		
				1c	Effective date of plan 01/01/1989		
22 Dian an and addr	ess; include room or suite number (em	nlover if for a single-r	emplover plan)	2b	Employer Identification Number		
MACKAY MANUFACTURING,		pioyor, ir for a orrigio (			(EIN) 91-0829759		
P.O. BOX 11278				2c	Sponsor's telephone number 509-922-7742		
1.0. Don 110.0				2d	Business code (see instructions)		
SPOKANE 3a Plan administrator's name and	WA 99211-1278 address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	332700 b Administrator's EIN		
MACKAY MANUFACTURING,	L		openeer laneer		91-0829759		
P.O. BOX 11278				30	Administrator's telephone number 509 - 922 - 7742		
SPOKANE	WA 99211-1278						
4 If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the late per from the last return/report.	st return/report filed fo	r this plan, enter the	4b	EIN		
a Sponsor's name					PN		
	the beginning of the plan year			<b>5</b> a	116		
	the end of the plan year			<u>5b</u>	121		
C Number of participants with ac	count balances as of the end of the pl	an year (defined bene	fit plans do not	5c	114		
	during the plan year invested in eligible						
b Are you claiming a waiver of the second	he annual examination and report of a	n independent qualifie	d public accountant (IQ	PA)			
under 29 CFR 2520.104-46? (	See instructions on waiver eligibility a	nd conditions.)			X Yes No		
	er line 6a or line 6b, the plan canno						
Caution: A penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	JSO IS	established.		
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	er penalties set forth in the instructions signed by an enrolled actuary, as we ete.	as the electronic ver	sion of this return/report	t, and	to the best of my knowledge and		
SIGN - 2 Anla	Ka	3/20/2013	MICHAEL J. MA	CKA	Y		
HERE Signature of plan ad	ministrator	Date	Enter name of individ	lual si	gning as plan administrator		
SIGN							
HERE Signature of employ	er/plan sponsor	Date		lual si	igning as employer or plan sponsor		
Preparer's name (including firm na Jodi Calhoun	me, if applicable) and address; include	e room or suite numbe		Pre	parer's telephone number (optional)		
Randall & Hurley, Ind	σ.				509-838-5500		
601 W Riverside Ave.							
Spokane	WA 99201		or		Form 5500-SF (2012		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2012) v. 120126

Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year			
	Total plan assets	7a		9897	5		7686386			
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	659	9897	5		7686386			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:									
	(1) Employers	8a(1)		140927						
	(2) Participants	8a(2)	30	5686	9					
	(3) Others (including rollovers)	8a(3)			_					
b	Other income (loss)	8b	99	9136	6					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1499162			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	43	1032	1					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		143	0					
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					411751			
	Net income (loss) (subtract line 8h from line 8c)	8i			9.	1087411				
J	Transfers to (from) the plan (see instructions)	8j			12,2		도 가에서 물건이 가지 않는 것같을 알았다. 같은 것이 아파 가지 않는 것을 알았다. 같은 것이 아파 가지 않는 것이 같은 것을 알았다.			
Par	t IV Plan Characteristics	· · · · · ·			-					
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	ies from the List of Plan Charac	cterist	ic Cod	es in tl	he instructions:			
Parl					Yes	No	Amount			
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione with	in the time period described in		103		Amount			
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		х				
c	Was the plan covered by a fidelity bond?			10c	х		500000			
d		fidelity bo	ond, that was caused by fraud	10d		X				
e	Were any fees or commissions paid to any brokers, agents, or oth	her persor	ns by an insurance carrier,							
-	insurance service or other organization that provides some or all o	of the ben	efits under the plan? (See	10e		х				
f				10f		х				
				10g	x		103552			
g				TUg						
n 	2520.101-3.)	2520.101-3.)								
,	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Parl	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									
_11a	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding	requiren	nents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as appli	cable.)			<u> </u>				
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amorti	zed in this plan year, see instru	ctions	, and (	enter ti Day	he date of the letter ruling Year			
	you completed line 12a, complete lines 3, 9, and 10 of Schedul		orm 5500), and skip to line 13.							
17					,					
	Enter the minimum required contribution for this plan year					12b				