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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Р	ension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance	with the instruc	tions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Pá	art I	Annual Report I	Identification Information							
For	calenda	ar plan year 2012 or fise	cal plan year beginning 01/01/2	2012		and ending	12/31/2	2012		
		return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan the first return/report the final return/report								
В	This ret	urn/report is:	the first return/report	H	•					
			an amended return/report	a shor	t plan year return	report (less than 12 m	onths)			
C Check box if filing under:								DFVC progra	ım	
			special extension (enter descrip	ption)						
Pa	art II	Basic Plan Infor	rmation—enter all requested info	ormation						
1a	Name	of plan	·				1b	Three-digit		
MACKAY & SPOSITO, INC. EMPLOYEES' 401(K) SAVINGS PLAN							plan number			
								(PN) •	002	
							1c	Effective date o	•	
20	Diaman			. (if for a simula s		2h	01/01		
MAC	KAY &	SPOSITO, INC.	dress; include room or suite number	г (епіріоує	er, ir for a single-e	employer plan)	20	Employer Identification (EIN) 91-09	15984	
							2c	Sponsor's telep	hone number	
1325	SE TEC	CH CENTER DR, STE	140					360-69		
VAN	COUVE	R, WA 98683					2d	Business code (see instructions)	
							ļ	54133		
3a	Plan ad	dministrator's name and	d address XSame as Plan Sponso	or Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN	
							3c	Administrator's	telephone number	
									·	
4			plan sponsor has changed since the	he last retu	urn/report filed for	r this plan, enter the	4b	EIN		
•		·	nber from the last return/report.				4c	DNI		
		or's name	at the beginning of the plan year					FIN	445	
		, ,	0 0 1 7				5a		115	
b		• •	at the end of the plan year				5b		108	
C			account balances as of the end of th	. ,	`	•	5c		94	
6a			during the plan year invested in eli						X Yes No	
b		· ·	the annual examination and report	-	•	•				
			(See instructions on waiver eligibili						X Yes No	
	If you	answered "No" to eit	ther line 6a or line 6b, the plan ca	annot use	Form 5500-SF a	and must instead use	Form	5500.		
			or incomplete filing of this return/							
			ner penalties set forth in the instruct							
		true, correct, and comp	id signed by an enrolled actuary, as ilete.	s well as tr	ie electronic vers	ion of this return/report	ı, and	to the best of my	knowledge and	
	,	, , ,			ı					
SIG				TIM SCHAUER						
HEF	KE.			Enter name of individ	ual sig	ning as plan adn	ninistrator			
SIG										
HEF	RE	Signature of employer/plan sponsor Date Enter name of individu				idual signing as employer or plan sponsor				
Pre	parer's i	name (including firm na	ame, if applicable) and address; inc	clude room	or suite number	(optional)	Prep	arer's telephone	number (optional)	

Form 5500-SF 2012 Page **2**

Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
a	Total plan assets	7a		3573548			4398190		
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	357354	18			4398190		
	Income, Expenses, and Transfers for this Plan Year			(a) Amount			(b) Total		
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)	13255	9					
	(2) Participants	8a(2)	39602	22					
	(3) Others (including rollovers)	8a(3)	5609	99					
b	Other income (loss)	8b	45885	54					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1043534		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	17645	54					
е	Certain deemed and/or corrective distributions (see instructions)	8e	12	20					
f	Administrative service providers (salaries, fees, commissions)	8f	4231	8					
q	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					218892		
	Net income (loss) (subtract line 8h from line 8c)	8i					824642		
	Transfers to (from) the plan (see instructions)	8j					024042		
	, , , , , ,	oj .							
	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								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X		500000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X	00000		
е		ner person	s by an insurance carrier,			V			
	instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X		64683		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part	VI Pension Funding Compliance								
11									
11a						11a			
12		Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mor		and e	enter th Day	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		1		Т		
b	b Enter the minimum required contribution for this plan year								

	Form 5500-SF 2012 Page 3 - 1			
	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the 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 resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 a single-employer plan a multiple-employer plan (not multiemployer) A This return/report is for: a one-participant plan the first return/report the final return/report B This return/report is: an amended return/report a short plan year return/report (less than 12 months) X Form 5558 C Check box if filing under: automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan 1b Three-digit plan number MACKAY & SPOSITO, INC. 002 (PN) ▶ EMPLOYEES' 401(k) SAVINGS PLAN 1c Effective date of plan 01/01/1993 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 91-0915984 MACKAY & SPOSITO, INC. 2c Sponsor's telephone number (360) 695-3411 1325 SE TECH CENTER DR, STE 140 2d Business code (see instructions) 541330 98683 3a Plan administrator's name and address XSame as Plan Sponsor Name | Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 115 5a b Total number of participants at the end of the plan year 108 5_b Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 94 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... X Yes If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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 belief, it is true, correct, and complete.

SIGN	Tundent A Mour	812113	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				
Preparer's	s name (including firm name, if applicable) and address; incl	ude room or suite numb	er (optional)	Preparer's telephone number (optional)			

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	T		(b) End	of Y	ear	$\overline{}$
<u>.</u>	Total plan assets	7a	3,57		8				8,190	
	Total plan liabilities	7b			\top					
	Net plan assets (subtract line 7b from line 7a)	7c	3,57	3,54	8	4,39			8,190	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			•		
	Contributions received or receivable from:		(4) / 11104111				(2)	· Otal		
	(1) Employers	8a(1)	132	2,55	9					
	(2) Participants	8a(2)	396	6,02	2					
	(3) Others (including rollovers)	8a(3)	50	6,09	9					
b	Other income (loss)	8b	458	8,85	4					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1,04	3,534
d —	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	176	6,45	4					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		12	0					
f	Administrative service providers (salaries, fees, commissions)	8f	42	2,31	8		0			
g	Other expenses	8g			19				491	15-
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							21	8,892
i	Net income (loss) (subtract line 8h from line 8c)	8i							82	4,642
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature code	s from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions	5:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cteristi	ic Coc	les in t	he instruc	tions:		
Part	V Compliance Questions						50			
10	During the plan year:	****			Yes	Nie		7 - 107-100		_
	Burning and prair your.			- 1	162	No	ı	Amo	nunt	
а				10a	ies	X		Amo	ount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Correc ? (Do not inc	tion Program)lude transactions reported	10a	Tes			Amo	ount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correc ? (Do not inc	tion Program)lude transactions reported	10b		х		Amo		10.000
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Correc	tion Program)lude transactions reported		X	х		Amo		0,000
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	ciary Correc (Do not inc	tion Program)lude transactions reported that was caused by fraud	10b		х		Amo		0,000
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other than the plan's or other transactions.	fidelity bond,	that was caused by fraud	10b 10c		х		Amo		0,000
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	ciary Correct (Do not income fidelity bond, ner persons bot the benefit	that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c		х		Amo		0,000
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct (Do not incomment of the benefit	tion Program)	10b 10c 10d		X X		Amo		0,000
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, ner persons bof the benefit.	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f	X	X X X		Amo	50	
c d e f g	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	fidelity bond, ner persons bof the benefits s of year end	that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g		x x x		Amo	50	0,000
c d e f g	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulty Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the	fidelity bond, ner persons bof the benefits s of year end (See instructione required n	that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g 10h	X	X X X	705 1	Ame	50	
b c d e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, ner persons bof the benefits s of year end (See instructione required n	that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g	X	x x x		Amo	50	
b c d e	Were there any nonexempt transactions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, ner persons bof the benefit. s of year end (See instructione required notes)	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g 10h	X	x x x x		Ame	50	
b c d e	Were there any nonexempt transactions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, fidelity bond, firer persons both the benefits fit so five are end fidelity bond, firer persons both the benefits firer persons both the benefi	that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See) ons and 29 CFR otice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Aule SE			50	
b c d e f g h i Part 11	Were there any nonexempt transactions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, fidelity bond, firer persons both the benefits five instructions of year end five required in the required in the required in the required in the the required in the required	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Adule SE			50	× No
b c d e	Were there any nonexempt transactions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, ner persons bof the benefit. s of year end (See instructione required in 1-3	that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See .) ons and 29 CFR otice or one of the s," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Adule SE			50	4,683
b c c d e f g h i 111a 11a 12	Were there any nonexempt transactions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, fidelity bond, firer persons both the benefit. figure in the service of the servi	that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See) ons and 29 CFR otice or one of the s," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X X Schection	X X X X X Aulue SE	ERISA?		Yes	¼, 683
b c c d e e f g h i 111111111111111111111111111111111	Were there any nonexempt transactions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, fidelity bond, firer persons both the benefit. s of year end (See instruction finer required notes and the second of the secon	that was caused by fraud that was caused by fraud by an insurance carrier, s under the plan? (See b) 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 instructions	10b 10c 10d 10e 10f 10g 10h 10i	X X Schection	X X X X X Aulue SE	ERISA?		Yes Yes	¼, 683
b c d e f g h i Part 11 11a 12	Were there any nonexempt transactions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, fidelity bond, firer persons both the benefit. figure of the benefit. figure	that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See) 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 instructions and skip to line 13.	10b 10c 10d 10e 10f 10g 10h 10i	X X Schec	X X X X X Aulule SE 11a 302 of	ERISA?	the le	Yes Yes	¼, 683

	Form 5500-SF 2012	Page 3 -			
_					
C	Enter the amount contributed by the employer to the plan for this p	olan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a minus sign to the left of a	12d		
e	Will the minimum funding amount reported on line 12d be met by the	the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year? .		, _ \	res X No	
	If "Yes," enter the amount of any plan assets that reverted to the en	employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?	, transferred to another plan, or brought under the	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred fro which assets or liabilities were transferred. (See instructions.)		to		
1	3c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		-	-	
14a I	Name of trust		14b Tr	ust's EIN	