## 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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.		
		lentification Information					
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009	
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan	
	This return/report is for:	first return/report	final retur	n/report			
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)		
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program	
		special extension (enter descripti	on)			_	
Pa	rt II Basic Plan Inforn	nation—enter all requested inform	nation				
	Name of plan		iation		1b	Three-digit	
	MERS ELECTRIC 401(K) PLAN					plan number	
						(PN) • 001	
					1c	Effective date of plan	
	<u> </u>				Ol-	01/01/2002	
	Plan sponsor's name and addre MERS ELECTRIC, INC.	ess (employer, if for single-employe	r plan)		<b>∠</b> D	Employer Identification (EIN) 91-1052377	Number
TAIX	MERO ELLOTRIO, IIVO.				2c	Plan sponsor's telephor	e number
	HEMLOCK ST.					509-488-2822	
OTHI	ELLO, WA 99344				2d	Business code (see inst	ructions)
32	Dlan administrator's name and	address (if some as Dispersion of	ntor "Com	~"\	2h	221100 Administrator's EIN	
	MERS ELECTRIC, INC.	address (if same as Plan sponsor, e 30 E. HEML		<del>=</del> )	30	91-1052377	
		OTHELLO,	WA 99344		3с	Administrator's telephor	ne number
						509-488-2822	
		an sponsor has changed since the la r from the last return/report. Spons		port filed for this plan, enter the	4b	EIN	
	iame, Lin, and the plan number	Thom the last return/report. Spons	oi s name		4c	PN	
5a	Total number of participants at		5a	<b>a</b> 1:			
b		the end of the plan year			5b		13
С	· ·	ith account balances as of the end o			0.0		
					5c		8
6a	Were all of the plan's assets d	luring the plan year invested in eligil	ole assets?	(See instructions.)		X	′es 📗 No
b				ndent qualified public accountant (IQI		V v	/oo □ No
	•			ions.)SF and must instead use Form 55		<u>^</u> 1	′es
Pa	rt III Financial Informa		01111 5500-	SF and must instead use Form 55	υυ.		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
-	Total plan assets		7a	(a) Beginning of Year	1	(b) Elia di Teal	143036
b	. otal pian according			07100			1 10000
C	•	7b from line 7a)		94483	1		143036
8	Income, Expenses, and Transf		70	(a) Amount	_	(b) Total	140000
а	Contributions received or received			(a) Amount		(b) Total	
<u> </u>			8a(1)	13511			
	(2) Participants		8a(2)	16888	3		
	(3) Others (including rollovers)	)	8a(3)				
b	Other income (loss)		8b	27979	)		
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				58378
d		rollovers and insurance premiums		0005			
^		ivo distributions (soo instructions)	8d	9825	4		
e f		ive distributions (see instructions)			$\dashv$		
t		rs (salaries, fees, commissions)					
g	•	00 Of and 0a)					0025
h :		8e, 8f, and 8g)					9825 48553
1;		e 8h from line 8c)					40003
J	Transiers to (Holli) the plan (Se	ee instructions)	8i				

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 2T

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions rep on line 10a.)			X				
С	Was the plan covered by a fidelity bond?	10с	X					4000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?			X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie insurance service or other organization that provides some or all of the benefits under the plan? (Se instructions.)	е		X				
f	Has the plan failed to provide any benefit when due under the plan?	··· 10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					3544
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	109		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions at 5500))						Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_		<u> </u>
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	Month						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li		Г		1			
b	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to t negative amount)		-	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
art	VII Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior 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 br of the PBGC?	ought unde	r the co	ontrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	entify the pla	an(s) to	)				
1	3c(1) Name of plan(s):		13	<b>c(2)</b> El	N(s)	1	3c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless rea	sonable ca	use is	establ	ished.			
B o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined to r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this f, it is true, correct, and complete.				·			
SIGI	Filed with authorized/valid electronic signature. 10/12/2010 JOSHUA E	воотн						
HER	_	ne of individ	ual sig	ning as	s plan adr	ninistra	itor	

Date

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2000

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

For c						
	alendar plan year 2009 or fiscal plan year beginning		and ending			-
A T	his return/report is for: x single-employer plan	multiple-er	mployer plan (not multiemployer)		one-participar	nt plan
Вт	his return/report is for: first return/report	final return	/report			
	an amended return/report	short plan	year return/report (less than 12 mor	iths)		
C (	check box if filing under: X Form 5558	automatic	extension		DFVC progra	m
	special extension (enter description)	on)				
D <sub>2</sub>	rt II Basic Plan Information—enter all requested inform	COMMISSION OF THE OWNER OWNER OF THE OWNER O		***************************************	and the second s	
	Name of plan	au011		1h	Three-digit	
	MERS ELECTRIC 401(K) PLAN			U (02)	plan number	
FARN	MENS ELECTRIC 401(N) FLAN				(PN) ▶	001
				1c	Effective date of	
					01/01/2	
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identif	
FARN	MERS ELECTRIC, INC.			20	(EIN) 91-1052	elephone number
	LIELE DOLLOT			£. U	509-488	•
	HEMLOCK ST. ELLO WA 99344			2d	Business code (	see instructions)
					221100	······································
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	")	3b	Administrator's E	
SAM				20	91-1052	elephone number
				V	509-48	*
4 If	the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN	
r	name, EIN, and the plan number from the last return/report. Sponso	or's name	,		and or a to color and the same and a same and	
				<u>4c</u>	PN	
	Total number of participants at the beginning of the plan year			<u>5a</u>		15
b	Total number of participants at the end of the plan year	,		<u>5b</u>		13
C	Total number of participants with account balances as of the end o			E.		8
	complete this item)			5c		— <u> —                                  </u>
	Were all of the plan's assets during the plan year invested in eligib					X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepen	dent dualitied bublic accountant (IV)			
						X Yes ☐ No
		and conditi	ons.)			X Yes No
Pa	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	and conditi	ons.)			X Yes No
<u>Pa</u>	If you answered "No" to either 6a or 6b, the plan cannot use F	and conditi	ons.)			X Yes No
7 a	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities	and conditi	ons.) SF and must instead use Form 55	00.		
7	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets	and conditi form 5500-	ons.) SF and must instead use Form 55 (a) Beginning of Year	00.		of Year
7 a b	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities	and conditi form 5500-	ons.) SF and must instead use Form 55 (a) Beginning of Year	00.		of Year
7 a b	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	and conditi form 5500-	ons.) SF and must instead use Form 55 (a) Beginning of Year 94483	00.	(b) End	of Year 143036
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities	and conditi form 5500-	ons.)	00.	(b) End	of Year 143036 143036
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year	and conditi form 5500-	ons.)	00.	(b) End	of Year 143036 143036
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:	7a 7b 7c 8a(1)	ons.)	00.	(b) End	of Year 143036 143036
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1) 8a(2)	ons.)	00.	(b) End	of Year 143036 143036
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants	and conditi form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	ons.)	00.	(b) End	of Year 143036 143036
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)	and condition 5500-1  7a     7b     7c     8a(1)     8a(2)     8a(3)     8b	ons.)	00.	(b) End	of Year 143036 143036
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets	and condition 5500-	ons.)	00.	(b) End	of Year  143036  143036  Total
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)	and condition 5500-1  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	ons.)	00.	(b) End	of Year  143036  143036  Total
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets	and condition 5500-1  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	ons.)	00.	(b) End	of Year  143036  143036  Total
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)	and condition 5500-1  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	ons.)	00.	(b) End	of Year  143036  143036  Total
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	and condition 5500-1  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8d	ons.)	00.	(b) End	of Year  143036  143036  Total
7 a b c 8 a b c f	If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets	and condition 5500-1  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8d 8d	ons.)	00.	(b) End	of Year  143036  143036  Total
7 a b c 8 a b c f g	If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets	and condition 5500-1  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	ons.)	00.	(b) End	of Year  143036  143036  Total

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Part IV	1	Dlan	Character	ietire
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 2T

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

				manokaterpus.			/			
Part	V Compliance Questions	·				<del></del>				
10	During the plan year:		г		Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Progra	m)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					4000
d	Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?	ty bond, that was c	aused by fraud	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other perinsurance service or other organization that provides some or all of the instructions.)	ersons by an insura benefits under the	nce carrier, plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the plan?			10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of y	/ear end.)		10a	Х				***************************************	3544
_	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29	CFR	10h		х				
100	If 10h was answered "Yes," check the box if you either provided the re- exceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	10i			0000V-20011220VM0V0V049VM		250000000000000000000000000000000000000	
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500))								Yes	No
12	Is this a defined contribution plan subject to the minimum funding requ	irements of section	n 412 of the Code	or se	ction	302 of I	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	.)								
	If a waiver of the minimum funding standard for a prior year is being an granting the waiver.		Mon	tions th	, and	enter th Day	e date of	the le	tter ruli r	ng ——
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB				Г	12b				
	Enter the minimum required contribution for this plan year				1					
	Enter the amount contributed by the employer to the plan for this plan		├	12c		···········				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)					12d	7	П	Г	1 21/4
MAGNITURE	Will the minimum funding amount reported on line 12d be met by the fu	unding deadline?	.,				Yes		VO	N/A
Part								<u></u>		
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emplo					13a				
	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?								Yes	⊠ No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis pian to another	plan(s), identity tr	ie pia	m(S) ti	J				
1	3c(1) Name of plan(s):				13	c(2) El	N(s)		13c(3)	PN(s)
	set if wante or planto.	2, 11, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	racerna various various de la librativa de la companya de la companya de la companya de la companya de la comp							
		and the second s					Washing and Salary Sala	1		
Caut	on: A penalty for the late or incomplete filing of this return/report	will be assessed	uniess reasonab	le ca	use is	estab	ished.			
SB o	r penalties of perjury and other penalties set forth in the instructions, I o Schedule MB completed and signed by an enrolled actuary, as well as , it is true, correct, and complete.	declare that I have to the electronic vers	examined this return/	urn/re /repor	port, i t, and	ncludin to the i	g, if appli best of m	cable, y knov	a Sche vledge	edule and
	x h	10-12-2010	JOSHUA BOO	ТН						
SIG		Date	Enter name of in	ndivid	ual si	nino a	s plan ad	minist	rator	
<u> </u>	Organization of plant administration					23 0				
SIG HER	au I	Date	Ento	اداد الم					loc co	.nea-
LUCK	Signature of employer/plan sponsor	Date	Enter name of it	IGIVIQ	ual Si	grung a	s employe	er or p	nan SDC	#150f