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).

2010

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

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

			cal plan year beginning 01	on /01/2010	and anding	12/31/2	2010
FOI	calendar plan year z	2010 01 1150	r⊽ı		and ending	12/31/2	2010
Α	This return/report is	for:	single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan
В	This return/report is	for:	first return/report	final retu	ırn/report		
			an amended return/report	short pla	n year return/report (less than 12 m	onths)	
С	Check box if filing ur	nder:	Form 5558	automat	ic extension		DFVC program
	encon box ii iiii ig ui		special extension (enter de				
	art II Basis Di	on Infor	<u> </u>	. ,			
		an imor	mation—enter all requested	Information		1h	Throo digit
	Name of plan RIT ELECTRIC, INC.	401(K) PL	ΔNI			10	Three-digit plan number
IVILI	di Ellottio, illo.	401(IX) I L	AIN				(PN) • 001
						1c	Effective date of plan
							01/01/2006
		ne and add	ress (employer, if for single-er	nployer plan)		2b	Employer Identification Number
MEF	RIT ELECTRIC, INC.						(EIN) 91-1706408
1220)1 CYRUS WAY, STI	F 105				2C	Plan sponsor's telephone number 425-775-1356
MU	(ILTEO, WA 98275	00				2d	Business code (see instructions)
							238210
		name and	d address (if same as Plan spo			3b	Administrator's EIN
MEF	RIT ELECTRIC, INC.			1 CYRUS WAY, LTEO, WA 9827			91-1706408
						3с	Administrator's telephone number 425-775-1356
1	If the name and/or El	IN of the pl	an enancer has changed since	a the last return/	eport filed for this plan, enter the	4h	
_			er from the last return/report.		eport filed for this plant, enter the	40	EIN
		•	•	•		4c	PN
5a	Total number of pa	rticipants a	at the beginning of the plan yea	ar		. 5a	27
b	Total number of participants at the end of the plan year					. 5b	27
С	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not						47
	complete this item)			<u></u>		. 5c	17
6a	Were all of the plan	n's assets	during the plan year invested	in eligible assets	? (See instructions.)		Yes No
b					endent qualified public accountant (IC		X Yes ☐ No
			•	•	itions.) D-SF and must instead use Form 5		Yes No
P	art III Financia			use Form 5500	-SF and must instead use Form 5	JUU.	
7	Plan Assets and Lia				(a) Paginning of Vacr		(b) End of Year
٠.				7-	(a) Beginning of Year	99	(b) End of Year 410301
a h	•						
	•		71. (41199	20	410301
_	,		7b from line 7a)	7c			
8			sfers for this Plan Year		(a) Amount		(b) Total
а			eivable from:	8a(1)	1677	77	
	., .,			-	2555	53	
	` '		s)				
h	, ,	•	•		2583	30	
_	•	,	92/2) 92/3) and 9h)				68160
c d			, 8a(2), 8a(3), and 8b)				33100
u					6985	58	
е			ctive distributions (see instruct				
f			ers (salaries, fees, commission	,			
g				<i>'</i>			
	•						69858
n	ו טומו באףכווסכס (מע		8e 8f and 8d)	Q P			
h i			8e, 8f, and 8g)				-1698
i i	Net income (loss) (subtract lin	8e, 8f, and 8g) ne 8h from line 8c) see instructions)	8i			-1698

	Form	5500-SF 2010 Page 2-							
ar	t IV	Plan Characteristics							
-	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2J 2K								
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
ırt	V Co	ompliance Questions							
)	During t	he plan year:	Yes	No	Amount				
а	Was the	re a failure to transmit to the plan any participant contributions within the time period described in		, , , , , , , , , , , , , , , , , , ,					

		The state of the s							
10	Dur	ing the plan year:		Yes	No	Α	mount		
а		Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
С	Wa	s the plan covered by a fidelity bond?	10c		Χ				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				8059	
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		The was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Yes	No No	
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	No X	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
lf y	ou c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Ente	er the minimum required contribution for this plan year			12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
art	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	No X	
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under	the co			Yes	s X No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
1	3c(1)	Name of plan(s):		130	c(2) El	N(s)	13c(3	B) PN(s)	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	02/04/2011	JACK LANUM
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	02/04/2011	JACK LANUM
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	attig Annual Report Identification Information								
-01	the calendar plan year 2010 or fiscal plan year beginning	01/	01/2010	and ending	12	2/31/2010			
A	This return/report is for: x single-employer plan	multiple-	employer plan (no	ot multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final retu	m/report		•	—			
	an amended return/report	short pla	n year return/repo	ort (less than 12 mon	ths)				
С	Check box if filing under: Form 5558	₹	ic extension			DFVC program			
	special extension (enter description	on) 			L	_ Si vo program			
P	art II Basic Plan Information — enter all requested info								
	Name of plan	ormauon.			15	There is the little of the li			
	Wanib Winshule Too Add (1) at					Three-digit plan number			
	Merit Electric, Inc. 401(k) Plan					(PN) ▶ 001			
						Effective date of plan			
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		····		01/01/2006 Employer Identification Number			
	Merit Electric, Inc.	,,				(EIN) 91-1706408			
	12201 Cyrus Way, Ste 105					Plan sponsor's telephone number			
	TITUE CYTES HEY, SEE 103				<u></u>	(425) 775-1356			
US	WA 302/3				2 a	Business code (see instructions) 238210			
3 a	Plan administrator's name and address (If same as plan employer, e	enter *Same) ")			Administrator's EIN			
	James								
					3c Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this p	ian, enter the	4b 6	=IN			
	name, EIN and the plan number from the last return/report. Sponsor	's Name	,	, 55. 0.0	4c F				
5a	Total number of participants at the beginning of the plan year					N			
b	Total number of participants at the end of the plan year			• • • • • •	5a 5b	27			
C	lotal number of participants with account balances as of the end of t	the plan vea	ar (defined benefit	nians do not	ŞD	27			
80	complete this item)				5c	17			
b	Were all of the plan's assets during the plan year invested in eligible	• • • • • •		· · · · XYes _No					
_	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	i independe		accountant (IQPA)		Wyon Chin			
	If you answered "No" to either 6a or 6b, the plan cannot use Forr	m 5500-SF	and must instea	d use Form 5500.	• •	Yes No			
Pa	rt IIII Financial Information								
7	Plan Assets and Liabilities		(a) Beg	inning of Year	T	(b) End of Year			
	Total plan assets	. 7a		411,999		410,301			
b	Total plan liabilities	. 7b				410,301			
С	Net plan assets (subtract line 7b from line 7a)	. 7c		411,999		410,301			
8	Income, Expenses, and Transfers for this Plan Year	.)985 13 At	(a)	Amount					
а	Contributions received or receivable from:		(a)		1 1 1 1 1 1	(b) Total			
	(1) Employers	. 8a(1)		16,777					
	(2) Participants	. 8a(2)		25,553					
	(3) Others (including rollovers)	8a(3)			4.5				
	Other income (loss)	. 8b		25,830					
c d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		- Far Search		68,160			
_	Benefits paid (including direct rollovers and insurance premiums to provide benefits)					The second second			
	Certain deemed and/or corrective distributions (see instructions)	8d		69,858					
	Administrative service providers (salaries, fees, commissions)	8e							
	Other expenses	81							
		8g				A 25-4 扩展的多型			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				69,858			
	Net income (loss) (subject line 8h from line 8c)	81		学生和 2004年 - 1754年		(1,698)			
J	Transfers to (from) the plan (see instructions)	. 81			130				

	Form 5500-SF 2010 Page 2-						
Par	IVI Plan Characteristics						
9 a	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charac	teristic	Codes	in the	instructions	:	
b	2A 2E 2F 2J 2K f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact	eristic C	odes i	in the	instructions:		
Par	Compliance Questions						
10	During the plan year:		Yes	No	,	Amount	
a	Was there a failure to transmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	. 10a		х			
Ö	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	. 10b		x			
C	Was the plan covered by a fidelity bond?	. 10c		x			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	· 10d		x			
Э	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,						
	insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	. 10e		х			
f	Has the plan failed to provide any benefit when due under the plan?			x	ļ.		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	· 10g	x				8,05
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	. 10h		x			A Pro-
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	. 101			10 To 401		in the second
	VI Pension Funding Compliance				1 10 1	Constitution of the same	11.00
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp. 5500))	olete Sc	hedule	SB (Form		
12	ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	or section	n 302	of ER	ISA?	Yes Yes	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	ions, ar	d ente	er the	date of the le	etter ruling	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	nun		Day	·	/ear	
þ	Enter the minimum required contribution for this plan year		. 「	12b			
C	Enter the amount contributed by the employer to the plan for this plan year			12c			
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	fa • •		12d			
8	Will the minimum funding amount reported on line 12d be met by the funding deadline?			•	Yes	No [N/A
art	1 - Ida Terrimation and Transicio of Assets						
3 a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		· <u></u>	•		Yes	x No
<u> </u>	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
D	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un of the PBGC?	der the	contro	k			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s)	to	• •	• • • •	Yes	X No
1:	Bc(1) Name of plan(s):		13c	(2) EII	V(s)	13c(3) F	N(s)
				X/			11(0)
autlo	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca	use is	estab	lished			
nder p B or S	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/r chedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/rece		سالم دراه ه			Schedule	
lief, i	is true, correct, and complete.	лı, and	io me	pest o	T my knowie	age and	
	2-3-20/1 Jack Lanum						
SIGN	Jack Lanum						

Dat**e**

Dat**e**

2-3-2011

Jack Lanum

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

HERE Signature of plan administrator

HERE Signature of employer/plan sponsor

SIGN