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). 1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in act	ordance wit	in the matructions to the Form 550	U-3F.		
	art I Annual Report Identification Information					
For	r calendar plan year 2011 or fiscal plan year beginning 01/01/2	2011	and ending 1	2/31/2	2011	
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan	
В	This return/report is: the first return/report	the final r	return/report			
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	_	
C	Check box if filing under: Form 5558	automatio	c extension		DFVC program	
	special extension (enter descri	ption)				
Pa	art II Basic Plan Information—enter all requested info	rmation				
1a	Name of plan			1b	Three-digit	
MER	RIT ELECTRIC, INC. 401(K) PLAN				plan number	
				10	(PN) 001	
				10	Effective date of plan 01/01/2006	
	Plan sponsor's name and address; include room or suite numbe	r (employer, i	f for a single-employer plan)	2b	Employer Identification Number	•
MER	RIT ELECTRIC, INC.				(EIN) 91-1706408	
				2c	Sponsor's telephone number	
	01 CYRUS WAY, STE 105			0-1	425-775-1356	
MUK	KILTEO, WA 98275			2a	Business code (see instructions 238210	S)
3a	Plan administrator's name and address (if same as plan sponsor	enter "Same	<u>"</u>	3h	Administrator's EIN	
	RIT ELECTRIC, INC. 12201 CY	RUS WAY, S	TE 105		91-1706408	
	WORLLE	O, WA 98275		3с	Administrator's telephone numb	er
4	If the name and/or EIN of the plan sponsor has changed since the	ne last return/	report filed for this plan, enter the	4b		
	name, EIN, and the plan number from the last return/report.					
	Sponsor's name			4c	PN T	
	Total number of participants at the beginning of the plan year			5a		23
b			5b		23	
С	Number of participants with account balances as of the end of the complete this item)			5с		10
6a	Were all of the plan's assets during the plan year invested in el	gible assets?	(See instructions.)		X Yes	No
b	- , · · · · · · · · · · · · · · · · · ·				— — М у П	NI.
	under 29 CFR 2520.104-46? (See instructions on waiver eligibil	•	•		X Yes [No
Da	If you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information	e Form 5500-	SF and must instead use Form 55	υ.		
7	Plan Assets and Liabilities		(a) Paginning of Year		(b) End of Voor	
, а		7a	(a) Beginning of Year 410301		(b) End of Year 309528	
b						
C			410301		309528	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а			, ,		(4) 1314	
	(1) Employers	8a(1)	9865			
	(2) Participants	8a(2)	13593	_		
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	-14333			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				9125	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		109898			
е	Certain deemed and/or corrective distributions (see instructions	8е				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h					109898	
i	Net income (loss) (subtract line 8h from line 8c)	8i			-100773	
j	Transfers to (from) the plan (see instructions)	8j				

Form	5500-	SF	201

Page 2 -	1	
-----------------	---	--

Part IV	Plan	Charact	eristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 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:

art	V Compliance Questions						
0	During the plan year:		Yes	No		Amoui	nt
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)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	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			
е	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.)	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				8478
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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 and com 5500))					. N	′es X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	Y	′es 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 amortized in this plan year, see instruction granting the waiver						
-	Enter the minimum required contribution for this plan year			12b			
С	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 negative 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						
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ontrol		Y	′es X No
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.)	ne pla	n(s) to	1			
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13	c(3) PN(s)
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ise is	establ	ished.	<u> </u>	
Inde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.	ırn/rep	ort, ir	cluding	g, if applic	,	

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/23/2012	JACK LANUM
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/23/2012	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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-011

1210-008

This Form is Open to Public Inspection

	► Complete all entries in acco	rdance w	ith the instructions to the Form 55	00-SE	Inspection		
-	art I Annual Report Identification Information			55 51 .			
Fo	r the calendar plan year 2011 or fiscal plan year beginning	01/	01/2011 and ending	12	/31/2011		
Α	This return/report is for: x a single-employer plan	a multip	le-employer plan (not multiemployer)				
В	This return/report is:		return/report	L	a one-participant plan		
	an amended return/report	=	'				
C	Check box if filing under: Form 5558	7	plan year return/report (less than 12 mo	onths)	_		
•			ic extension	L	DFVC program		
_	special extension (enter descriptio						
	art II Basic Plan Information enter all requested info	ormation.					
ıa	Name of plan				Three-digit		
	Merit Electric, Inc. 401(k) Plan				plan number		
					PN) ► 001 Effective date of plan		
~				1	01/01/2006		
2 a	Plan sponsor's name and address; include room or suite number (er Merit Electric, Inc.	nployer, if	for single-employer plan)		Employer Identification Number		
	The state of the s				EIN) 91-1706408		
				1	Plan sponsor's telephone number		
	12201 Cyrus Way, Ste 105				(425) 775-1356		
110	Mukilteo Wa 98275			2d E	Business code (see instructions)		
	Plan administrator's name and address (If same as plan sponsor, en				238210		
	Same	ter "Same	')	3b A	Administrator's EIN		
				3c Administrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report.	st return/re	port filed for this plan, enter the	4b E	IN		
а	Sponsor's Name			4c P	N		
5 a	Total number of participants at the beginning of the plan year			5a			
b	Total number of participants at the end of the plan year			5 b	23		
C	Number of participants with account balances as of the end of the pla	in vear (de	fined benefit plans do not	30	23		
6 a	complete this item)		· · · · · · · · · · · · · · · · · · ·	5c	10		
b	and plants accord during the plant year invested in eligible	assets? (S	ee instructions.)		· · · · 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 and	Independe d condition	ent qualified public accountant (IQPA)				
	If you answered "No" to either 6a or 6b, the plan cannot use Forn	n 5500-SF	S.)	• • •	· · · · X Yes No		
Pa	rt III Financial Information		and must instead use Point 5500.				
7	Plan Assets and Liabilities		(a) Beginning of Year	1	(b) End of V		
a	Total plan assets	. 7a			(b) End of Year		
b	Total plan liabilities	. 7b	410,301	 	309,528		
С	Net plan assets (subtract line 7b from line 7a)	. 7c	410, 201				
3	Income, Expenses, and Transfers for this Plan Year	1 1 2	(a) Amount	 	309,528		
a	Contributions received or receivable from:		(a) , mount		(b) Total		
	(1) Employers	8a(1)	9,865				
	(2) Participants	8a(2)	13,593				
b	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8 b	(14,333)				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			9,125		
-	to provide benefits)	8d	109 900				
е	Certain deemed and/or corrective distributions (see instructions)	8e	109,898				
	Administrative service providers (salaries, fees, commissions)	8f		-			
	Other expenses						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g		<u> </u>			
	Net income (loss) (subtract line 8h from line 8c).	8h		 	109,898		
_	Transfers to (from) the plan (see instructions)	81			(100,773)		
	- 10-10/ 0.0 From (0000 mondonom)	8]		1			

Par	t IV	Plan Characteristics								
9a	If th	plan provides pension benefits, enter the applicable pension featur	re codes from the Li	st of Plan Characte	ristic (Codes	in the	instruction	ns:	
L _		2A 2E 2F 2J 2K								
D	it th	plan provides welfare benefits, enter the applicable welfare feature	codes from the Lis	t of Plan Characteris	stic C	odes i	n the i	nstructions	s:	
Do	* 1/	Compliance Questions			·					
		Compliance Questions				\.	1	T		······································
10		iring the plan year:	a contain les Alors Africa a con a co	ta ak aka a sa Masa a kisa		Yes	No	-1	Amount	
а		as there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		х			
b		ere there any nonexempt transactions with any party-in-interest? (De								
	OI	line 10a.)	• • • • • •		10b		х			
С	W	as the plan covered by a fidelity bond? $\dots \dots \dots \dots$	· • • • • • •		10c		х			
d		d the plan have a loss, whether or not reimbursed by the plan's fidel	*	,			x			
		dishonesty?			10d	<u> </u>		ļ <u>.</u>	······	
е		ere any fees or commisions paid to any brokers, agents, or other pe								
		surance services or other organization that provides some or all of the structions.)	ne benefits under the		10e		х			
f		as the plan failed to provide any benefit when due under the plan? .			10f		х			
q	D	d the plan have any participant loans? (If "Yes," enter amount as of	vear end)			х		2.00		8,478
h		his is an individual account plan, was there a blackout period? (See			109		5.00		GMARKETS	(region ment
		20.101-3.)			10h		x			
i		10h was answered "Yes," check the box if you either provided the re								
		ceptions to providing the notice applied under 29 CFR 2520.101-3.	• • • • • •		101	L	<u> </u>			
<u>Par</u>		Pension Funding Compliance	2 //4 83/ 11 :							
		this a defined benefit plan subject to minimum funding requirements							Yes	x No
12	Is	this a defined contribution plan subject to the minimum funding requ							. Nes	
		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							_	
а	lf	a waiver of the minimum funding standard for a prior year is being ar	mortized in this plan	year, see instructio	ns, ar	nd ent	er the	date of the	e letter ruling	1
1.6		anting the waiver			th		Day	/	Year	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB		•		Г	12b	Ι		
b		ter the minimum required contribution for this plan year				<u> </u>				
c d		ater the amount contributed by the employer to the plan for this plan subtract the amount in line 12c from the amount in line 12b. Enter the				• -	12c			
•		gative amount)	· · · · · ·	s sign to the left of a	a 	.	12d			
е	W	ill the minimum funding amount reported on line 12d be met by the f	unding deadline? .					☐Yes	□No	□N/A
Parl	EVI	Plan Terminations and Transfers of Assets								
13a	Н	as a resolution to terminate the plan been adopted in any plan year?							Yes	x No
		Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year			r	13a			
b	W	ere all the plan assets distributed to participants or beneficiaries, trar	nsferred to another i	plan, or brought und	er the	contr	ol	L		
	of	the PBGC?					• •		. Yes	X No
С		during this plan year, any assets or liabilities were transferred from the	nis plan to another p	lan(s), identify the p	lan(s)	to				
		1) Name of plan(s):				- 10	- (0) =			
	100	Tyvame or plantes.				13	c(2) E	IIV(S)	130(3) PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report wi	ill be assessed unl	ess reasonable ca	use is	esta	blishe	d.		
Unde	r pe	nalties of perjury and other penalties set forth in the instructions, I de	clare that I have exa	amined this return/re	eport,	includ	ing, if	applicable	, a Schedule)
SB o	r Scl	edule MB completed and signed by an enrolled actuary, as well as t	he electronic version	n of this return/repor	rt, and	to the	e best	of my kno	wledge and	
	- Nu	true, correct, and complete.		_						
SIC		Jak Jan	- 2 // Onn	Jack Lanum						
HE	RE	Signature of plan administrator	Date 2-/6-292	Enter name of indi	vidua	l signii	ng as	plan admir	nistrator	
SIC		Jack James	0 1000							
HE	RE	Signature of employer/plan sponsor	Date 2 -/6-2012	Enter name of indi	vidua	signir	ng as	employer o	or plan spon	sor

Page **2-**[

Form 5500-SF 2011