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

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

Revenue Code (the Code).

1210-0089

2014

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I		t Identification Information	1					
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12	/31/2014			
A This re	eturn/report is for:		er) (Filers checking this box must attach a list cordance with the form instructions)					
		a one-participant plan	a foreign plan					
B This ret	turn/report is	the first return/report	the final return/rep	port				
		return/report (less than 12 m	months)					
C Check	box if filing under:	Form 5558	automatic extensi	ion	DFVC prog	ram		
	3	special extension (enter desc	cription)					
	I =		· ,					
Part II		ormation—enter all requested in	nformation		T41			
1a Name	e of plan CO. 401(K) PLAN				1b Three-digit plan number			
WENTOR	50. 401(IX) I LAIN				(PN) ▶	001		
					1c Effective date	of plan		
					02/1	11/2007		
2a Plan s MERICI & C		address; include room or suite numb	per (employer, if for a sin	ngle-employer plan)	2b Employer Iden (EIN) 20-2	tification Number 2894717		
4 400 NIW OI	II MANI DI VID #0050				2c Sponsor's tele	ephone number		
ISSAQUAH,	ILMAN BLVD #2656 , WA 98027				2d Business code			
					517			
3a Plan a	administrator's name	and address XSame as Plan Spon	nsor.		3b Administrator's EIN			
					3c Administrator's	s telephone number		
					7 taniinotrator c	s totophone nambor		
		he plan sponsor has changed since	the last return/report file	led for this plan, enter the	4b EIN			
name	e, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report fil	led for this plan, enter the	4b EIN 4c PN			
name a Spons	e, EIN, and the plan n sor's name				4c PN	14		
a Spons 5a Total	e, EIN, and the plan n sor's name number of participant	umber from the last return/report.			4c PN 5a	14		
a Spons 5a Total b Total	e, EIN, and the plan n sor's name number of participant number of participant	umber from the last return/report.			4c PN 5a 5b	10		
name a Spons 5a Total b Total c Numb	e, EIN, and the plan n sor's name number of participant number of participant ber of participants with lete this item)	umber from the last return/report. Its at the beginning of the plan year. Its at the end of the plan year It is at the end of the plan year	f the plan year (defined	benefit plans do not	4c PN 5a 5b 5c	10 7		
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	Form 5500-SF 2014		Page 2								
b	Are you claiming a waiver of the annual examination and report of a	ty and conditions.)							□ □	es [No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No		lot de	ermi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Er	nd of			
<u>a</u>	Total plan assets	7a	6171	134					46	4745	
	Total plan liabilities	7b	C474	124					46	171E	
	Net plan assets (subtract line 7b from line 7a)	7c	6171	134						4745	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tot	al		
	1) Employers	8a(1)	118	808							
	2) Participants	8a(2)	610)20							
	3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	168	342							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							8	9670	
	Benefits paid (including direct rollovers and insurance premiums or provide benefits)	8d	2419	984							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		75							
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							24	2059	
	Net income (loss) (subtract line 8h from line 8c)	8i							-15	2389	
Par	Transfers to (from) the plan (see instructions)	8j									
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charad	cterist	tic Cod	des in t	he instru	ıctior	s:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?			10c	X					2	20000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	<u></u>		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	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 as	s of year e	nd.)	10g		X					
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	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υ	es ×	No No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		,			
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?]	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•	o#! = :	a :- ·1	nnt	00 4515	. £ ±1-	lo44 -	w12	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and (enter tl Day			letter ear _	rulin	<u> </u>

	Form 5500-SF 2014	Page 3 - 1					
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13					
b	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 negative amount)	`		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?			Y	'es X No	1	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year		13a			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Ye	es X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify	he plan(s) t	0			
1	3c(1) Name of plan(s):		13	3c(2) EI	N(s)	13c((3) PN(s)
Part	VIII Trust Information (optional)						

14b Trust's EIN 208757754

14a Name of trust MERICI & CO. 401(K) PLAN

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information 01/01/2014 For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list **A** This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan **B** This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) DFVC program C Check box if filing under: Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number MERICI & CO. 401(K) PLAN . (PN) ▶ 001 1c Effective date of plan 02/11/2007 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number MERICI & CO. (EIN) 20-2894717 2c Sponsor's telephone number (509) 979-7383 1420 NW Gilman Blvd #2656 2d Business code (see instructions) 517000 US Issaquah WA 98027 3b Administrator's EIN Plan administrator's name and address X Same as Plan Sponsor Name 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 14 5a **5a** Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year 5b 10

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

belier, it is true, correct, and complete.									
SIGN	BALA	4-17-15	Brandon Ferrante						
HERE	Signature of plan administrator	Date	Enter name of individua	al signing as plan administrator					
SIGN	BALA	4-17-15	Brandon Ferrante						
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spon						
Prepare	's name (including firm name, if applicable) and address; include	room or suite numb	er (optional)	Preparer's telephone number (optional)					

Number of participants with account balances as of the end of the plan year (defined benefit plans do not

Number of participants that terminated employment during the plan year with accrued benefits that were

complete this item) **d(1)** Total number of active participants at the beginning of the plan year

d(2) Total number of active participants at the end of the plan year

less than 100% vested

7

8

O

11

5c

5d(1)

5d(2)

5e

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)					Yes No
	e 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 a	nd conditio	ns)	` ••••••	*********	•••••		K Yes □No
	If you answered "No" to either line 6a or line 6b, the plan canno	you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.						
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section 4021)?		Ye	s No 🗆	Not determined
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Y	⁄ear
а	Total plan assets	7a	617,13	34				464,745
b	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c	617,13	34				464,745
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	1
а	Contributions received or receivable from: (1) Employers	8a(1)	11,80	8				
	(2) Participants	8a(2)	61,02	20				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	16,84	12				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						89,670
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	241,98	34				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f	•	75				
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						242,059
i	Net income (loss) (subtract line 8h from line 8c)	8i					(152,389)
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2J 3D	ature code	es from the List of Plan Characte	eristic	Code	s in th	ne instructions	:
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture codes	from the List of Plan Character	istic (Codes	in the	e instructions:	
-	are plant provided trained actions, office and approved to mental of the							
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	An	nount
а	Was there a failure to transmit to the plan any participant contribut							
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	•	•	10b		x		
С				10c	х			20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bon	d, that was caused by fraud					
	or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of the commissions of the commissions are serviced by the commissions are commissions.							
	instructions.)			10e		x		
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year er	nd.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х		
i	If 10h was answered "Yes," check the box if you either provided th	e required	notice or one of the			Α		
Pa	exceptions to providing the notice applied under 29 CFR 2520.101 rt VI Pension Funding Compliance	-3	•••••••••••••••••••••••••••••••••••••••	10i				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes X No
11:	Enter the unpaid minimum required contribution for current year from the contribution for current year from the contribution for current year from the contribution for current year.			•••••				
12	Is this a defined contribution plan subject to the minimum funding					 12 of F	ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						***	
a	If a waiver of the minimum funding standard for a prior year is bein	ng amortize	ed in this plan year, see instructi					
	granting the waiver	•••••	Mor	ım		_ Da	ау	rear

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If y	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for	r this plan year	***************************************	••••••	12b				
С	Enter the amount contributed by the employ	yer to the plan for this plan year	***************************************	•••••	12c				
d	Subtract the amount in line 12c from the an negative amount)	,	•		12d	?d			
е	Will the minimum funding amount reported	on line 12d be met by the funding deadling	ne?	•••••	Yes No N/A				
Part	t VII Plan Terminations and Tra	ansfers of Assets							
13a	<u> </u>)		
	If "Yes," enter the amount of any plan asse	ts 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 confidence of the PBGC?									
С	If during this plan year, any assets or liability which assets or liabilities were transferred.	•	other plan(s), ider	ntify the plan(s) to					
1	13c(1) Name of plan(s):			13c	(2) EIN(s)	13c(3) PN(s)		
Part	t VIII Trust Information (optiona	al)		'					
14a N	Name of trust				14b ⊤i	rust's EIN			
M	MERICI & CO. 401(K) PLAN					20-8757	754		
				l					