Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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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).

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	<u>t Identification Information</u>	1					
For calend	ar plan year 2015 or f	fiscal plan year beginning 01/01/2	2015		and ending 12	2/31/20)15	
A This ret	eturn/report is for:	a single-employer plan a one-participant plan	list of		an (not multiemployer) uployer information in ac		-	
B This retu	urn/report is	the first return/report an amended return/report	the final	al return/report	n/report (less than 12 m	ionths)		
C Check I	box if filing under:	Form 5558	ш	natic extension			DFVC progr	am
Part II	Basic Plan Info	ormation—enter all requested in						
1a Name			10			1b	Three-digit plan number (PN) ▶	001
						1c	Effective date of	plan 1/2007
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				2b	Employer Identif	
City or MERICI & Co		ce, country, and ZIP or foreign post	:al code (Ii i	oreign, see instru	uctions)	2c	Sponsor's teleph 509-97	hone number 79-7383
420 NW GII SSAQUAH,	ILMAN BLVD #2656 WA 98027					2d	Business code (s	,
3a Plan a	ıdministrator's name a	and address XSame as Plan Spons	sor.			3b	Administrator's E	EIN
						3с	Administrator's to	elephone number
name	e, EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	the last ret	urn/report filed fo	or this plan, enter the	4b		
_	sor's name					4c	1	10
_		s at the beginning of the plan year				5		
		s at the end of the plan year				51	<u> </u>	9
		account balances as of the end of		`	•	5	3	7
d(1) Tot	al number of active pa	articipants at the beginning of the pl	lan year			5d([1)	8
d(2) Tot	tal number of active pa	articipants at the end of the plan year	ar			5d((2)	7
		t terminated employment during the				5	e	0
Caution: A	A penalty for the late	or incomplete filing of this return	n/report wi	ill be assessed i	unless reasonable ca			
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, and the control in the instruction and the control in the con						
SIGN	Filed with authorized	d/valid electronic signature.	Of	6/13/2016	BRANDON FERRAN	TE		

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in eliginary between the plan and report of the annual examination and report of the under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan can 	f an independ and condition	dent qualified public a	account	ant (IQ	PA)			□ .	Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	etermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	7a		464	745					29959
b Total plan liabilities			16/	1745					-1421 31380
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		145			/b) :	Total	31300
a Contributions received or receivable from:		(a) Amou	anı				(b)	IOLAI	
(1) Employers	8a(1)		9	288					
(2) Participants	8a(2)		54	487					
(3) Others (including rollovers)	 								
b Other income (loss)			2	2860					00005
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c								66635
to provide benefits)	8d								
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i Net income (loss) (subtract line 8h from line 8c)	1 1								66635
j Transfers to (from) the plan (see instructions)	·· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	n feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X				
			10c	X					20000
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of the	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pl									
			101		X				
g Did the plan have any participant loans? (If "Yes," enter amount	•	,	10g		X				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance				•					
11 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)									res X No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum fundin						302 of El	RISA?	. 🔲 🕽	res X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
14c Name of trustee or custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?						Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references the date of that favorable letter		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested

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).

1210-0089

OMB Nos. 1210-0110

2015

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Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Followski and the complete all entries in accordance with the instructions to the Followski and the complete all entries in accordance with the instructions to the Followski and the complete all entries in accordance with the instructions to the Followski and the complete all entries in accordance with the instructions to the Followski and the complete all entries in accordance with the instructions to the Followski and the complete all entries in accordance with the instructions to the Followski and the complete all entries in accordance with the instructions to the Followski and the complete all entries in accordance with the instructions to the Followski and the complete all entries in accordance with the instructions to the Followski and the complete all entries in accordance with the instructions and the complete all entries in accordance with the complete all entries in	rm 5500-SF.	opec
Part I Annual Report Identification Information	•	
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending	12/3	1/2015
A This return/report is for: a a single-employer plan a multiple-employer plan (not multiemp a list of participating employer informat a foreign plan b This return/report is: a one-participant plan the first return/report an amended return/report a short plan year return/report (less that	ion in accordance	•
C Check box if filing under: Form 5558 automatic extension		DFVC program
special extension (enter description)	_	
Part II Basic Plan Information enter all requested information		
MERICI & CO. 401(K) PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MERICI & CO. 1420 NW Gilman Blvd #2656	(PN 1c Effe 02 2b Em (Ell 2c Spc (5) 2d Bus	ree-digit n number i) ► 001 rective date of plan /11/2007 ployer Identification Number N) 20-2894717 rective date of plan /11/2007 ployer Identification Number N) 97-2894717 rections of the plan number 09) 979-7383 siness code (see instructions) 7000
US Issaquah WA 98027 3a Plan administrator's name and address X Same as Plan Sponsor Name	3b Adr	ministrator's EIN
	3c Adr	ministrator'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 name, EIN, and the plan number from the last return/report.	the 4b EIN	I
a Sponsor's name	4c PN	
5a Total number of participants at the beginning of the plan year	5a	10
b Total number of participants at the end of the plan year	5b	9
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c	7
d(1) Total number of active participants at the beginning of the plan year	5d(1)	8
d(2) Total number of active participants at the end of the plan year	5d(2)	7
Number of participants that temperated amplayment during the plan year with accrued benefits that were		

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.

beller, it	is true, correct, and complete.			
SIGN	SIGN 6/13/16 Brandon Ferrante			
HERE	Signature of plan administrator	Date	Enter name of individua	al signing as plan administrator
SIGN	G. N. C.	6/13/16	Brandon F	errante
	Signature of employer/plan sponsor	Date	Enter name of individua	al signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include		room or suite number	er	Preparer's telephone number

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_	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of ar	n independ	dent qualified public accou	intant	(IQP	۹)	••••••		X Yes	_
С	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan cannot If the plan is a defined benefit plan, is it covered under the PBGC ins	use Forr	n 5500-SF and must inst	ead ı	use F	orm 5	500.		Not deter	rmined
Pa	rt III Financial Information		_							
7	Plan Assets and Liabilities		(a) Beginning of	Yea	r			(b) End o	Year	
<u>a</u>	Total plan assets	7a	46	4,7	45				529,95	9
b	Total plan liabilities	7b				-			(1,421	
C	Net plan assets (subtract line 7b from line 7a)	7c		4,7	45	-			531,38	0
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(b) To	tai	
	(1) Employers	8a(1)		9,2	88					
	(2) Participants	8a(2)	5	4,4	87					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		2,8	60					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					_		66,63	5
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							66,63	5
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instruction	ns:	
\rightarrow	2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic (Codes	in the	instruction	S:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A	ı	mount	
а	, ,, ,		· ·							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	untary Fic	luciary Correction			J.				
b	Program) Were there any nonexempt transactions with any party-in-interest?			10a		Х				
D	reported on line 10a.)			10b		x				
C	Was the plan covered by a fidelity bond?	•••••	••••••	10c	х				20	,000
d		idelity bon	d, that was caused							
	by fraud or dishonesty?			10d		x				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some									
	the plan? (See instructions.)			10e		х				
f	Has the plan failed to provide any benefit when due under the plan	?	••••••	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
<u>_</u>		-								
	2520.101-3.)	•••••	•••••••••••	10h		х				
	exceptions to providing the notice applied under 29 CFR 2520.101	-3	•••••••••••••••••••••••••••••••••••••••	10i						
j	Did the plan trust incur unrelated business taxable income?	••••••	•••••••••••••••••••••••••••••••••••••••	10j						
Pa	rt VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	•						•	☐ Yes 2	No.
11	a Enter the unpaid minimum required contribution for current year from	m Sched	ule SB (Form 5500) line 40) 	•••••		11a			
12	Is this a defined contribution plan subject to the minimum funding r	equireme	nts of section 412 of the C	ode d	or sect	ion 30	2 of El	RISA?	Yes 2	☑ No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Month	ctions, and e		of the letter ruling Year		
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 this plan year	•••••	12b			
c 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	12d				
e 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	•••••••••	163	INO IN/A		
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes X	7 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 of the PBGC?			Yes X No		
C 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.)		<u> </u>			
13c(1) Name of plan(s):	13c	(2) EIN(s)	13c(3) PN(s)		
Part VIII Trust Information					
14a Name of trust		14b Trust's	EIN		
14c Name of trustee or custodian		14d Trustee telephone	or custodian's number		
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan:	•••••	Yes	☐ No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and er matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	. ,	Design- based sa harbor method	fe ADP/ACP test		
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(n 2(a)(2)(ii))?		Yes	□ No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 4	110(b):	Ratio Percenta Test	ge Average Benefit Test		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combini this plan with any other plans under the permissive aggregation rules?		Yes	☐ No		
17a Has the Plan been timely amended for all required law changes?		Yes	□ No □ N/A		
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//i instructions for tax law changes and codes).	Enter the	applicable co	ode (See		
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that		a favorable IF	RS opinion or		
advisory letter, enter the date of that favorable letter / / . and the letter's serial number 17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please endetermination letter / / .		of plan's last	favorable		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla		Yes	☐ No		
19 Were in-service distributions made during the plan year?	••••••	Yes	☐ No		
If Yes, enter amount	••••••	19			
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of wheth not retired) as required under section 401(a)(9)?		Yes	□ No □ N/A		