Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is requir Income Security

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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I	Ailliaal Repol	<u>t Identification Information</u>							
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016				
X a single-employer plan									
A This return/report is for:B This return/report is		list of participating en	nployer information in a	accordance with the form instructions.)					
		a one-participant plan	a foreign plan						
_		П., я.,							
B This retu	ırn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC prograi	m			
	3	-			☐ Di ve piogiai	111			
D 411	D : D: . (special extension (enter desc							
Part II		ormation—enter all requested in	nformation		T 41				
1a Name o	of plan OCO. 401(K) PLAN				1b Three-digition plan numb				
MERICI AND	7 CO. 401(K) PLAN				(PN)	001			
					1c Effective d	ate of plan			
						02/11/2007			
2a Plan sp	oonsor's name (emp	loyer, if for a single-employer plan)			2b Employer I	dentification Number			
		om, apt., suite no. and street, or P.0			' '	20-0174111			
City or MERICI & CC		nce, country, and ZIP or foreign pos	stal code (if foreign, see inst	ructions)	2c Sponsor's	telephone number			
WENTER & CC	J.					9-979-7383			
					2d Business of	code (see instructions)			
1420 NW GIL ISSAQUAH, \	MAN BLVD #2656					517000			
100/100/111, 1	VV/ C 50021								
20 Diam	destatate de la companya				2h Adadasa	tada FINI			
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					3c Administra	tor's telephone number			
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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are 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 and conditions.) 								Yes No	
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	□No □ Not	determined	
	rt III Financial Information	isurarice p	ologiam (see ENISA se	cuon 4	021):		165		<u> </u>	
7	Plan Assets and Liabilities		(a) Beginning	of Year				b) End of Year		
a	Total plan assets	7a		531380				600	259	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7с	:	531380)			600	259	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Total		
а	Contributions received or receivable from:		, ,	8476				, ,		
	(1) Employers	8a(1)		42642						
	(2) Participants	8a(2)		42042						
	(3) Others (including rollovers)	8a(3)		18194						
	Other income (loss)	8b		10104				60	312	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							J12	
	to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		433						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		433					433	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				68879				
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amou	ınt	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a	X				26020	
b	Were there any nonexempt transactions with any party-in-interest 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 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.)					X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	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	he require	d notice or one of the	10i						

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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No	
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No	
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)		12d					
		he 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			1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)	
Part	VIII	Trust Information			•				
14a	Name	of trust			14b ⁻	Trust's E	ΞIN		
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP	
			ΙП '	"Curre	rrent year" N/A P test				
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	centage Average benefit test			□ N/A	
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No		

Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning

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.

01/01/2016

and ending

0040

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

12/31/2016

A	This return/report is for:	x a single-employer plan			(Filers checking this box must attach accordance with the form instructions.)							
R	This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/report									
_	Triis returnireport is.	an amended return/report	H .	rn/report (less than 12 mo	onths)							
_						2						
C	Check box if filing under:	Form 5558 special extension (enter descri	automatic extension		☐ DEAG	C program						
D	art II Basic Plan Inf	ormation enter all requested i										
	Name of plan	omation enter an requested i	IIIIOIIIIalioii		1b Three-d	ligit						
	Merici and Co. 401	(k) Plan			plan nui (PN) ▶	mber 001						
		-		e date of plan /2007								
2a	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O nce, country, and ZIP or foreign posta		ructions)	. ,	er Identification Number 20-0174111						
	Merici & Co.	,,, <u>-</u> <u>-</u>				r's telephone number 979-7383						
	1420 NW Gilman Blv	'd #2656			2d Busines 51700	ss code (see instructions) 0						
<u>за</u>	US Issaquah WA 98027	and address X Same as Plan Spo			3b Adminis							
					3c Adminis	strator's telephone number						
4		ne plan sponsor has changed since tumber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN							
_a	Sponsor's name				4c PN							
5a	Total number of participant	s at the beginning of the plan year	••••••		5a	9						
b		s at the end of the plan year		<u> </u>	5b	8						
С	·	account balances as of the end of the		·	5c	7						
d((1) Total number of active pa	articipants at the beginning of the pla	n year		5d(1)	7						
d((2) Total number of active pa	articipants at the end of the plan year	••••••		5d(2)	6						
е		terminated employment during the p			5e	0						
Ca	aution: A penalty for the lat	e or incomplete filing of this return	n/report will be assessed	unless reasonable caus	se is establis	hed.						
SE	, ,	other penalties set forth in the instruction and signed by an enrolled actuary, amplete.	*		, ,,							
S	SIGN / A DESTRE		7-11-17	Brandon Ferrar	nte							
Н	IERE Signature of plan ad	<mark>ministrator</mark>	<mark>Date</mark>	Enter name of individual	signing as pla	an administrator						
s	IGN Atenta	<u> </u>	7-11-17	Brandon Ferrar	nte							
Н	IERE Signature of employ		Date	Enter name of individual								
	Preparer's name (including firm name, if applicable) and address (include room or suite number) Skip this question Preparer's telephone number Skip this question											

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)		•••••	•••••	•••••	•••••	XYes	No No
b	Are you claiming a waiver of the annual examination and report of ar	•			•	,				_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar							•••••	x Yes	i ∐No
_	If you answered "No" to either line 6a or line 6b, the plan canno					_	_	,		
c	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	n 402	1)?	••••••	Yes	N	o Not	determined
P	art III Financial Information		T							
<u>7</u>	Plan Assets and Liabilities		(a) Beginning of					(b) End	l of Year	
a	Total plan assets	7a	53	31,3	80				600	,259
<u>b</u>	Total plan liabilities	7b								
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		31,3	80					,259
$\frac{8}{a}$	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(b)	Total	
а	(1) Employers	8a(1)		8,4	76					
	(2) Participants	8a(2)	4	42,6	42					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	1	18,1	94					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							69	,312
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		4	33					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								433
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							68	,879
辶	Transfers to (from) the plan (see instructions)	8j								
P	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	Code	s in the	e instruc	tions:	
	2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List of Plan Cha	aracte	ristic	Codes	in the	instructi	ons:	
P	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
	Was there a failure to transmit to the plan any participant contribut	ions withir	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	duciary Correction							
	Program)			10a	Х					26,020
k	Were there any nonexempt transactions with any party-in-interest?			10b		x				
_	reported on line 10a.)			10b		X				
_				100		<u> </u>				
_	by fraud or dishonesty?	***************************************	•••••••••••••	10d		х				
•	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	, , , , , , , , , , , , , , , , , , ,			10f		х				
(Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
_ h	1 If this is an individual account plan, was there a blackout period? (3 2520.101-3.)			10h		x				
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i						
_										

	For	m 5500-SF 2016		Page	3 -					
Part	t VI	Pension Funding Complia	nce							
11		a defined benefit plan subject to minir	num funding requirements?						☐ Yes	X No
112		5500 and line 11a below)he unpaid minimum required contribu					11a	***************************************	. —	
12		a defined contribution plan subject to	· · · · · · · · · · · · · · · · · · ·					of		
	ERISA	?	***************************************	***************************************						X No
		es," complete line 12a or lines 12b, 12		• • • • • • • • • • • • • • • • • • • •		in atmostic no. o		. the dete		mulina.
а		iver of the minimum funding standard g the waiver	ior a prior year is being am					ine date	e or the letter Year	ruling
lf y		pleted line 12a, complete lines 3, 9								
b	Enter t	he minimum required contribution for	this plan year	•••••	•••••	•••••	12b			
С	Enter t	he amount contributed by the employ	er to the plan for the plan ye	ear		***************************************	12c			
d		ct the amount in line 12c from the am	ount in line 12b. Enter the r	•	•		12d			
е		e minimum funding amount reported o						Yes [No 🗌	N/A
Part	t VII	Plan Terminations and Tra	nsfers of Assets							
13a	Has a	resolution to terminate the plan been	adopted in any plan year? .	•••••	•••••	••••••		Yes	X No	
	If "Yes	" enter the amount of any plan assets	s that reverted to the employ	er this year	•••••	•••••	13a			
b		all the plan assets distributed to partic of the PBGC?	ipants or beneficiaries, trans	•		•				No
С	lf, durii	ng this plan year, any assets or liabilit assets or liabilities were transferred. (ies were transferred from thi					•		
1;	3c(1) Na	ame of plan(s):				13c(2) [(2) EIN(s) 13			PN(s)
	t VIII	Trust Information - Skip Th	nese Questions				T			
14a	Name	of trust					14b	Trust's E	EIN	
14c	Name	of trustee or custodian					1		or custodian' ne number	s
Part	: IX	IRS Compliance Questions	s - Skip These Questi	ons			•			
	-	plan a 401(k) plan? If "No," skip b.	•		••••••		res .		☐ No	
15b		d the plan satisfy the nondiscriminatio (3) for the plan year? Check all that a					Design-b safe harb 'Current ADP test	oor year"	"Prio test	r year" ADF
16a		esting method was used to satisfy the Check all that apply:	• .	` '	•	F	Ratio percenta est	ge 🗌	Average benefit test	N//
16b		plan satisfy the coverage and nondisplan year by combining this plan with	•	` '	` ' '	, , , , , , , ,	res .		☐ No	
17a	If the p	lan is a master and prototype plan (M er/ and ser	&P) or volume submitter pla	an that received a fa	vorable I	RS opinion let	tter or ac	lvisory le	tter, enter the	e date of
17b	If the p	lan is an individually-designed plan th	at received a favorable dete	ermination letter fron	n the IRS	S, enter the da	te of the	most re	cent determir	nation

Yes

Yes

☐ No

☐ No

Defined Benefit Plan or Money Purchase Pension Plan Only:

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?