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).

2044

OMB Nos. 1210-0110 1210-0089

2011

the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

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

Pa	art I	Annual Repo	rt Ider	ntification	ı Informat	ion						
For	calendar p	plan year 2011 o	r fiscal p	lan year beg	ginning <u>0</u>	1/01/201	1	and e	ending 1	2/31/2	2011	
Α	This return	n/report is for:	X	a single-emp	oloyer plan	П	a multiple	-employer plan (not mul	tiemployer)		a one-particip	ant plan
		n/report is:	П	the first retur	n/report	Ħ		eturn/report				
_		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			I return/report	, П		n year return/report (les	s than 12 m	onths)		
_	Chaolr box	v if filing under	片	Form 5558		` 片		extension	0	o ,	DFVC progra	m
C	Check box	x if filing under:	片		asian (antar s	ال		EXIGNSION			_ Di ve piogra	
_	4 11			•	nsion (enter d							
		Basic Plan In	itorma	tion—ente	r all requeste	ed informa	ation			41.		
	Name of	plan YERS 401(K) PL	ΛNI							10	Three-digit plan number	
VIICE	IAEL J. IVI	1EKS 401(K) PL	-AIN								(PN) ▶	001
										1c	Effective date of	plan
											01/01/	•
			address	; include roc	om or suite nu	umber (e	mployer, if	for a single-employer pl	an)	2b	Employer Identif	
MICI	HAEL J. M	IYERS, PLLC									(EIN) 26-08	
										2c	Sponsor's telep	
		AVE., STE 1102								0-1	509-624	
5PUI	KANE, WA	4 99201								2 a	Business code (54111	
32	Plan adm	ninistrator's name	and add	drace (if cam	ne ac nlan en	oneor or	nter "Same	"\		3h	Administrator's E	
MICH	IAEL J. M`	YERS, PLLC	and da	arcoo (ii oari	601 \	W. MAIN		,				71903
MICH	IAEL J. M`	YERS				'E 1102 KANE, W	VA 99201			3с		elephone number
4	If the common		46							415	509-624	1-8988
4		The and/or EIN of IN, and the plan		•	•		ast return/r	eport filed for this plan,	enter the	40	EIN	
а	Sponsor's	•			•					4c	PN	
5a	Total nur	mber of participar	nts at the	e beginning	of the plan ye	ear				5a		3
b	Total nur	mber of participa	nts at the	e end of the	plan year					5b		3
С	Number	of participants wi	ith accou	unt balances	as of the en	d of the p	olan year (d	defined benefit plans do	not	_		
	· · · · · ·	<i>'</i>								5c		3
		•		•	•	•		(See instructions.)				X Yes No
D								dent qualified public accons.)				X Yes No
			•			•		SF and must instead u				
Pa	rt III	Financial Info	ormati	on								
7	Plan Ass	sets and Liabilities	s					(a) Beginning	of Year		(b) End	of Year
а	Total pla	n assets					. 7a		254714			328369
b	Total pla	n liabilities					7b					
С	Net plan	assets (subtract	line 7b f	rom line 7a)			. 7c		254714			328369
8	Income,	Expenses, and T	ransfers	for this Plan	n Year			(a) Amour	nt		(b) T	otal
а		tions received or							41940			
		oloyers					8a(1)			_		
	` ,	icipants					8a(2)		24290	_		
		(3) Others (including rollovers) 8a(3)										
b		come (loss)					8b		8745			74075
C		ome (add lines 8			•		8c					74975
d		paid (including d le benefits)					. 8d		0			
е	Certain d	deemed and/or co	orrective	distributions	s (see instruc	ctions)	8e		0			
f	Administ	rative service pro	oviders (salaries, fee	s, commissio	ns)	. 8f		1320			
g	Other ex	penses					. 8g		0			
h	Total exp	penses (add lines	s 8d, 8e,	8f, and 8g).			8h					1320
i		me (loss) (subtra		•			. 8i					73655
j		s to (from) the pla			•		8j		0			
-												

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⊢∩rm	5500	-SE	2011

Plan Characteristics

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

2E 2J 2F 2G 3D 2R

Part IV

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

)	V Compliance Questions							
•	During the plan year:		Yes	No		Amo	unt	
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	Χ					2500
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				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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								
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	ule SB	(Form	. П	Yes	□ N
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X N
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							ш.
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	th		nter th	e date of	the let		ing
lf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	th		nter th Day	e date of	the let		ing
If y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th	 [nter th Day	e date of	the let		ing
If y b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th of a	 [nter th Day	e date of	the let		ing
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th of a	 [[nter th Day 12b 12c 12d	e date of	the let		ing
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	th of a	 [[nter th Day 12b 12c 12d	e date of	the let		ing
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a		12b 12c 12d	e date of	the let		ing
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a		12b 12c 12d	e date of	the let		ing
b c d e art	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	of a		12b 12c 12d	e date of	the let Year	lo [ing N/A
lf y b c d e art 3a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	3a	12b 12c 12d	e date of	the let Year		ing N/A
lf y b c d e art 3a b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	3a the co	12b 12c 12d	Yes X	the let Year	lo [N/A
b c d art 3a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	3a the co	12b 12c 12d	Yes X	the let Year	o [N/A
b c c 1	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	33a the co	12b 12c 12d Y ntrol	Yes Yes Yes	the let Year	o [N/A

SIGN	Filed with authorized/valid electronic signature.	02/27/2012	MICHAEL J. MYERS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
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

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2011

OMB Nos. 1210-0110 1210-0089

This Form Is Open to Public Inspection

_	Complete all entries in acco	ordance wit	h the instructions to the Form 550	00-SF.	Inspection
	Part I Annual Report Identification Information				1
_ F	or 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 multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	an year retum/report (less than 12 m	onths)	1
С	Check box if filing under: Form 5558	~	extension	,	DFVC program
	special extension (enter descript				_ s. to program
F	Part II Basic Plan Information—enter all requested inform				
	Name of plan	TIGUOTI		1b	Three-digit
M)	CHAEL J. MYERS 401(K) PLAN				plan number
					(PN) • 001
					Effective date of plan
28	Plan sponsor's name and address; include room or suite number (employer if	for a single employer plan	 	01/01/2008
M	ICHAEL J. MYERS, PLLC	cripioyer, ii	ior a single-employer plan)		Employer Identification Number (EIN) 26-0871903
6	01 W. MAIN AVE., STE 1102				Sponsor's telephone number
				1	509-624-8988
S	POKANE WA 99201				Business code (see instructions)
2.					541110
M	l Plan administrator's name and address (if same as plan sponsor, e ICHAEL J. MYERS, PLLC MICHAE	enter "Same' L J. MY	") ERS	3b	Administrator's EIN 26-0871903
- 6	01 W. MAIN AVE. UITE 1102				Administrator's telephone number
S	POKANE WA 99201			30	509-624-8988
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/re	eport filed for this plan, enter the	4b	EIN
а	Sponsor's name			40	DN
	Total number of participants at the beginning of the plan year			4c	PN
	Total number of participants at the end of the plan year			5a	
	Number of participants with account balances as of the end of the			5b	3
	complete this item)	pian year (u	enned benefit plans do not	5c	1 3
6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of	an independ	lent qualified public accountant (IOF	Δ۱	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	and conditio	ns.)		X Yes No
Pa	irt III Financial Information	<u>01111 5500-8</u>	F and must instead use Form 550	0.	
7	Plan Assets and Liabilities		(a) Paginning of Year	T	(E) Part a EV
а	Total plan assets	7a	(a) Beginning of Year 254714	1	(b) End of Year
	Total plan liabilities		23471.	1	328369
С	Net plan assets (subtract line 7b from line 7a)	7c	254714	1	328369
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	†	(b) Total
а	Contributions received or receivable from:		(a) Amount	1000	(D) TOTAL
	(1) Employers	8a(1)	41940		
	(2) Participants	8a(2)	24290	2	
	(3) Others (including rollovers)	8a(3)		0	
	Other income (loss)	8b	8745	5	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			74975
đ	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	ſ		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
	Administrative service providers (salaries, fees, commissions)	8f	1320		
g	Other expenses	8g	1320		
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	* * * * * * * * * * * * * * * * * * * *		1200
	Net income (loss) (subtract line 8h from line 8c)	81			1320
i	Transfers to (from) the plan (see instructions)	01	**************************************	-	73655

Form	5500	-SF	201

_	^		г
Page	Z	-	1

Par	t IV Plan Characteristics				···	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha $2E$ $2J$ $2F$ $2G$ $3D$ $2R$	racteri	stic Co	odes in	the instru	ıctions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	acterist	tic Cod	des in	the instruc	tions:
Part	V Compliance Questions					
10	During the plan year:		Yes	No	T	Amount
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		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			250
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		Х		
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		Х		
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.)	\vdash		X		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g 10h		X		
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				
Part '			1			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete S	Schedi	ule SB	(Form	∏ Yes ∏ N
а	(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	ctions, th	and e	nter th Day	e date of t	he letter ruling Year
	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		
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)		L_	12d		
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A
art \	West St.					
	Has a resolution to terminate the plan been adopted in any plan year?	*********	[Ye	es XN	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13				
b \	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	nder th	ne con	trol		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.)	e plan((s) to	***		
13	c(1) Name of plan(s):		13c(2) EIN	l(s)	13c(3) PN(s)

Cautio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	Calle	e is e	tahlie	hod	
Inder B or S	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re-	n/reno	rt incl	udina	if applicat	ole, a Schedule nowledge and
ellel, l	it is true, correct, and complete.				, /	
SIGN	2/23/12 MICHAEL J. 1	MIEK	<u>ح</u>			

The state of the s		<i>l</i>			
SIGN	Juguens	2/2	23/	12	MICHAEL J. MYERS
HERE	Signature of plan administrator	Date			Enter name of individual signing as plan administrator
SIGN	recen	2/0	<u> 23/</u>	12	MICHAEL J. MYERS
HERE	Signature of employer/plan sponsor	Date			Enter name of individual signing as employer or plan sponsor