	FOILI 5500-5F Short Form Annual Return/Report of Sinail Employee 1210						OMB Nos. 1210-0110 1210-0089	
						2011		
	Department of Labor This form is required to be filed under sections 104 and 4065 of the Employee Benefits Security Administration Employee Benefits Security Administration This form is required to be filed under sections 104 and 4065 of the Employee Benefits Security Administration							
P	ension Benefit Guaranty Corporation		dance with	n the instructions to the Form 5500	-SF.	1115	pection	
		entification Information		and an Para de				
-	calendar plan year 2011 or fisca			¥	2/31/2			
	This return/report is for:	<u> </u>	•	-employer plan (not multiemployer)		a one-particip	oant plan	
Β.	This return/report is:	the first return/report		eturn/report				
			•	in year return/report (less than 12 mo	nths)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m	
		special extension (enter descriptio	,					
		nation—enter all requested informa	ation		41			
	Name of plan N W. MILLER, N.D., INC., P.S.	401(K) PROFIT SHARING PLAN			10	Three-digit plan number (PN) ►	001	
				_	1c	Effective date of 01/01	plan	
	Plan sponsor's name and addre N W. MILLER, N.D., INC., P.S.	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 91-15	ication Number	
1520	S. UNION SUITE 4			-	2c	Sponsor's telep 253-752		
	DMA, WA 98405-1954			-	2d	Business code (62111	,	
	Plan administrator's name and N W. MILLER, N.D., INC., P.S.	address (if same as plan sponsor, er 1530 S. UNIO	N SUITE	4		Administrator's EIN 91-1560541		
TACOMA, WA					3c	Administrator's t 253-752	elephone number 2-2558	
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name				4c	PN		
5a Total number of participants at the beginning of the plan year					5a		6	
b Total number of participants at the end of the plan year					5b		8	
C Number of participants with account balances as of the end of the p complete this item)					5c		8	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No	
b	b 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.)							
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
	rt III Financial Informa	ation			T			
7	Plan Assets and Liabilities		_	(a) Beginning of Year 646574	_	(b) End	of Year 703100	
a b	•		7a 7b	040374			0	
b C		b from line 7a)	7b 7c	646574	-		703100	
8	Income, Expenses, and Transf			(a) Amount		(b) T	otal	
a	Contributions received or recei					(0) 1	otai	
	(1) Employers		8a(1)	17073				
	(2) Participants		8a(2)	51699	_			
_	(3) Others (including rollovers)		8a(3)	0	_			
b	()		8b	-5586	_		624.96	
С С		8a(2), 8a(3), and 8b)	8c		-		63186	
d		ollovers and insurance premiums	8d	0				
е	. ,	ive distributions (see instructions)	8e	0				
f		s (salaries, fees, commissions)	8f	6660				
g	Other expenses		8g	0				
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h				6660	
i	Net income (loss) (subtract line	8h from line 8c)	8i				56526	
j	Transfers to (from) the plan (se	e instructions)	8j	0				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2011) v.012611

Page 2 - 1

Part IV **Plan Characteristics**

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 2K 3D 2H 2F 2T
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions						
10	Durir	ng the plan year:		Yes	No	ŀ	mount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		x			
С	Was	the plan covered by a fidelity bond?	10c	Х				70310
d					х			
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		x			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR).101-3.)	10h		х			
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI	Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								
lf y	If a w grant /ou co Enter Enter Subt	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- mon completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If the minimum required contribution for this plan year If the amount contributed by the employer to the plan for this plan year ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a	[
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						N/A	
Part	VII	Plan Terminations and Transfers of Assets						
13a	Hasa	a resolution to terminate the plan been adopted in any plan year?			Y	res X No		
	lf "Y€	es," 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 under the control of the PBGC? c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to 								
С		h assets or liabilities were transferred. (See instructions.)	ne pia	n(s) io				
13c(1) Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)
<u> </u>								
		penalty for the late or incomplete filing of this return/report will be assessed unless reasonab						bodulo

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.

SIGN	Filed with authorized/valid electronic signature.	07/24/2012	OWEN W. MILLER				
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 Short Form Annual R	m 5500-SF Short Form Annual Return/Report of Small Employee						
ç	Denotment of the Treasury	Benefit Plan			2011			
	Department of Labor Retirement Income Security Act of	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(the Internal Revenue Code (the Code).				Open to Public		
-	Imployee Benefits Security Administration The Internal Revenue Code (the Code). ension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.					pection		
P	art I Annual Report Identification Information	ance min						
For	calendar plan year 2011 or fiscal plan year beginning 0	1/01/2	011 and ending		12/31/201	1		
A	This return/report is for: a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	oant plan		
	This return/report is: the first return/report	the final re	eturn/report					
-	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)				
C	Check box if filing under: 🔲 Form 5558	automatic	extension	[DFVC program			
Ŭ	special extension (enter description	n)						
P	art II Basic Plan Information-enter all requested information	ation						
	Name of plan				Three-digit plan number			
	Owen W. Miller, N.D., Inc., P.S. 401(k)	Profit			(PN)	001		
	Sharing Plan	,			Effective date of	plan		
					01/01/2003	2		
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b Employer Identification Number (EIN) 91-1560541				
	Owen W. Miller, N.D., Inc., P.S.				· · · · · · · · · · · · · · · · · · ·			
				20	Sponsor's telep (253) 752 -	none numper ·2558		
	1530 S. Union Suite 4				d Business code (see instructions)			
			WA 98405-1954		621111			
3.9	Ta coma Plan administrator's name and address (if same as plan sponsor, er	nter "Same		3b	Administrator's	EIN		
vu	Same			20				
				30	C Administrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the l	ast return/r	return/report filed for this plan, enter the 4b E			EIN		
4	name, EIN, and the plan number from the last return/report.		· ·					
а	Sponsor's name		· · · · · · · · · · · · · · · · · · ·	4c		6		
5a	Total number of participants at the beginning of the plan year			5a				
b	Total number of participants at the end of the plan year			5b				
С	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)							
6.		(See instructions.)		•••••	X Yes 🗌 No			
6a h	A second present of the appual examination and report of a	an indepen	dent qualified public accountant (IQ	PA)		X Yes No		
v	updor 29 CER 2520 104-462 (See instructions on waiver eligibility and conditions.)							
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
ا	IT III Financial Information	To Part Hard	(a) Beginning of Year	<u> </u>	(b) End	of Year		
7	Plan Assets and Liabilities Total plan assets	7a	646,57	4				
a b	Total plan liabilities			0		0		
b C	Net plan assets (subtract line 7b from line 7a)	7c	646,57	4	703,100			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	_	(b)	Total		
a	Contributions received or receivable from:		17,07	·3 後編				
	(1) Employers		51,69					
	(2) Participants		32,03	0				
	(3) Others (including rollovers)	8a(3)	(5,586	5				
b	Other income (loss)				aentosse godda'r ar ei y d	63,186		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						
d	to provide benefits)	8 <u>d</u>		0				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0				
f	Administrative service providers (salaries, fees, commissions)		6,66	50				
g	Other expenses			<u> </u>				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				<u> </u>	6,660		
i	Net income (loss) (subtract line 8h from line 8c)	8i				56,526		
j	Transfers to (from) the plan (see instructions)			U.		Form 5500-SF (2011)		
	and a state of the last state of the last state of the last state of the	Form FEAD C	F			FAILUAAAA'AL (FAIL)		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

017611

Part IV **Plan Characteristics**

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 2K 3D 2H 2F 2T

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

Par	t V Compliance Questions							
10	During the plan year:		Yes	No	<u> </u>	Amount		
a	and the second described in	10a	, s	x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
С		10c	· X			7	0,310	
d	and the second state of the sta	10d		x				
ę	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		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		. X				
h		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						
Part	VI Pension Funding Compliance				<u></u>			
11								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	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 instru- granting the waiver	th	and e	enter th Day	e date of the	e letter rul Year	ling	
łf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b								
С								
đ	negative amount)							
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			-				
13a	Has a resolution to terminate the plan been adopted in any plan year?		······		res X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a -					
b								
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	3c(1) Name of plan(s):	 	130	c(2) El	N(s)	13c(3)	PN(s)	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
Unde SB or	r 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, , it is true, correct, and complete.	urn/rep	oort, in	cludin	g, if applicat	ole, a Sch nowledge	edule and	
	X M MB X6/18/12 Owen W. Mi	lleı	-					

SIGN	xandmille	X6/18/12	Owen W. Miller
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
01011			
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor