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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

			Complete all entries in ac		cions to the Form 55	00-31 .			
	art I		Identification Information			40/04/	2010		
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	<u>/2012</u>	and ending	12/31/2	2012 —		
Α .	This ret	urn/report is for:	a single-employer plan		an (not multiemployer)		a one-particip	pant plan	
В .	This retu	urn/report is:	the first return/report	the final return/report					
			an amended return/report	a short plan year returi	n/report (less than 12 n	nonths)			
C	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m	
			special extension (enter desc	ription)					
Pa	rt II	Basic Plan Info	rmation—enter all requested in	formation					
	Name of					1b	Three-digit		
MICH	AEL J.	MYERS 401(K) PLAN					plan number (PN) ▶	001	
						10	Effective date or		
						.0	01/01/	•	
			dress; include room or suite numb	er (employer, if for a single-	employer plan)	2b	Employer Identi		
MICF	IAEL J.	MYERS, PLLC					(EIN) 26-0871903		
-		1011 5511 15				2c	Sponsor's telep		
		IGH DRIVE WA 99203				2d	Business code (see instructions)		
						24	54111		
3a	Plan ac	dministrator's name an	d address Same as Plan Spon	sor Name Same as Plar	Sponsor Address	3b	Administrator's I	ΞΙΝ	
		IYERS, PLLC	310 EAST	HIGH DRIVE				71903	
ICHA	EL J. N	IYERS	SPOKANE	E, WA 99203		3c	Administrator's t	elephone number	
							000 02-	. 0000	
4	If the n	name and/or FIN of the	e plan sponsor has changed since	the lest return/report filed for	or this plan, optor the	46	FINI		
7			nber from the last return/report.	the last return/report filed it	or this plan, enter the	40	EIN		
а	Sponso	or's name				4c	PN		
5a	Total n	number of participants	at the beginning of the plan year.			. 5a		3	
b	Total n	number of participants	at the end of the plan year			. 5b		3	
С			account balances as of the end of		•	. 5c		3	
6a		•	s during the plan year invested in e					X Yes No	
b			the annual examination and repo						
			? (See instructions on waiver eligib	-				X Yes No	
	If you	answered "No" to ei	ther line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form	5500.		
			or incomplete filing of this retur						
			ner penalties set forth in the instru nd signed by an enrolled actuary, a						
		rue, correct, and comp		as well as the electronic ver	sion of this return/repor	it, and	to the best of my	Knowledge and	
010		Filed with authorized/	valid electronic signature.	04/11/2013	MICHAEL I MYEDS				
SIG HEF					MICHAEL J. MYERS				
		Signature of plan ac	aministrator	Date	Enter name of individ	f individual signing as plan administrato			
SIGN HERE									
		Signature of employ	yer/plan sponsor ame, if applicable) and address; ir	Date	Enter name of individual signing as employer or plan spo mber (optional) Preparer's telephone number (optional)				
FIE	Jaiei S i	name (including iim n	arrie, ii applicable) ariu address, ii	iciade room or suite numbe	(optional)	Fieb	arei s teleprione	number (optional)	

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b Total plan liabilities	56453 56453							
a Total plan assets 7a 328369 3 b Total plan liabilities 7b from line 7a) 7c 328369 3 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 38653 (2) Participants 8a(2) 24048	56453							
b Total plan liabilities	56453							
C Net plan assets (subtract line 7b from line 7a)								
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers								
a Contributions received or receivable from: 8a(1) (1) Employers 8a(2) (2) Participants 8a(2)	9509							
(1) Employers 8a(1) 38653 (2) Participants 8a(2) 24048	9509							
(-)	9509							
(2) Others (including religious)	9509							
(3) Others (including rollovers)	9509							
b Other income (loss)	9509							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	•							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)								
Certain deemed and/or corrective distributions (see instructions) 8e 0								
f Administrative service providers (salaries, fees, commissions) 8f 1462								
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	01425							
i Net income (loss) (subtract line 8h from line 8c)	28084							
j Transfers to (from) the plan (see instructions)								
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: 2E 2J 2F 2G 3D 2R								
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 During the plan year: Yes No Amo	unt							
a 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)								
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
C Was the plan covered by a fidelity bond?	25000							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	23000							
or dishonesty?								
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)								
f Has the plan failed to provide any benefit when due under the plan?								
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)								
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the								
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) and line 11a below)	Yes No							
11a Enter the amount from Schedule SB line 39	140							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
(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 instructions, and enter the date of the letter granting the waiver	-							
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								

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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 (enter a minus sign to the left of a negative amount)							
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?			X	Yes	No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer	this 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?						Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
13c(1) Name of plan(s):				3c(2)	EIN(s	s)	13c(3) F	
Part	VIII Trust Information (optional)						•	
14a 1				14b	Trust	's EIN		

Form 5500-SF

Department of the Treasury internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in accordance with the Instructions to the Form 5500-SF						Inspection			
Part I	Annual Report lo	dentification Information							
For calen	dar plan year 2012 or fisc	al plan year beginning 01,	/01/2012	and ending		12/31/201	2		
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-partici	pant plan		
B This re	etum/report is:	the first return/report	the final return/report	t					
		an amended return/report	short plan year retu	rn/report (less than 12 m	onths))			
C Check	box if filing under:	Form 5558	automatic extension	, ,	,	DFVC progra	am		
	[special extension (enter description				☐ =: : = k: : a	•••		
Part II	Basic Plan Inform	nation—enter all requested information							
1a Name					1b	Three-digit			
MICHAI	EL J. MYERS 401	(K) PLAN				plan number	001		
						(PN) ▶	001		
						Effective date of 01/01/2008			
2a Plan s	sponsor's name and addre	ess; include room or suite number (em	plover, if for a single	-employer plan)		Employer Identif			
MICHAE	L J. MYERS, PLI	₄ C	, , , , , , , , , , , , , , , , , , , ,	, p,	1	(EIN) 26-087			
					2c Sponsor's telephone number				
310 EA	ST HIGH DRIVE					509-624-89	988		
CDOVAN	177	M. 00000				Business code (see instructions)		
SPOKAN		WA 99203 address ☐Same as Plan Sponsor Na				541110			
	L J. MYERS, PLL	tund .	me Same as Pla	n Sponsor Address	3b Administrator's EIN 26-0871903				
	L J. MYERS				3c Administrator's telephone numbe				
	ST HIGH DRIVE				I	509-624-89			
3 \$ 21.	310 EAST HIGH DRIVE								
SPOKAN	E	WA 99203							
4 If the	name and/or EIN of the p	lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN			
name	, EIN, and the plan numb	er from the last return/report.	a rotalita oport mod it	or true plan, enter the	40	EIN			
	or's name				4c	PN			
		the beginning of the plan year			5a		3		
		the end of the plan year			5b	_	3		
C Numb comp	er of participants with acc lete this item)	count balances as of the end of the pla	n year (defined bene	efit plans do not	5c		3		
		uring the plan year invested in eligible					X Yes ∏ No		
b Are ye	ou claiming a waiver of the	e annual examination and report of an	independent qualifie	ed public accountant (IQI	PA)				
under If you	' 29 CFR 2520.104-46? (S	See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot	d conditions.)				X Yes No		
		ncomplete filing of this return/repo							
		penalties set forth in the instructions,					phle a Schodule		
SB or Sche	edule MB completed and s	signed by an enrolled actuary, as well	as the electronic ver	sion of this return/report,	and to	the best of my i	knowledge and		
belief, it is t	true, correct, and complet	e. a							
SIGN	MIL	Mus	9 APRICAUTS	MICHAEL J. MYE	RS				
HERE OF A CONTRACTOR OF THE PROPERTY OF THE PR					vidual signing as plan administrator				
SIGN MICHAEL J. MY									
HERE Signature of employer/plan sponsor. Date 7 AND Enter name of individual sign							or plan sponsor		
					Prepa	rer's telephone r	number (optional)		
					3		PARTINE PER CONTRACTOR		

Pa	rt III Financial Information								
7	Plan Assets and Liabilities	lus less	(a) Beginning of Ye	ear	$\neg \vdash$	***************************************	(b) End	of Year	
a	Total plan assets	7a		3283	69		<u>,</u>	***************************************	356453
b	Total plan liabilities	7b				=2.			
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		3283	69				356453
88	Income, Expenses, and Transfers for this Plan Year		(a) Amount						
a	Contributions received or receivable from: (1) Employers	8a(1)		386	53				
	(2) Participants	8a(2)		240	48				tatika:
	(3) Others (including rollovers).	8a(3)			0	1	ROYEV		MINERAL DI
<u>b</u>	Other income (loss)	8b		L668	08				
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1.4					229509
d	Benefits paid (including direct rollovers and insurance premiums		1	.999	63			6124	
е	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d			0.3	16336			- · · · · · · · · · · · · · · · · · · ·
f		8e		7.4	60				
	Administrative service providers (salaries, fees, commissions)	8f		14	_		AUTO III	100 100	
<u>g</u>	Other expenses (add lines 2d, 2a, 9f, and 3a)	8g		0151500	0	1000	MENERAL DE		900/1171
<u></u> i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							201425
<u>-</u>	Net income (loss) (subtract line 8h from line 8c)	8i	KI ETYLEN KUZASKI			No letter			28084
,	t IV Plan Characteristics	8j		-	0				
b	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D 2R If the plan provides welfare benefits, enter the applicable welfare fe								
10	During the plan year:				Yes				
	Was there a failure to transmit to the plan any participant contribut	ions within th	e time period described in	Τ	168	No		Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correcti	on Program)	10a		Х			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	***************************************	,	10b		х			
С	Was the plan covered by a fidelity bond?	*************		10c	Х		:		25000
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	idelity bond, t	hat was caused by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)	er persons by f the benefits	an insurance carrier, under the plan? (See	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 end.)		10g		Х			
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruction	ns and 29 CFR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required not	ice or one of the	101					
Part				<u>-</u>					
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Yes,	see instructions and com	plete S	Schedu	ule SB	(Form	☐ Yes	ΠNo
11a	Enter the amount from Schedule SB line 39					1a			
12	Is this a defined contribution plan subject to the minimum funding re						RISA?	☐ Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a			2. 000	011 0			11 .50	<u></u>
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in	this plan year, see instruc	tions, h	and er	nter the Day _		e letter ru ′ear	ling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule								
b	Enter the minimum required contribution for this plan year		***************************************		. 1	2b			

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C Er	nter the amount contributed by the employer to the plan for this plan year	12c					
d Su	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a gative amount)	12d			***************************************		
	ill the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	□ N/A		
Part VII							
13а на	is a resolution to terminate the plan been adopted in any plan year?	X	es	No			
If "	Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b We	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the the PBGC?	1		☐ Ye	s 🛭 No		
C If o	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ich assets or liabilities were transferred. (See instructions.)	to					
13c(1) Name of plan(s):	3c(2) EI	N(s)	13c(3) PN(s)		

Part VII	Trust Information (optional)				······································		
				14b Trust's EIN			