## 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).

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

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information					
For calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2013		and ending (	5/31/	2013	
A This ret	turn/report is for:	a multiple-employer	plan (not multiemployer)		a one-particip	oant plan
<b>B</b> This ret	turn/report is: the first return/report	the final return/repor	t			
	an amended return/report X a	a short plan year retu	ırn/report (less than 12 m	onths	)	
C Check I	box if filing under: Form 5558	automatic extension			DFVC progra	m
	special extension (enter description	n)			_	
Part II	Basic Plan Information—enter all requested informa	tion				
1a Name	•			1b	Three-digit	
MICHAEL J.	MYERS 401(K) PLAN				plan number	004
				10	(PN)	001
				10	Effective date of 01/01/	•
2a Plan si	ponsor's name and address; include room or suite number (en	nplover, if for a single	e-emplover plan)	2b	Employer Identit	
	MYERS, PLLC	, ,, , , , , , , , , , ,	, . , . ,			71903
				2c	Sponsor's telep	hone number
310 EAST H					509-624	
SPOKANE, '	WA 99203			2d	Business code (	
20 Dlan a	desiminate de la como con de adduses a Como con Dian Company No	DC DI	on Conners Address	2 h	54111	
	dministrator's name and address Same as Plan Sponsor Na		an Sponsor Address	SD	Administrator's I	=IN 71903
IICHAEL J. N IICHAEL J. N	MYERS, PLLC 310 EAST HIGH MYERS SPOKANE, WA			3с	Administrator's t	elephone number
					509-624	I-8988
4 If the r	name and/or EIN of the plan sponsor has changed since the la	st return/report filed	for this plan, enter the	4h	EIN	
	EIN, and the plan number from the last return/report.	ist return/report med	ioi tilis piari, eriter tile	40	EIIN	
<b>a</b> Spons	or's name			4c	PN	
<b>5a</b> Total r	number of participants at the beginning of the plan year			5a		3
<b>b</b> Total r	number of participants at the end of the plan year			5b		0
	er of participants with account balances as of the end of the pl	• •	•	5c		0
	all of the plan's assets during the plan year invested in eligible					X Yes No
	ou claiming a waiver of the annual examination and report of a	•	,			
	29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No
lf you	answered "No" to either line 6a or line 6b, the plan canno	t use Form 5500-S	F and must instead use	Form	5500.	
	penalty for the late or incomplete filing of this return/repo					
	alties of perjury and other penalties set forth in the instructions edule MB completed and signed by an enrolled actuary, as wel					
	true, correct, and complete.	ii do trio cicotroriio ve	or this return report	, and	to the best of my	Miowicage and
	Filed with authorized/valid electronic signature.	06/28/2013	MICHAEL J. MYERS			
SIGN HERE						
	Signature of plan administrator	Date	Enter name of individ	ual si	gning as plan adn	ninistrator
SIGN HERE						
	Signature of employer/plan sponsor	Date	Enter name of individ			
Preparer's	name (including firm name, if applicable) and address; include	e room or suite numb	er (optional)	Prep	parer's telephone	number (optional)

Form 5500-SF 2012 Page **2** 

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year				
a	Total plan assets	7a	35645			(b) End of Tear					
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	35645	3					(	)	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) Amount				(15)	Total			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	3) Others (including rollovers)										
b	Other income (loss)	8b	1703	85							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							17209	)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	37320	)1							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	46	1							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						:	37366	2	
	Net income (loss) (subtract line 8h from line 8c)	8i						-:	35645	3	
	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics	<u> </u>	l								
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D 2R	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:			
Dawl	W Commission of Oscoptions										
Part	•				V	NI.	l	<del></del>			
10	During the plan year:	4: · · · · i 4  - :		1	Yes	No		Amo	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					250	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e		X					
f	instructions.)  Has the plan failed to provide any benefit when due under the plan					X					
				10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a		<u>,                                      </u>	10g		X					
h	2520.101-3.)			10h		X					
i	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										
Part	VI Pension Funding Compliance										
11											
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)								
a	<b>a</b> 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 ruling granting the waiverMonth Day Year										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		1						
b	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)	12d			
е	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?	X	res 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 under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Benefit Plan** This form is required to be filed under sections 104 and 4065 of the Employee

Short Form Annual Return/Report of Small 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.

OMB Nos. 1210-0110 1210-0089

2012

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	Ailliuai Kepui				·					
For cale	endar plan year 2012 or	p		1/01/2013	and ending		05/31/2013			
A This	return/report is for:	x a single-employe	er plan	a multiple-employer	plan (not multiemployer	)	a one-participa	ant plan		
<b>B</b> This	return/report is:	the first return/re	port 🗵	the final return/repor	t					
		an amended retu	rm/report X	a short plan year retu	m/report (less than 12 i	nonths	)			
<b>C</b> Che	ck box if filing under:	Form 5558		automatic extension			DFVC program	า		
	•	special extension	ے enter description (enter	on)						
Part I	Basic Plan Infe	ormation—enter all i	requested inform	ation		•••••				
1a Nar	ne of plan	······································				1b	Three-digit			
Mich	ael J. Myers 40	01(k) Plan					plan number	01		
						4-	(PN) P			
						16	Effective date of p	olan		
	n sponsor's name and a ael J. Myers, P		suite number (e	employer, if for a single	-employer plan)	2b	Employer Identific			
MILCHE	iei o. Myeis, i	HIL				-	(EIN) 26-0871			
310 E	ast High Drive	9				<b>2c</b> Sponsor's telephone number 509-624-8988				
	_					2d	Business code (se			
Spoka	ine	AW	99203				541110	•,		
	administrator's name a		Plan Sponsor N	lame Same as Pla	n Sponsor Address	3b	Administrator's Ell	N		
	el J. Myers, P	PLLC				3c	Administrator's tel	ephone number		
	el J. Myers ast High Drive					1	509-624-898	•		
310 E	asc nigh blive									
Spoka	ne	WA 992	203							
						1				
	e name and/or EIN of the			ast return/report filed f	or this plan, enter the	4b	EIN			
nan	ne, EIN, and the plan nu			ast return/report filed f	or this plan, enter the					
nan <b>a</b> Spo	ne, EIN, and the plan nu nsor's name	ımber from the last retur	n/report.			4c				
a Spo	ne, EIN, and the plan nu nsor's name al number of participants	imber from the last returns at the beginning of the	n/report.			4c 5a		3		
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nan a Spo 5a Tota b Tota c Nun	ne, EIN, and the plan nu nsor's name al number of participants	s at the beginning of the s at the end of the plan y account balances as of	plan yearvearvear of the p	lan year (defined bene	fit plans do not	4c 5a		**********		
<ul> <li>a Spo</li> <li>5a Tota</li> <li>b Tota</li> <li>c Numcom</li> <li>6a We</li> </ul>	ne, EIN, and the plan nu nsor's name al number of participants al number of participants nber of participants with nplete this item)	s at the beginning of the s at the end of the plan y account balances as of	plan year yearthe end of the p	lan year (defined bene e assets? (See instruc	fit plans do not	4c 5a 5b 5c	PN	0		
<ul> <li>a Spo</li> <li>5a Tota</li> <li>b Tota</li> <li>c Numcom</li> <li>6a We</li> <li>b Are</li> </ul>	ne, EIN, and the plan nu nsor's name al number of participants al number of participants or of participants with aplete this item)	s at the beginning of the s at the end of the plan y account balances as of s during the plan year ir f the annual examinatio	plan year year the end of the p nvested in eligible n and report of a	lan year (defined bene e assets? (See instruc in independent qualifie	fit plans do not tions.)d public accountant (IQ	4c 5a 5b 5c PA)	PN	0 0 X Yes No		
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Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Y	ear			(b) End of Year	
<u>a</u>	Total plan assets	7a		3564	53			0
b	Total plan liabilities	7b			$\Box$			
c	Net plan assets (subtract line 7b from line 7a)	7c		3564	53			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)			0			
	(2) Participants	8a(2)			0			
	(3) Others (including rollovers)	8a(3)		1	74			
b	Other income (loss)	8b		170	35		Total Assessment	3 1 3 3
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1	7209
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	3732	01			ì
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	LISO.		
f	Administrative service providers (salaries, fees, commissions)	8f		4 (	51	2.39		
g	Other expenses	8g			0	Bras		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1	10		373	3662
i	Net income (loss) (subtract line 8h from line 8c)	81					-356	6453
j	Transfers to (from) the plan (see instructions)	8i	——————————————————————————————————————		0	100		
Par	t IV Plan Characteristics	<u>a</u> 1			-	27		
9a b	If the plan provides pension benefits, enter the applicable pension for 2E 2J 2F 2G 3D 2R  If the plan provides welfare benefits, enter the applicable welfare features.							
Part								
		***************************************			1		<u> </u>	
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducians)	ciary Correc	tion Program)	10a		Х		
	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not inc	lude transactions reported	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х		25	000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bond,	that was caused by fraud	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	r persons b the benefits	y an insurance carrier, s 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? (S 2520.101-3.)			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 2520.101-3	required no	tice or one of the	10i				
Part								
	Is this a defined benefit plan subject to minimum funding requiremen 5500) and line 11a below)	nts? (If "Yes	," see instructions and com	plete S	chedu	le SB	3 (Form	No No
11a	Enter the amount from Schedule SB line 39					1a		
12	Is this a defined contribution plan subject to the minimum funding re						ERISA? Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as							
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized i	n this plan year, see instruc Mont	tions, a		ter the	e date of the letter ruling Year	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N				<del></del>			
b	Enter the minimum required contribution for this plan year				1	2b		

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c	Enter the amount contributed by the employer to the plan for this plan year	12c		
e	negative amount)		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	res No	)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		ı
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			X Yes ∏ No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)			
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
***************************************				
Part	VIII Trust Information (optional)			
14a N	lame of trust	<b>14b</b> Tr	ust's EIN	