## 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 section 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

2009

This Form is Open to Public Inspection

		t Identification Informat								
For	calendar plan year 2009 or	fiscal plan year beginning 0°	1/01/2009	and ending	12/31	/2009				
Α .	This return/report is for:	x single-employer plan	multiple	e-employer plan (not multiemployer)		one-participa	int plan			
В .	This return/report is for:	first return/report	final ret	urn/report						
		an amended return/report	short pl	an year return/report (less than 12 r	nonths)					
C	Check box if filing under:	Form 5558	automa	tic extension		DFVC progra	am			
	Ů	special extension (enter of	lescription)			_				
Pa	rt II Basic Plan Inf	ormation—enter all requeste	d information							
1a	Name of plan				1b	Three-digit				
BUSI	NESS TAX SOLUTIONS 40	01(K) PLAN				plan number	001			
					10	(PN)				
					10	Effective date o				
2a	Plan sponsor's name and a	address (employer, if for single-e	mployer plan)		2b	Employer Identi	fication Number			
	NESS TAX SOLUTIONS, IN		, , ,			(EIN) 91-189				
7505	05 04711 070557 011175	407			<b>2c</b> Plan sponsor's telephone numb					
	SE 24TH STREET, SUITE CER ISLAND, WA 98040-2				2d	206-275-1040 <b>2d</b> Business code (see instructions)				
						541213	` ,			
		and address (if same as Plan sp		,	3b	Administrator's				
BUSI	NESS TAX SOLUTIONS, IN		SE 24TH STRE CER ISLAND, W		30	91-1890124 <b>3c</b> Administrator's telephone numb				
					30	206-275-1040				
				report filed for this plan, enter the	4b	4b EIN				
	name, EIN, and the plan nui	mber from the last return/report.	Sponsor's name	•	40	4c PN				
5a	Total number of participant	ts at the beginning of the plan ye	ear				10			
<b>b</b> Total number of participants at the end of the plan year					-		10			
С						,				
					5c	. 5c				
-	•	• , ,	J	s? (See instructions.)			X Yes No			
b				endent qualified public accountant ( litions.)			X Yes No			
		,	•	0-SF and must instead use Form			П . оо П . то			
Pa	rt III Financial Info									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year			
а	Total plan assets		7a	985	30		189757			
b	Total plan liabilities		7b		0					
С	Net plan assets (subtract li	ne 7b from line 7a)	7c	988	30		189757			
8	Income, Expenses, and Tra			(a) Amount		(b) 7	Γotal			
а	Contributions received or r	eceivable from:	8a(1)	207	708					
	., .,			429						
	.,	/ers)	` ` `	120	0					
b	, ,			324		93				
С	` '	(1), 8a(2), 8a(3), and 8b)					96109			
d		ect rollovers and insurance pren								
				48	882					
е		rrective distributions (see instruc	<i>'</i>		0					
f	Administrative service prov	viders (salaries, fees, commissio	,		0					
g	·				0					
h		8d, 8e, 8f, and 8g)					4882			
!	, , ,	t line 8h from line 8c)					91227			
- 1	riansiers to (from) the plai	n (see instructions)	Qi	1						

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Part IV	Dian	(`haract	Orietics
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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 2F 2J

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

art	V Compliance Questions							
0	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		Χ				
С	Was the plan covered by a fidelity bond?	10c	X					20000
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			X				
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		Λ.				
art								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					H		X No
_	, ,	01 56	Clion	002 01	LNISA!	Ш	100	
•	(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 instruc	otiono	and a		a data af t	اما ما		~~
а	granting the waiverMon							ng
lf y	you 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			12b				
	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 negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					П	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		<u> </u>		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol				
	of the PBGC?					Ш	Yes	X No
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.)	he plai	n(s) to			-1		
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)		13c(3)	PN(s)
`aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ieo ie	oetabl	ishad			
	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.					ahle	a Sche	dule
B o	r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ f, it is true, correct, and complete.							
SICI	Filed with authorized/valid electronic signature.  06/15/2010 MICHAEL SCHA	ITEL						

SIGN 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 plan administrator

MICHAEL SCHAITEL

MICHAEL SCHAITEL

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection.

	► Complete all entries in acco	rdance wi	th the instruction	ons to the Form 550	0-SF.	inspection.			
***	Part I Annual Report Identification Information								
Fo	r the calendar plan year 2009 or fiscal plan year beginning	2009	0-01-01	and ending	20	09-12-31			
Α	This return/report is for: x single-employer plan	multiple-	employer plan (n	ot multiemployer)		one-participant plan			
В	This return/report is for:	final retu	m/report						
	an amended return/report	short plai	n year return/rep	ort (less than 12 mon	ths)				
C	Check box if filing under: Form 5558	automatic	extension		DFVC program				
	special extension (enter description	n)			_				
P	art II Basic Plan Information enter all requested info	mation							
1a	Name of plan	mation.			1b	Three-digit			
	BUSINESS TAX SOLUTIONS 401(k) PLAN				1	plan number			
						(PN) ► 001 Effective date of plan			
_						2007-01-01			
2a	Plan sponsor's name and address (employer, if for single-employer p	olan)			2b	Employer Identification Number			
	BUSINESS TAX SOLUTIONS, INC.					(EIN) 91-1890124			
	7525 SE 24TH STREET, SUITE 487					Plan sponsor's telephone number (206) 275-1040			
US	MERCER ISLAND WA 98040-2783					Business code (see instructions)			
<del>3</del> a		nter "Same	·*)			541213 Administrator's EIN			
	Same		•			torrinodation o Ent			
					3c /	Administrator's telephone number			
						Tanabara terepriorio fiambor			
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/rei	port filed for this	plan enter the	4b E	=IN			
	name, EIN and the plan number from the last return. Sponsor's Name	е		orari, oritor trio	4c PN				
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	10			
C	Total number of participants with account balances as of the end of the	he plan yea	r (defined benefi	t plans do not					
<u>6a</u>	complete this item)	• • • •	• • • • •	· · · · · · ·	5c	10			
b		indenende	ent qualified publi	c accountant (IOPA)		· · · · <u>x</u> Yes No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	d condition	s.)			· · · · XYes No			
-	If you answered "No" to either 6a or 6b, the plan cannot use Form	n 5500-SF	and must instea	ad use Form 5500.					
	art III Financial Information	THE RESIDENCE OF THE PARTY OF T							
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End of Year			
a b	Total plan liabilities	. 7a		98,530	<u> </u>	189,757			
	Total plan liabilities	. 7b		0					
<u></u>	Net plan assets (subtract line 7b from line 7a)	. 7c		98,530		189,757			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a	) Amount		(b) Total			
u	(1) Employers	. 8a(1)		20,708					
	(2) Participants	. 8a(2)		42,908					
	(3) Others (including rollovers)	. 8a(3)		0		AND THE REST OF STREET			
b	Other income (loss)	. 8b	<u> </u>	32,493					
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				96,109			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)				E10				
е		8d		4,882					
f	Certain deemed and/or corrective distributions (see instructions)	8e		0					
g	Administrative service providers (salaries, fees, commissions) Other expenses	8f		0					
		8g		0					
h i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			§	4,882			
ı i	Net income (loss) (subject line 8h from line 8c)	8i				91,227			
1	Transfers to (from) the plan (see instructions)	8j							

		Form 5500-SF (2009)		Page <b>2-</b>						
Pa	rt IV	Plan Characteristics								
-		plan provides pension benefits, enter the applicable pension feat	ure codes from the L	ist of Plan Charac	teristic	Codes	in the	instructions	•	
		2E 2F 2J							•	
D	ir the	plan provides welfare benefits, enter the applicable welfare featur	re codes from the Lis	st of Plan Characte	eristic C	odes	in the i	nstructions:		
Pa	rt V	Compliance Questions		<u> </u>			·			
10		ing the plan year:				Yes	No	1 4	Amount	
a	Wa	s there a failure to transmit to the plan any participant contribution	within the time peri	od described in						
Ł	29 We	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian re there any nonexempt transactions with any party-in-interest? (I	y Correction Program	n)	. 10a	<u> </u>	x			
-		ine 10a.)			. 10b		x	]		
c	Wa	s the plan covered by a fidelity bond?			10c	х			20,00	
c		the plan have a loss, whether or not reimbursed by the plan's fide	elity bond, that was o	aused by fraud			1		20,00	
		ishonesty?			• 10d		х			
e	We	re any fees or commisions paid to any brokers, agents, or other p	ersons by an insurar	nce carrier,						
	inst	rance services or other organization that provides some or all of tuctions.)	the benefits under th	e plan? (See	10e		x			
f		the plan failed to provide any benefit when due under the plan?			· 10f		х			
g		the plan have any participant loans? (If "Yes," enter amount as of			177		x			
h	If th	s is an individual account plan, was there a blackout period? (Se	e instructions and 29		109					
		0.101-3.)			. <u>10h</u>	L	X			
	exc	th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on-	e of the	. 101					
Pai		Pension Funding Compliance			. 1101	<u>L</u>	1			
11	is ti	is a defined benefit plan subject to minimum funding requirement	ts? (If "Yes," see inst	tructions and comp	olete Sc	hedui	e SB (I	Form		
12	550								Yes X No	
14-	(lf "	is a defined contribution plan subject to the minimum funding req /es," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl	uirements of section le )	412 of the Code	or sectio	on 302	of ER	ISA?	Yes X No	
а		waiver of the minimum funding standard for a prior year is being a	•	vear see instruc	tione ar	nd ant	or tha	date of the k	ttor ruling	
14	grai	iting the waiver		Mc	onth		Day	/		
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule ME		•			401	T		
D		er the minimum required contribution for this plan year				·  -	12b			
d		or the amount contributed by the employer to the plan for this plan tract the amount in line 12c from the amount in line 12b. Enter the				.  -	12c			
	neg	ative amount)	····			.	12d			
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?	· · · · · ·				☐Yes [	□No □N/A	
-	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior year	7		٠ _:		<u> </u>	Yes X No	
		es," enter the amount of any plan assets that reverted to the emp					13a			
b	Wei	e all the plan assets distributed to participants or beneficiaries, tra	ensferred to another	plan, or brought u	nder the	conti	rol			
С	lf du	ring this plan year, any assets or liabilities were transferred from t	his plan to another p	lan(s), identify the	plan(s)	to .	• •		Yes X No	
	whic	h assets or liabilities were transferred. (See instructions.)								
	13c(1) Name of plan(s):							13c(2) EIN(s) 13c(3		
Caut	on: A	penalty for the late or incomplete filing of this return/report w	rill be assessed unl	ess reasonable c	ause is	esta	blishe	d.	1	
Unde	r pena	ties of perjury and other penalties set forth in the instructions. I de	eclare that I have exa	amined this return	report	includ	ina if a	annlicable a	Schedule	
SR O	Sche	fule MB completed and signed by an enrolled actuary, as well as ue, correct, and complete.	the electronic versio	n of this return/rep	ort, and	to the	e best	of my knowle	edge and	
	2000	Mudan Schutt	Ce/2/2010	Missis	<i>~</i>		~			
SIC	10000	Ignature of plan administrator,	<u>(e/2/2010</u> Date	MICHA Entername of in						
UCD -	moles	Mrs hard & hull	6/2/2010	Enter name of in					trator	
SIC	2552	ignature of employer/plan sponsor	1/		and Same					
- Villa	3	griature or employer/plan sponsor	Date	Enter name of in	dividual	signii	ng as e	mployer or p	olan sponsor	