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

2011

This Form is Open to Public Inspection

Р	rension Benefit Guaranty Corporation Complete	e all entries in acco	ordance witl	n the instructions to the Form 550	0-SF.	Ins	spection		
Pa	art I Annual Report Identification								
For	calendar plan year 2011 or fiscal plan year be	ginning 01/01/20	011	and ending	12/31/20	011			
Α .	This return/report is for:	ployer plan	a multiple	-employer plan (not multiemployer)		a one-partici	oant plan		
В	This return/report is: the first retu	rn/report	the final r	eturn/report	_	<u> </u>			
		d return/report	a short pla	in year return/report (less than 12 m	onths)				
C	Check box if filing under: Form 5558	,	=	extension	ÍΓ	DFVC progra	ım		
		nsion (enter descrip		Oxionolon	L				
Do	<u>L'</u>	` '	,						
	art II Basic Plan Information—ente	er all requested infor	mation		1h ·	Three-digit			
	Name of plan NESS TAX SOLUTIONS 401(K) PLAN					plan number			
						(PN) ▶	001		
					1c	Effective date o	f plan		
						01/01			
	Plan sponsor's name and address; include rounces TAX SOLUTIONS, INC.	om or suite number	(employer, if	for a single-employer plan)		04.40	fication Number		
БОЗ	INESS TAX SOLUTIONS, INC.					(=114)	90124		
					2c 3	Sponsor's telep			
	SE 24TH STREET, SUITE 560 CER ISLAND, WA 98040-2783				24 1		see instructions	.,	
IVILIX	OEK ISLAND, WA 90040-2703				Zu	54121		·)	
3a	Plan administrator's name and address (if sar	ne as plan sponsor.	enter "Same	27)	3b /	Administrator's			
	NESS TAX SOLUTIONS, INC.	7525 SE 24	ITH STREET	, SUITE 560			90124		
		MERCER	SLAND, WA	98040-2783	3c /		telephone numb	er	
	If the many and/on FINI of the miss areas who		- 1	and the description of the second second	46	206-27	5-1040		
4	If the name and/or EIN of the plan sponsor han name, EIN, and the plan number from the las		e iast return/	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					a			
b	Total number of participants at the end of the	plan year			5b	,			
С	Number of participants with account balances	s as of the end of the	e plan year (defined benefit plans do not					
	complete this item)				5c				
-	Were all of the plan's assets during the plan	•		· ·			X Yes	No	
b	Are you claiming a waiver of the annual exan under 29 CFR 2520.104-46? (See instruction						X Yes	No	
	If you answered "No" to either 6a or 6b, the	_	•	•		•••••	<u> </u>		
Pa	rt III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		7a	269375			325918		
b	Total plan liabilities								
С	Net plan assets (subtract line 7b from line 7a)	7с	269375			325918		
8	Income, Expenses, and Transfers for this Pla			(a) Amount		(b) T	Total .		
а	Contributions received or receivable from:			, ,		Ç., /			
	(1) Employers		8a(1)	19078					
	(2) Participants		8a(2)	51600					
	(3) Others (including rollovers)		8a(3)						
b	Other income (loss)		8b	-6520					
С	Total income (add lines 8a(1), 8a(2), 8a(3), a	nd 8b)	8c				64158		
d	Benefits paid (including direct rollovers and ir to provide benefits)		8d	7615					
е	Certain deemed and/or corrective distribution								
f	Administrative service providers (salaries, fee	,							
g	Other expenses								
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)						7615		
;	Net income (loss) (subtract line 8h from line 8						56543		
i	Transfers to (from) the plan (see instructions)								
	manarara to (monn) the plant (acc instructions)		···· 8i						

Form	5500-	SF	201

Page	2	-	,		
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Part IV	I Plan	Charac	cteristics

- **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 3D
- **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		Amou	nt	
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				2	0000
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				1	8460
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	VI Pension Funding Compliance		<u> </u>					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					<u> </u>	res X	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						res X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver							
lf y	ou 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			12b				
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 enegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			X	es N	lo		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		the co	ntrol		П	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.)	ne plar	n(s) to				<u> </u>	
1	3c(1) Name of plan(s):		130	(2) Ell	V(s)	13	c(3) Pi	V(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	se is	establi	shed.			
Jnde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu-	ırn/rep	ort, in	cluding	g, if applica			

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.	03/15/2012	MICHAEL SCHAITEL				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	03/15/2012	MICHAEL SCHAITEL				
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

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

2011

This Form is Open to Public Inspection

P	art I Annual Repor	t Identification Information							
For	the calendar plan year 2011 o	r fiscal plan year beginning	01/0	1/2011	and ending	12	/31/2011		
Α	This return/report is for:	x a single-employer plan	a multiple	employer plan	(not multiemployer)	Γ	a one-participa	ant plan	
В	This return/report is:	the first return/report	the final re	eturn/report		_	,	F	
	·	an amended return/report	≓	•	eport (less than 12 mor	atha)			
^	01 11 16 61	H '	===		eport (less than 12 mo	1015 <i>)</i>	1		
C	Check box if filing under:	Form 5558	_	extension		L	DFVC prograr	n	
_		special extension (enter description	on)						
P	art II Basic Plan Inf	ormation enter all requested inf	ormation.						
1a	Name of plan						hree-digit		
	BUSINESS TAX SOLUTI	ONS 401(k) PLAN					ilan number PN) ▶	001	
							ffective date of		
							1/01/2007	pian	
2a	· · · · · · · · · · · · · · · · · · ·	dress; include room or suite number (er	nployer, if for	single-employ	er plan)	2b E	mployer Identifi	cation Number	
	BUSINESS TAX SOLUTI	ONS, INC.				1	EIN) 91-189		
						2c F	lan sponsor's te	elephone number	
	7525 SE 24TH STREET	, SUITE 560					(206) 275-1		
							,	see instructions)	
US	MERCER ISLAND	WA 98040-2783		***************************************			41213		
3a	Plan administrator's name ar Same	nd address (If same as plan sponsor, en	ter "Same")			3b A	dministrator's E	IN	
	June								
						3c A	dministrator's te	elephone number	
						l			
4	If the name and/or EIN of the	plan sponsor has changed since the la	st return/repo	ort filed for this	plan, enter the	4b E	IN		
_	name, EIN, and the plan nun	nber from the last return/report.	•		, ,	4c PN			
	Sponsor's Name	at the beginning of the plantage							
b		at the beginning of the plan year at the end of the plan year				5a 10 7			
C		account balances as of the end of the pla				_5b			
	complete this item)			• • • • •		5c		7	
6a		during the plan year invested in eligible						X Yes No	
b	Are you claiming a waiver of	the annual examination and report of ar	independen	qualified publ	c accountant (IQPA)				
		(See instructions on waiver eligibility ar		•				X Yes No	
D-	irt III Financial Info	her 6a or 6b, the plan cannot use For	m 5500-SF a	na must inste	ad use Form 5500.				
7		mation		(.) 5	1				
٠_	Plan Assets and Liabilities		12/16/19/20	(a) B	eginning of Year		(b) End o		
a	Total plan assets		- 7a	***************************************	269,375			325,918	
D	Total plan liabilities .	• • • • • • • • • • • • • • • • • • • •	· 7b						
<u>c</u>	Net plan assets (subtract line	· · · · · · · · · · · · · · · · · · ·	. 7c		269,375			325,918	
a	Income, Expenses, and Tran Contributions received or rec			-	(a) Amount		(b) T	otal	
••	(1) Employers		. 8a(1)		19,078				
	(2) Participants		. 8a(2)		51,600				
	(3) Others (including rollover	rs)	. 8a(3)						
b	Other income (loss)	· · · · · · · · · · · · · · · · · · ·	. 8b		(6,520)				
С	Total income (add lines 8a(1)), 8a(2), 8a(3), and 8b)	. 8c				SWAND OF STREET SWAND	64,158	
d		t rollovers and insurance premiums							
_			. 8d	<u> </u>	7,615	No.			
e		ctive distributions (see instructions) .	. 8e						
f	Administrative service provide	ers (salaries, fees, commissions)	. 8f					5.5	
g	Other expenses		. 8g			200		元为生物的	
h	Total expenses (add lines 8d	, 8e, 8f, and 8g)	. 8h					7,615	
i	Net income (loss) (subtract lin	ne 8h from line 8c)	. 81					56,543	
i	Transfers to (from) the plan (s	see instructions)	. 8j						

	Form 5500-SF 2011		Page 2-						
Part	V Plan Characteristics								
_	the plan provides pension benefits, enter the applicable pension fea	ture codes from t	ne List of Plan Character	istic Co	des in	the ins	tructions:		
b II	2E 2F 2J 3D the plan provides welfare benefits, enter the applicable welfare feature.	ure codes from the	Elist of Plan Characteris	stic Coo	les in th	ne instr	uctions:		
Pari	V Compliance Questions					· · · · · · · · · · · · · · · · · · ·			
10	During the plan year:				Yes	No	A	mount	
а	Was there a failure to transmit to the plan any participant contribution	ons within the time	period described in	10a		x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest?	ary Correction Pro (Do not include tr	gram)	104					
	on line 10a.)			10b		х			
C	Was the plan covered by a fidelity bond?			10c	х				20,00
d	Did the plan have a loss, whether or not reimbursed by the plan's fider or dishonesty?			10d		х			
е	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all o instructions.)	f the benefits und	er the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?					х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g	х				18,460
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-			101					
	Pension Funding Compliance					· · · · · · · · · · · · · · · · · · ·			
11	Is this a defined benefit plan subject to minimum funding requirements 5500))		instructions and comple			,		∏Yes	X No
12	Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica							Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being	•	plan year, see instructio	ns, and	enter t	he date	e of the lette	r rulina	
is	granting the waiver		Mo	nth		Day.	Y	ear	
y b	Enter the minimum required contribution for this plan year	` ''	•		Γ.	12b			
c	Enter the amount contributed by the employer to the plan for this pla				· -	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the amount)	he result (enter a	minus sign to the left of a			12d			
e_	Will the minimum funding amount reported on line 12d be met by the	e funding deadline	9?			. [Yes [No	□N/A
Part	Tidi Tollimations and Transiers of Assets								
13a	Has a resolution to terminate the plan been adopted in any prior yea				٠,	· ·	· · · ·	X Yes	□No
	If "Yes," enter the amount of any plan assets that reverted to the em			• • •	1	13a			C
	Were all the plan assets distributed to participants or beneficiaries, to the PBGC?							Yes	X No
	which assets or liabilities were transferred. (See instructions.)	The plan to unot	nor planto, identity the p	ian(s) t					
1	c(1) Name of plan(s):			<u> </u>	13c	(2) EIN	V (s)	13c(3)	PN(s)
Cautio	: A penalty for the late or incomplete filing of this return/report	will be assesse	d unless reasonable ca	use is	establi	shed.		L	
Under SB or S	enalties of perjury and other penalties set forth in the instructions, I chedule MB completed and signed by an enrolled actuary, as well a is true, correct, and complete.	declare that I hav	e examined this return/re	port, in	cluding	, if app	olicable, a So my knowledo	chedule ge and	
SIGI	Michial Schuit	2/15/12	Michael Sch	aitel					
HER		Date	Enter name of in			as pla	an administr	ator	***************************************

Date

Michael Schaitel

Enter name of individual signing as employer or plan sponsor

SIGN

HERE

Signature of employer/plan sponsor