	Form 5500-SF		Return/I Benefit	Report of Small Employ	vee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service			ctions 104 and 4065 of the Employee	<b>`</b>	2	011
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	f 1974 (ERI	SA), and sections 6057(b) and 6058( Code (the Code).		This Form is	s Open to Public pection
P	ension Benefit Guaranty Corporation	Complete all entries in accor	dance witl	n the instructions to the Form 5500	-SF.	ins	pection
-		lentification Information					
	calendar plan year 2011 or fisca		1		2/31/2	Π	
	This return/report is for:	X a single-employer plan		-employer plan (not multiemployer)		a one-particip	oant plan
Β -	This return/report is:	the first return/report	1	eturn/report			
		an amended return/report	· ·	n year return/report (less than 12 mo	nths)	—	
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m
		special extension (enter description					
		nation—enter all requested inform	nation				
	Name of plan NESS PSYCHOLOGY ASSOCI	ATES, INC. PROFIT SHARING 401	(K) PLAN		1b	Three-digit plan number (PN)	001
				-	1c	Effective date of 01/01	•
	Plan sponsor's name and addre	ess; include room or suite number (e IATES, INC	employer, if	for a single-employer plan)	2b	Employer Identif (EIN) 82-03	
380 F	. PARKCENTER BLVD. STE. 3	300		-	2c	Sponsor's telep 208-947	
	E, ID 83706				2d	Business code ( 62133	
3a BUSII	Plan administrator's name and NESS PSYCHOLOGY ASSOCI	address (if same as plan sponsor, e ATES, INC 380 E. PARK BOISE, ID 83	CENTER E	") BLVD. STE. 300			27923
						208-947	elephone number 7-4376
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the per from the last return/report.	last 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		67
b	Total number of participants at	the end of the plan year			5b		69
C		count balances as of the end of the	•••	-	5c		46
6a	1 /			(See instructions.)			X Yes No
	Are you claiming a waiver of th	ne annual examination and report of	an indeper	ident qualified public accountant (IQP ons.)	PA)		X Yes No
	If you answered "No" to eith	er 6a or 6b, the plan cannot use F		SF and must instead use Form 550			
	rt III Financial Informa	ation			1		
7	Plan Assets and Liabilities			(a) Beginning of Year 2173711	_	(b) End	of Year 2262162
a L	·			0	_		0
b	•			2173711	_		2262162
<u> </u>	Income, Expenses, and Transf	7b from line 7a)	. 7c	(a) Amount		(b) T	
a	Contributions received or recei					(0) 1	otai
	(1) Employers		. 8a(1)	69753			
	(2) Participants		. 8a(2)	156077	_		
_	(3) Others (including rollovers)	)	. 8a(3)	4332	_		
b				-50767	_		170205
C d		8a(2), 8a(3), and 8b)	8c				179395
d		rollovers and insurance premiums	. 8d	65655			
е	• •	ive distributions (see instructions)		14001			
f	Administrative service provider	s (salaries, fees, commissions)	. 8f	11288			
g	Other expenses		. 8g				
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	. 8h				90944
i	Net income (loss) (subtract line	e 8h from line 8c)	. <b>8i</b>				88451
j	Transfers to (from) the plan (se	ee instructions)					

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

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## 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 2F 2G 2J 2K 2T 3D

**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	D	uring the plan year:		Yes	No		Amo	ount	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
b		Pre there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)	10b		x				
С	V	Vas the plan covered by a fidelity bond?	10c	Х					250000
d		id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud · dishonesty?	10d		Х				
е	in	lere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		x				
f	Н	as the plan failed to provide any benefit when due under the plan?	10f		Х				
g	D	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					49033
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		x				
i		10h was answered "Yes," check the box if you either provided the required notice or one of the cceptions to providing the notice applied under 29 CFR 2520.101-3	10i		x				
Part	VI	Pension Funding Compliance							
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 500))						Yes	X No
lf y	(If If gr <b>yot</b> Er Er Sr	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct anting the waiver	ctions, th of a	and e	enter th	ne date of t			
е	W	ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo [	N/A
Part	VI	I Plan Terminations and Transfers of Assets							
13a	Н	as a resolution to terminate the plan been adopted in any plan year?			١	res X N	lo		
	lf	"Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?						Yes	X No
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th hich assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	)				
1	3c	(1) Name of plan(s):	<u> </u>	13	c(2) El	N(s)		13c(3)	PN(s)
Caut	ion	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	lished.			
م اء ما ا		analtical of maximum and other manaltical act for the instructional declaration to the top of a second the second			م ال بالم	a if a smalle	- 1- 1 -	- 0.1	a de des

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.	06/20/2012	STEVE SHERMAN
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

,¢		hort Form Annual	Return Benef		f Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	This form is required to be fil			d 4065 of the Employe	6		2011
	Department of Labor Reti Employee Benefits Security Administration	irement Income Security Act	of 1974 (El	RISA), and sect e Code (the Co	ions 6057(b) and 6058	(a) of	This Form I	s Open to Public
	Pension Benefit Gueranty Corporation	Complete all entries in acco	rdance wi	th the instruct	ions to the Form 550	0-SF.	Ins	spection
	art I 🔄 Annual Report Identi	fication Information						····
	r calendar plan year 2011 or fiscal plan 		01/017	2011	and ending		12/31/20:	11
_		ingle-employer plan			n (not multiemployer)		a one-partici	pant plan
В	· H	first return/report		return/report				
		amended return/report	a short p	lan year return/	report (less than 12 mo	onths	)	
С	Check box if filing under:	m 5558	automat	ic extension			DFVC progra	am
		cial extension (enter descript						
L	art II Basic Plan Informatio	n-enter all requested inforr	nation					
1a	Name of plan					1b	Three-digit	
	BUSINESS PSYCHOLOGY ASSOCIATES, INC.						plan number (PN) ┣	001
	PROFIT SHARING 401(K)	PLAN			ſ	1c	Effective date or	f nlen
							01/01/1994	
2a	Plan sponsor's name and address; in BUSINESS PSYCHOLOGY AS:	clude room or suite number( SOCIATES, INC	employer,	if for a single-er	nployer plan)	2b	Employer Identif	fication Number
						2c	Sponsor's telepl (208) 947-	hone number
	380 E. PARKCENTER BLVD. STE. 300						Business code (	
	BOISE ID 83706 <b>a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")						621330	
•••	Same					30	Administrator's E	EIN
					Γ	3c	Administrator's t	elephone number
4	If the name and/or EIN of the plan spo	onsor has shanned since the	المرمة برخة باسم					
-	name, EIN, and the plan number from	n the last return/report.	last return.	report filed for f	this plan, enter the	4b	EIN	
a	Sponsor's name					4c	PN	
5a						5a		67
b	Total number of participants at the en	d of the plan year		·····		5b		69
С	Number of participants with account to complete this item)	palances as of the end of the	plan year (	defined benefit	plans do not			46
6a	complete this item) Were all of the plan's assets during the					<u>5c</u>		
b	<ul> <li>Are you claiming a waiver of the annu</li> </ul>	al examination and report of	an indeper	ndent qualified i	public accountant (IOR	Δ١		X Yes 🗌 No
	under 29 CFR 2520,104-467 (See ins	structions on waiver eligibility	and condit	ions.)	-			🛛 Yes 🗌 No
Pa	If you answered "No" to either 6a o Int III Financial Information	or 6b, the plan cannot use F	orm 5500	SF and must i	nstead use Form 550	0.	· · · · · · · · · · · · · · · · · · ·	
7	Plan Assets and Liabilities			() .		<b>—</b>		······
a	Total plan assets		7	(a) Be	ginning of Year 2,173,711		(b) End	2,262,162
b	Total plan liabilities				(	5		2,202,102
c	Net plan assets (subtract line 7b from				2,173,711			2,262,162
8	Income, Expenses, and Transfers for			1				·····
а	Contributions received or receivable fi			(d	) Amount	<u> </u>	<u>(b)</u> T	otal
	(1) Employers		. 8a(1)		69,753			
	(2) Participants				156,077	]		
	(3) Others (including rollovers)				4,332			
b	Other income (loss)			***************************************	(50,767)			
C L	Total income (add lines 8a(1), 8a(2), 8		8c		······································			179,395
d	Benefits paid (including direct rollovers to provide benefits)	s and insurance premiums	8d		65,655	Í		
е	Certain deemed and/or corrective dist		8e		14,001	1		
f	Administrative service providers (salar	• •			11,288	ł		
g	Other expenses		8g		•	1		
ĥ	Total expenses (add lines 8d, 8e, 8f, a		<u> </u>		· · · · · · · · · · · · · · · · · · ·			90,944
i	Net-income (loss) (subtract line-8h fror		81	·	··· -· -			- 88,451-
j	Transfers to (from) the plan (see instru			, , , , , , , , , , , , , , , , ,	·····			
and the second se	aponwork Reduction Act Nation and OWD Greater		· · ·					

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

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Form 5500-SF (2011)

Form 5500-SF 2011

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	Page 2 -						
Pa	t IV Plan Characteristics		····				
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2F 2G 2J 2K 2T 3D	acteri	stic Co	des ir	the instruction	IS:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cod	les in f	the instructions	5.	
Par	V Compliance Questions						
10	During the plan year:		Yes	No	A		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in				A(	nount	
Ь	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
U	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х			
Ċ	Was the plan covered by a fidelity bond?	10c	Х			250,	000
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		Х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier				1	······································	
	insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	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	X			49,	033
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	101		Х		18. M	*****
Part			L				·
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	ule SB	(Form		
12	5500))	•••••				Yes X	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	orse	ction 3	02 of I	ERISA?	Yes X	No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru-	tions,	and e	nter th	e date of the k	etter ruling	
lf y	granting the waiver	tn		Day	Yea	ar	
	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			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	ofa	<b>–</b>	12d			<u> </u>
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			ر ]	Yes II	No 🗍 N	
Part							
13a	Has a resolution to terminate the plan been adopted in any plan year?			TY	es X No		·
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a	<u> </u>			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	Inder i	the cor	ntrol	 Г	Yes X	No
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan	ı(s) to		L		110
1	c(1) Name of plan(s):		13c	(2) Ell	V(s)	13c(3) PN	(5)
							<u></u>
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	se is e	stabli	shed.		
Under SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r it is true, correct, and complete.	m/ran	ort inc	luding	. Konstination	a Schedule /ledge and	e
		$\rightarrow$	- 1-			·	1
SIGN	Porta V. Harry GIVIIZ REVINV.	12	4/23	<u> </u>			

HERE	Signature of plan administrator	Date ,	Enter name of individual signing as plan administrator
SIGN	Keyn V. Both	6/14/12	Kevin V- Bakes
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Continuation of 2011 Form 5500 Form 5500-SF, line 13c - Additional Plans

Plan Name	EIN:						
Plan Sponsor's Name		PN:					
13c(1) Name of plan(s)	13c(2) EIN(s)	13c(3) PN(s)					
	······	· · ····					
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	······	<u></u>					

## Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

File With IRS Only

~	Name of filer, plan administrator, or plan sponsor (see instructions) BUSINESS PSYCHOLOGY ASSOCIATES, INC.	B Filer's Identifying number (see Instructions)									
	Number, street, and room or suite no. (If a P.O. box, see instructions) 380 E. PARKCENTER BLVD. STE. 300			Employer identification number (EIN) 82-0327923							
	City or town, state, and ZIP code		Socia	l securit	y number (SSN)	i (see instructio	ns)				
-	BOISE ID 83706	L	D/								
•	Plan name		Plar 1umb		Plai MM	n year endir DD	9- YYY				
	1 BUSINESS PSYCHOLOGY ASSOCIATES, INC. PROFIT SHARING 401(K) PLAN	0	0	1	12	31	2011				
	2										
	3										
Pa	t II Extension of Time To File Form 5500 Series, and/or Form 89	55-S	SA	-i		4- <sub>4-4</sub>					
1	l request an extension of time until <u>10</u> / 15 / 2012 to file Form 5 <b>Note.</b> A signature IS NOT required if you are requesting an extension to file Form	500 s n 550	series 0 seri	(see ir es.	structions).						
2	l request an extension of time until $10 / 15 / 2012$ to file Form 8955-SSA (see instructions). Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.										
	The application <b>is automatically approved</b> to the date shown on line 1 and/or l the normal due date of Form 5500 series, and/or Form 8955-SSA for which th and/or line 2 (above) is not later than the 15th day of the third month after the no	hie av	tonci	nn in r	a) the Form 5 equested, an	5558 is filed id <b>(b)</b> the da	on or be ite on lir				
	Extension of Time To File Form 5330 (see instructions)		;			· · · ·					
3	I request an extension of time until/	330. norm	al due	date d	of Form 5330						
а	Enter the Code section(s) imposing the tax		а			<b>2</b> 1112 2					
b	Enter the payment amount attached .		• •		<b>&gt;</b>	b					
b c 4	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/ar State in detail why you need the extension:	mend	ment	date .	►	b c	<u></u>				
	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/ar	mend	ment	date .	►						
	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/ar State in detail why you need the extension:	mend	ment	date .	►						
	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/ar State in detail why you need the extension:	mend	ment	date .	►						
	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/ar State in detail why you need the extension:	mend	ment	date .	►						
	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/ar State in detail why you need the extension:	mend	ment	date .	▶ [						
	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/ar State in detail why you need the extension:	mend	ment	date .	▶ [						