							DMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service					2011			
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6057 Employee Benefits Security Administration the Internal Revenue Code (the Code).						a) of This Form is Open to Public			
P	Pension Benefit Guaranty Corporation Inspection • Complete all entries in accordance with the instructions to the Form 5500-SF. Inspection								
	art I Annual Report Id calendar plan year 2011 or fisca	entification Information	4	and anding d	0/04/0	0044			
	5	al plan year beginning 01/01/201		.	2/31/2	-	ent alex		
	This return/report is for:		•	-employer plan (not multiemployer)		a one-particip	ant plan		
в	This return/report is:	the first return/report		eturn/report					
-				in year return/report (less than 12 mo	ontns)	-			
C	Check box if filing under:	Form 5558		extension		DFVC progra	m		
De	vit II – Decie Dien Inform	special extension (enter descriptio	,						
	ITT II Basic Plan Inform Name of plan	nation—enter all requested information	ation		1h	Three-digit			
	THWEST TECHIES, LLC 401(K) PLAN				plan number			
		,				(PN) 🕨	001		
					1c	Effective date of 08/01/	•		
	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 20-26			
					2c	Sponsor's telept 425-538			
	BOX 1824 EVUE, WA 98009				2d	Business code (s 61100	see instructions)		
	Plan administrator's name and THWEST TECHIES, LLC	address (if same as plan sponsor, er P.O. BOX 182		.")	3b	Administrator's E	EIN		
NUK	Inwest Techies, LLC	BELLEVUE, V			3c		elephone number		
4	If the name and/or EIN of the p	lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN 91-203	38200		
_	name, EIN, and the plan numb	•		4.0		201			
	Sponsor's name SQLSOFT, INC	the beginning of the plan year			4c	PN (001 70		
					5a		63		
C		the end of the plan year			5b		03		
			• •	•	5c		40		
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)			🗙 Yes 🗌 No		
b									
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
Pa	rt III Financial Informa		-						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End			
а	Total plan assets		7a	1446986			1270020		
b	Total plan liabilities		7b	35			8901		
<u> </u>	•	'b from line 7a)	7c	1446951			1261119		
8	Income, Expenses, and Transf			(a) Amount		(b) T	otal		
а	(1) Employers	vable from:	8a(1)	0					
			8a(2)	56396					
	(3) Others (including rollovers))	8a(3)	4281					
b	Other income (loss)		8b	13368					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				74045		
d		ollovers and insurance premiums	8d	228134					
е	Certain deemed and/or correct	ive distributions (see instructions)	8e	8901					
f	Administrative service provider	s (salaries, fees, commissions)	8f	22842					
g	Other expenses		8g	0					
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h				259877		
i		e 8h from line 8c)	8i				-185832		
j	Transfers to (from) the plan (se	ee instructions)	8j						

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

	Form 5500-SF 2011 Page 2 - 1						
	Form 5500-SF 2011 Page 2 - 1						
Part							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2A 2E 2F 2G 2J 2K 2S 2T 3B 3D	racteri	stic Co	des in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Coc	les in t	he instructior	าร:	
Part	V Compliance Questions		r —	1			
10	During the plan year:		Yes	No	A	mount	
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		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10a					
	on line 10a.)	10b		Х			
С	Was the plan covered by a fidelity bond?	10c	Х			20000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			X			
	or dishonesty?	10d		Х			
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		Х			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
			Х			3391	
g b	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g				3391	
	2520.101-3.)	10h		Х			
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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))					Yes X N	
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 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	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 ruling granting the waiver						
lf v	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day	1	eai	
-	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			12d			
	negative amount)			120			
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?			<u> </u>	res X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	• Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.	10/05/2012	MARK SCOTT				
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				

	Form 5500-SF	Short Form Annual I		-	Small Employ	/ee	OMB N	os. 1210-0110 1210-0089	
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe						2011		
	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058						This Form is Open	to Public	
Employee Benefits Security Administration the Internal Revenue Code (the Code).							Inspectio		
-		Complete all entries in acco	rdance with	the instructi	ons to the Form 5500)-SF.			
Par	alendar plan year 2011 or fisca	Ientification Information	01/01/20	011	and ending	_	12/31/2011		
	F	a single-employer plan	-		n (not multiemployer)		a one-participant pl	an an	
		the first return/report		itum/report	r (not manemployer)			211	
BIT	his return/report is:	4			report (less than 12 mo	othe)			
_		an amended return/report	-	-	epon (less man 12 m	JIIIISJ			
Сc	heck box If filing under:	X Form 5558		extension			DFVC program		
		special extension (enter descript	and the second se						
Par		mation-enter all requested infor	mation	_		16	Three-digit		
	Name of plan				1	10	plan number		
1	Northwest Techies,	LLC 401(K) FIAM					(PN)	001	
					/	1c	Effective date of plan		
	indi					-	08/01/2000		
	Plan sponsor's name and addr Northwest Techies,	ess; include room or suite number LLC	(employer, if	for a single-e	mployer plan)		Employer Identification (EIN) 20-2612078	}	
т	2.0. Box 1824						Sponsor's telephone r (425) 538-224	2	
I	Bellevue				98009		Business code (see in 611000	structions)	
	Plan administrator's name and SAME	address (if same as plan sponsor,	enter *Same	")			Administrator's EIN		
							Administrator's teleph	one number	
		blan sponsor has changed since the		report filed for	this plan, enter the	4b	4b EIN 91-2038200		
	name, EIN, and the plan humt Sponsor's name	ber from the last return/report. sols	OFT, Inc.			4c	PN 001		
-	and the second	t the beginning of the plan year				5a		70	
		t the end of the plan year				5b		63	
		count balances as of the end of the					-		
						5c	and a stand of the	40	
		during the plan year invested in elig					×	Yes 🗌 No	
b	b An usual-later a weiver of the ensuel exemination and report of an independent qualified public accountant (IOPA)							Yes 🗌 No	
	If you answered "No" to eith	(See instructions on waiver eligibilit ner 6a or 6b, the plan cannot use	Form 5500-	SF and must	Instead use Form 55	00.			
	rt III Financial Inform								
7	Plan Assets and Liabilities			(a) B	leginning of Year		(b) End of Ye	ar	
а	Total plan assets				1,446,98	36		1,270,020	
						35		8,901	
С	Net plan assets (subtract line	7b from line 7a)	7c		1,446,9	951 1,26		1,261,119	
8	Income, Expenses, and Trans	sfers for this Plan Year			(a) Amount		(b) Total		
а	Contributions received or received			- · · ·		0			
					56 2	0			
	AND A DESCRIPTION AND A DESCRIPTION OF A			4 001					
		s)		4,281					
		0-(0) 0-(0)		13,361		00		74,045	
c d		, 8a(2), 8a(3), and 8b) rollovers and Insurance premiums						74,043	
u		Tollovers and insurance premiums							
е	, ,	ctive distributions (see instructions)							
f		ers (salarles, fees, commissions)		22.040					
g	Other expenses		Bg			0			
h		8e, 8f, and 8g)						259,877	
í	Net income (loss) (subtract lin	ne 8h from line 8c)	81	81 (185,83			(185,832)		
j	Transfers to (from) the plan (s	see instructions)	8j						
Ear P	anonwork Raduction Act Notice and C	M8 Control Numbers, see the Instructions	for Form 5500.0	et.	10.00	-	East	* FERR OF /20161	

raperwork Reduct ion Act Notice

Form 5500-SF (2011)

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Part	IV	Plan Characteristics					
	- 21	plan provides pension benefits, enter the applicable pension feature A 2E 2F 2G 2J 2K 2S 2T 3B 3D					
b	lf the	plan provides welfare benefits, enter the applicable welfare feature	codes from the List	of Plan Characteri	stic Coo	les in the	instructions:
Part	v	Compliance Questions					
0	Durl	no the plan year:			Yes	No	Amount
а	Was	there a failure to transmit to the plan any participant contributions w CFR 2510.3-1022 (See Instructions and DOL's Voluntary Fiduciary	Correction Program)	a	x	
b	Mor	e there any nonexempt transactions with any party-in-interest? (Do ne 10a.)	not include transact	tions reported	5	x	
с		s the plan covered by a fidelity bond?			C X		200,00
		the plan have a loss, whether or not reimbursed by the plan's fidelity	bond that was ca	used by fraud			
d	or di	shonestv?			-	X	
е	Incu	e any fees or commissions paid to any brokers, agents, or other per rance service or other organization that provides some or all of the uctions.)	benefits under the p	nan (See	6	x	
6		the plan failed to provide any benefit when due under the plan?			f	X	
Ť					1.1		33,91
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y			9 1	+	
h	252	is is an individual account plan, was there a blackout period? (See I 0.101-3.)	********************************		h	x	
1	If 1(exc	h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	uired notice or one	of the 10	Di I		
Part	Contraction of the local division of the loc	Pension Funding Compliance					
11	ls th	is a defined benefit plan subject to minimum funding requirements?					
12	ls t	his a defined contribution plan subject to the minimum funding requ	irements of section	412 of the Code or	section	302 of E	RISA? 🔲 Yes 🖾 N
	112 11	Vea " complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
	If a	walver of the minimum funding standard for a prior year is being an	ortized in this plan	Monun .	ns, and	enter the _ Day _	e date of the letter ruling Year
lf	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	skip to line 13.		r	
b	Ent	er the minimum required contribution for this plan year				126	
с	Ent	er the amount contributed by the employer to the plan for this plan y	/ear			12c	
d	Suit	stract the amount in line 12c from the amount in line 12b. Enter the pative amount)	result (enter a minu	s sign to the left of	а	12d	
	10/0	the minimum funding amount reported on line 12d be met by the fu	unding deadline?		*******		Yes No N/
Par						Πγ	es X No
13a	I Ha	s a resolution to terminate the plan been adopted in any plan year?		***********************************	470		
	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 control						
С	lf c	luring this plan year, any assets or liabilities were transferred from t ich assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), Identify the	plan(s)	to	
	13c(1) Name of plan(s):				13c(2) El	N(s) 13c(3) PN(
0	alle e	A penalty for the late or incomplete filing of this return/report	will be assessed a	uniess reasonable	cause	is establ	lished.
Und SB	der pe or Sc	nalties of perjury and other penalties set forth in the instructions, I on the instructions, I on the head and signed by an enrolled actuary, as well as	lectare that I have a	examined this return	n/report	, includin	 a. if applicable, a Schedule
		s true, correct/and complete.	10/5/12	MARIC 5	CUS		
	GN		Date	Enter name of ind	ividual	sioning a	s plan administrator

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				