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.

1210-0089

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2	010	and ending	12/31/2	2010			
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final retur	n/report					
	an amended return/report	short plan	n year return/report (less than 12 m	onths)				
С	Check box if filing under: Form 5558	automatic	extension		DFVC program			
•	special extension (enter descrip							
Pa	art II Basic Plan Information—enter all requested info							
_	Name of plan	mation		1b	Three-digit			
	RENET, LLC 401(K) PLAN & TRUST				plan number 001			
					(PN) •			
				1c	Effective date of plan 01/01/1999			
22	Plan sponsor's name and address (employer, if for single-employ	(or plan)		2h	Employer Identification Number			
	RENET, LLC	(ei piaii)		25	(EIN) 58-2428264			
				2c	Plan sponsor's telephone number			
	0 NORTHEAST 29TH PLACE E 210			0-1	425-558-1000			
BELL	LEVUE, WA 98007			2 a	Business code (see instructions) 541600			
3a	Plan administrator's name and address (if same as Plan sponsor RENET, LLC 14450 NC	, enter "Sam	e")	3b	Administrator's EIN			
ENTI	RENET, LLC 14450 NO SUITE 21	RTHEAST 29	OTH PLACE		58-2428264			
		E, WA 98007		3c	Administrator's telephone number 425-558-1000			
4	f the name and/or EIN of the plan sponsor has changed since the	last return/re	port filed for this plan, enter the	4h	EIN			
	name, EIN, and the plan number from the last return/report. Spor		,	4c				
_								
5a	Total number of participants at the beginning of the plan year	Total number of participants at the beginning of the plan year						
b	Total number of participants at the end of the plan year			. 5b	46			
С	Total number of participants with account balances as of the encomplete this item)			5c	38			
6a	Were all of the plan's assets during the plan year invested in eli	gible assets?	(See instructions.)		Yes N			
b	Are you claiming a waiver of the annual examination and report				X Yes □ N			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ou answered "No" to either 6a or 6b, the plan cannot use	•	•					
Pa	rt III Financial Information	, i 0iiii 0000	or and must motede use i orm					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	14512	77	1653573			
b	Total plan liabilities							
С	Net plan assets (subtract line 7b from line 7a)		14512	77	1653573			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:		207	85	. ,			
	(1) Employers	, ,						
	(2) Participants	` '	699					
	(3) Others (including rollovers)	` ` `	612					
b	Other income (loss)		1831	96	335149			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			33				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		1328	53				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			132853			
i	Net income (loss) (subtract line 8h from line 8c)	8i			202296			
	Transfers to (from) the plan (see instructions)	gi						

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Part IV	P	lan (:	hara	ctar	ictics
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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 2K 3E 9a

	in the plan provides wellare benefits, enter the applicable wellar	c reature codes from the List of Fran Onara	010110		200 111		J. 10110.	
art	rt V Compliance Questions							
0	During the plan year:			Yes	No		Amour	nt
а	Was there a failure to transmit to the plan any participant contr 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F		10a		X			
b	b Were there any nonexempt transactions with any party-in-inter on line 10a.)	· ·	10b		X			
С	C Was the plan covered by a fidelity bond?		10c	X				150000
d	d Did the plan have a loss, whether or not reimbursed by the pla or dishonesty?		10d		X			
е	Were any fees or commissions paid to any brokers, agents, or insurance service or other organization that provides some or instructions.)	all of the benefits under the plan? (See	10e		X			
f	${f f}$ Has the plan failed to provide any benefit when due under the	plan?	10f		X			
g	g Did the plan have any participant loans? (If "Yes," enter amour	t as of year end.)	10g	X				13951
h	h If this is an individual account plan, was there a blackout period 2520.101-3.)		10h		X			
İ	i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520.		10i					
art	rt VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requir 5500))							es X No
2	ls this a defined contribution plan subject to the minimum fund	ng requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	. Y	es X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as ap	olicable.)						
	a If a waiver of the minimum funding standard for a prior year is I granting the waiver.	Mont						
lf y	If you completed line 12a, complete lines 3, 9, and 10 of Sche	lule MB (Form 5500), and skip to line 13.		Г				
b	b Enter the minimum required contribution for this plan year				12b			
	C Enter the amount contributed by the employer to the plan for the				12c			
d	d Subtract the amount in line 12c from the amount in line 12b. Er negative amount)	` <u>-</u>			12d			
е	e Will the minimum funding amount reported on line 12d be met	by the funding deadline?				Yes	No	N/A
art	rt VII Plan Terminations and Transfers of Asset	S						
3а	a Has a resolution to terminate the plan been adopted during the	plan year or any prior year?		<u></u>			Υ	es ^X No
	If "Yes," enter the amount of any plan assets that reverted to the	e employer this year			13a			
b	Were all the plan assets distributed to participants or beneficial of the PBGC?				ntrol		Y	es X No
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	from this plan to another plan(s), identify the	ne pla	n(s) to				
1	13c(1) Name of plan(s):			130	c(2) EI	N(s)	130	(3) PN(s)
Cauti	ution: A penalty for the late or incomplete filing of this return	report will be assessed unless reasonable	le cai	ıse is	establ	ished.		
Jnde SB or	der penalties of perjury and other penalties set forth in the instruct or Schedule MB completed and signed by an enrolled actuary, as lief, it is true, correct, and complete.	ons, I declare that I have examined this retu	ırn/re	port, in	cludin	g, if applic		

SIGN	Filed with authorized/valid electronic signature.	03/31/2011	ABRAM SPIEGELMAN					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	03/31/2011	ABRAM SPIEGELMAN					
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 6058(a) of the

2010

OMB Nos. 1210-0110

1210-0089

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Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.

	Annual Report Identification Information					1
	or the calendar plan year 2010 or fiscal plan year beginning	01	/01/2010	and ending	1:	2/31/2010
A	This return/report is for:	multiple	employer plan (r	not multiemployer)	-	
В	This return/report is for:	- 1	turn/report			one-participant plan
	an amended return/report		•	ort (less than 12 mon		
C	Check box if filing under: Form 5558	_	tic extension	ort (less trian 12 mon	ins)	¬
	special extension (enter description		ILC CALGISION		[DFVC program
		•				
-	artil Basic Plan Information — enter all requested int Name of plan	ormation.			1 4.	
	ENTIREMET, LLC 401(k) PLAN & TRUST				10	Three-digit plan number
	TRUST					(PN) ► 001
						Effective date of plan
28	Plan sponsor's name and address (employer, if for single-employer p	olan)			-	01/01/1999
	Entirenet, LLC	•				Employer Identification Number (EIN) 58-2428264
	14450 NORTHEAST 29TH PLACE				2c	Plan sponsor's telephone number
по	SUITE 210 BELLEVUE WA 98007					(425) 558-1000
3a	11A 30007				20	Business code (see instructions) 541600
	Plan administrator's name and address (If same as plan employer, el Same	nter "Same	")		3b /	Administrator's EIN
					3c /	Administrator's telephone number
4	If the name of the First City					
•	If the name and/or EIN of the plan sponsor has changed since the las name, EIN and the plan number from the last return/report. Sponsor's	t return/rep	ort filed for this pi	an, enter the	4b E	in
<u></u>					4c F	PN
วส b	Total number of participants at the beginning of the plan year				5a	46
c	Total number of participants at the end of the plan year. Total number of participants with account balances as of the end of the complete this item.	• • • •		• • • • • • •	5b	46
	Semiploto data restrict			plans do not	5 c	_
6a	and the plant's assert during the plan year invested in eligible a	igeate? (Sa	a inctructions \		<u> </u>	38 X Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
IJ	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	Indonosia	në mundification de la co	accountant (IQPA)		· · · · X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SE	i.)			· · · · XYes No
Pa	it III Financial Information		and must mateat	use Form 5500.		
7	Plan Assets and Liabilities		(a) Bec	inning of Year	1	
а	Total plan assets	. 7a	(4) 209		+	(b) End of Year
þ	Total plan liabilities	. 7b		1,451,277	┼──	1,653,573
C	Net plan assets (subtract line 7b from line 7a)	. 7c		1,451,277	 	
}	Income, Expenses, and Transfers for this Plan Year		(2)	Amount	╁──	1,653,573
a	Contributions received or receivable from:	The state of the s	(a)	MINOUIL	1	(b) Totai
	(1) Employers	8a(1)		20,765		
	(2) Participants (3) Others (including rollovers)	8a(2)		69,908		
b	Other income (loss)	8a(3)		61,280		
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	The second second second	183,196		
.1	Benefits paid (including direct rollovers and insurance premiums	8c	- 外海区域的原料	经 发生长温度医验	. 172	335,149
	to provide benefits)	8d		132,853		
•	Certain deemed and/or corrective distributions (see instructions)	8e				
	Administrative service providers (salaries, fees, commissions)	8f				
	Other expenses	8g				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	正确实外		veg televall	132 053
	Net income (loss) (subject line 8h from line 8c)	81	***			132,853
	Transfers to (from) the plan (see instructions)	8)				202,290
nr I	Paperwork Reduction Act Notice and Otto C.				11110001100	C. B. C.

	<u>F</u>	Fo	5500-SF 2010			Page 2-							
Pari	W	Γ	an Characteristics						·				
9a i	f the p			nter the applicable pension fe	eature codes from the	List of Plan	Chamae						
	i uio L	ЬЮ	kovides wellsie denents, en	ter the applicable welfare fea	iture codes from the L	ist of Plan C	haracte	ristic Co	des in	the in	structions	:	
Pari	ev.	C	npliance Questions				**					·····	
10	Durch	ina	e pian year:			·			Ţ				
a				plan any participant contribut	dan ordak turuk ur			_	Yes	No	_	Amount	
_	23 0	JI 1	3 10.3-102 ((300 INSTRICTION	IS 200 DOL'S Voluntary Fidus	OR Correction Deserve	\		10a		x			
b	AAGIE	e u	e any nonexempt transaction	ns with any party-in-interest?	(Do not include trans	sactione rone	orted	`					
_				• • • • • • • • • • • • • • • • • • • •				. 10b	<u> </u>	X			
C d	Was Did t	s th the	olan covered by a fidelity bor	nd?	• • • • • • •			. 10c	x				150,00
•	or dis	isho	esty?	not reimbursed by the plan's f	idelity bond, that was	caused by fi	raud						
е	Were	n a						• 10d		X			
•	II ISUI	di	services or other organization	any brokers, agents, or other on that provides some or all o	of the benefite under t	ha sland (C.		-			1		
	III SU C	w	3.,					10e		x			
f	Hast	the	an falled to provide any ben	efit when due under the plan	?			. 10f	1/	x			
g	Did th	the	n have any participant loan:	s? (If "Yes," enter amount as	of year end.)			. 10g	x				13,951
п	If this	s is	ı individual account plan, wa	is there a blackout period? /9	Saa inetroviana and a	0.000		-				開展場所	13,95
_	2020.	<i>J.</i> 10	3.)					. 10h	1	X	-		
	excer	ptic	to providing the notice appl	box if you either provided the lied under 29 CFR 2520.101-	required notice or on	ne of the			i			(1) 体系	Andrew J
Part	VI F	Pe	sion Funding Comp	liance	<u> </u>	• • • •	• •	. 101			是數學		調整問題
11	ls this	s a	fined benefit plan subject to	minimum funding requireme	nts? (if "Yes." see ins	tructions and	1 comple	ite Sche	dula S	D (C-			
				 								Ye	s X No
	is unis (if "Ye	sa ac	med contribution plan subje	ect to the minimum funding re	quirements of section	412 of the (Code or	section :	302 of	ERIS	Α? .	Ye	s X No
а	if a wa	oo, aiv	of the minimum funding star	o, and 12e delow, as applica	ble.)								
	grantii	ing	or the minum funding star 9 waiver	ndard for a prior year is being	amortized in this plan	n year, see ii	nstructio	ns, and	enter t	he da	te of the le	etter ruling	
If yo	u con	mp	ed line 12a, complete lines	s 3, 9, and 10 of Schedule N	4B (Form 5500), and	skip to line	. MO	ntn		Day		Year	
b i	Enter	the	ninimum required contributio	n for this plan year					Γ.	12b		······································	
C	Enter 1	the	mount contributed by the en	ployer to the plan for this pla	in vear				_	2c			
d s	Subtra	act	amount in line 12c from the	e amount in line 12b. Enter th	ne result (enter a minu	is sign to the	left of a	• • •					···
•	.eguu		10dile)						•	2d			
art V		e i	To much minding amount repor	ted on line 12d be met by the	funding deadline?	<u></u>	• •	<u></u>		•	Yes	□No	□N/A
	100.4			Transfers of Assets									
Ja r	1asa. f"Ver	res	ution to terminate the plan b	een adopted during the plan	year or any prior year	7						. Yes	X No
				ssets that reverted to the emp				• •	. 1	3a			
ο υ	vere a of the i	au: PB	plan assets distributed to p	articipants or beneficiaries, tr	ansferred to another p	plan, or brou	ght unde	r the co	ntroi				
O 11	curre	ny (i pian year, anv assets or lia	Dilities were transferred from	this plan to another o	· · · ·	• • •	• • •	• •	• •		· Yes	X No
			ar maximum troto traitalente	ed. (See instructions.)		acii(s), ideiii	ту и ю ра	ari(8) (O					
13c	(1) Na	am	of plan(s):						13~	2) EIN	l(e)	42-72	
										-/	1(3)	130(3	PN(s)

ution:	A ne	na	for the jate or incomplete	811									
der ne	naltie	25.0	erium and other paralli-	filing of this return/report	Will be assessed unit	ess reasona	ble cau	se is es	tablis	hed.			
or Sch	hedule	e N	completed and signed by ar	et forth in the instructions, I denrolled actuary, as well as	eclare that I have exa	mined this re	eturn/rep	ort, inch	iding,	ifapp	licable, a S	Schedule	-
	s true,	2	ct, and complete.		THE ENECTIONIC VERSION	or unis retur	n/report,	and to t	he be:	st of n	ny knowle	dge and	
ign.	1		-		3-29-2011	Alaci	100 5	Della	ma	4			
ERE	Sign	pet	of plap administrator		Date	Enterne		MA	ma				
IGN	4	0	4		3-29-2011	Enter nam	A C	vidual si	gning	as pla	n adminis	trator	
ERE	Sign	nati	employer/plan sponso	r		HUCA	171 >	piègi	q(Y)	an			
	3-1		/ Jone Landing		Date	Enter nam	e of indiv	ridual sid	nina :	as em	plover or :	nian saass	ne -