Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NETWORK FUNDING, L.P. SAFE HARBOR 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
NETWORK FUNDING, L.P.

9700 RICHMOND AVE., STE. 320
HOUSTON, TX 77042

2b Employer Identification Number (EIN)
76-0561995

2c Sponsor's telephone number
713-334-1100

2d Business code (see instructions)
522292

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/14/2011	JAMIE HANCOCK
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
NETWORK FUNDING, L.P.

9700 RICHMOND AVE., STE. 320
HOUSTON, TX 77042

3b Administrator's EIN
76-0561995

3c Administrator's telephone number
713-334-1100

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	293
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	303
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	312
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	312
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	142
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a 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:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)		**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
NETWORK FUNDING, L.P. SAFE HARBOR 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NETWORK FUNDING, L.P.

D Employer Identification Number (EIN)
76-0561995

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	317262	441370
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	52330	12528
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	119568	120331
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2310267	3693555
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2799427	4267784
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2799427	4267784

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	393944	
(B) Participants	2a(1)(B)	764631	
(C) Others (including rollovers)	2a(1)(C)	148211	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1306786
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	86	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	8004	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8090
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	48256	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		48256
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-39802	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-39802
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		302599
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1625929
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	148127	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		148127
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	9445	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9445
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		157572
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1468357
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RICHEY MAY & COMPANY (2) EIN: 71-0911208

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
NETWORK FUNDING, L.P. SAFE HARBOR 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NETWORK FUNDING, L.P.

D Employer Identification Number (EIN)
76-0561995

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 95-6817943

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

NETWORK FUNDING, L.P.
SAFE HARBOR 401(K) PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED
DECEMBER 31, 2010 AND 2009



RICHEY, MAY & CO., LLP
CERTIFIED PUBLIC ACCOUNTANTS AND MANAGEMENT CONSULTANTS
ENGLEWOOD, COLORADO

NETWORK FUNDING, L.P. SAFE HARBOR 401(K) PLAN
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Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2010	11

*There are no other supplemental schedules required to be filed by section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

RICHEY MAY & CO.

REPORT OF INDEPENDENT AUDITORS

To the Trustees
Network Funding, L.P. Safe Harbor 401(k) Plan
Houston, Texas

We have audited the accompanying statements of net assets available for benefits of Network Funding, L.P. Safe Harbor 401(k) Plan (the "Plan") as of December 31, 2010 and 2009 and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Network Funding, L.P. Safe Harbor 401(k) Plan as of December 31, 2010 and 2009, and the changes in its net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules presented herein are for purposes of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Richey May & Co.

Englewood, Colorado
October 6, 2011

NETWORK FUNDING, L.P. SAFE HARBOR 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
AS OF DECEMBER 31,

	2010	2009
ASSETS		
Investment in mutual funds, at fair value-		
American Funds Retirement Resources, Balanced Fund	$ 509,080	$ 286,795
American High-Income Trust	252,594	135,541
Capital World Bond Fund	256,580	153,909
Europacific Growth Fund	459,631	300,971
Smallcap World Fund	460,699	282,172
The Growth Fund of America	755,892	476,132
Washington Mutual Investors Fund	422,259	273,255
Money Market Fund	322,073	196,011
Other mutual funds	324,099	181,920
Total mutual funds	3,762,908	2,286,706
Self-directed funds	384,544	393,153
Receivables-		
Notes receivable, participants	120,331	119,568
Employee contributions	-	655
Total receivables	120,331	120,223
TOTAL ASSETS	4,267,783	2,800,082
LIABILITIES	None	None
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 4,267,783	$ 2,800,082

The accompanying notes are an integral part
of these financial statements.

NETWORK FUNDING, L.P. SAFE HARBOR 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
ADDITIONS TO NET ASSETS		
Contributions-		
Participants	$ 763,976	$ 479,349
Participants, rollovers	148,211	-
Employer	393,944	245,809
Net appreciation in fair value of investments	262,797	317,690
Interest and dividends	56,345	37,500
Total additions to net assets	1,625,273	1,080,348
DEDUCTIONS FROM NET ASSETS		
Distributions to participants	148,127	109,078
Administrative fees	9,445	4,311
Total deductions from net assets	157,572	113,389
NET INCREASE IN NET ASSETS	1,467,701	966,959
NET ASSETS AVAILABLE FOR BENEFITS- BEGINNING OF YEAR	2,800,082	1,833,123
END OF YEAR	$ 4,267,783	$ 2,800,082

The accompanying notes are an integral part
of these financial statements.

A. DESCRIPTION OF PLAN AND SIGNIFICANT ACCOUNTING POLICIES

General

The following description of the Network Funding, L.P. Safe Harbor 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

The Plan is a defined contribution plan sponsored by Network Funding, L.P. (the "Company"). The original Plan was established effective January 1, 2002 by the Company for the benefit of its employees to qualify under Section 401(k) of the Internal Revenue Code (a "401(k) plan"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan covers employees of the Company. All employees are eligible to become a participant in the Plan on the date when the employee completes one year of service and works a minimum of 1000 hours.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Tax Status

The Plan obtained its latest determination letter on March 2, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan's administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Participants' Accounts

Each participant's account is credited with the participant's contribution and allocation of

- The Company's discretionary contributions,
- Plan earnings and losses, and
- The Participant's contributions.

A. DESCRIPTION OF PLAN AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments

The Plan's investments are stated at fair value. The mutual funds have a daily quoted market price based upon the market value of the underlying investments. Investments representing 5% or more of assets are separately identified on the statements of net assets available for benefits. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the cash basis, which approximates the accrual basis. Participant loans are valued at cost, which approximates fair value.

Dividends are recorded on the ex-dividend date. In addition, the participant may elect a self-direct option, whereby the participant can invest in any publicly traded investment. The participants have the opportunity to transfer funds between investment alternatives and to change their allocation percentages on a daily basis. Allocations of earnings are based on the participants account balances in each fund.

Notes Receivable, Participant

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Contributions

Participants may elect to make salary deferral contributions, subject to certain Internal Revenue Service limitations. Participants may change their elective deferral percentages and may terminate their elective deferrals at any time. The Company may make "safe harbor" and discretionary matching contributions each year. For the Plan years ending December 31, 2010 and 2009, the Company matched 100% of the Participant's deferred compensation that is not in excess of 3% of the Participant's compensation, plus 50% of the amount of the Participant's deferred compensation that exceeds 3% of the Participant's compensation but not in excess of 5% of the Participant's compensation.

Vesting

Participants are immediately vested in their contributions and Company safe harbor contributions. Company discretionary contributions are vested over a six year period pursuant to the following schedule:

Years of Service	Vesting Percentage
Less than 2 years	0%
2 years but less than 3 years	20%
3 years but less than 4 years	40%
4 years but less than 5 years	60%
5 years but less than 6 years	80%
6 years or more	100%

A. DESCRIPTION OF PLAN AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

Forfeiture Provisions

Forfeitures are treated as a reduction of employer contributions and or can be used to pay plan expenses. Forfeitures utilized amounted to $2,054 and $2,005 for the years ended December 31, 2010 and 2009, respectively. There are $1,967 and $4,022 in outstanding forfeitures available to reduce future employer contributions at December 31, 2010 and 2009, respectively.

Payment of Benefits

At termination of service, a participant may receive the value of his or her account as a lump sum payment as soon as administratively feasible. As of December 31, 2010 and 2009 amounts allocated to accounts of persons who have terminated from service but whose account balances have not been distributed amounted to $134,924 and $18,566, respectively.

Plan Termination

Although it does not intend to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

B. TRUSTEE AND ADMINISTRATIVE SERVICES

The Company pays all the administrative fees of the Plan. The Company incurred $20,055 and $10,220 for administrative fees during the years ended December 31, 2010 and 2009, respectively.

C. FAIR VALUE OF FINANCIAL INSTRUMENTS

Assets and Liabilities Measured at Fair Value on a Recurring Basis

Financial Accounting Standards Board Statement No. 820, *Fair Value Measurements* (FASB ASC 820), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the assets or liabilities
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

C. FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Assets and Liabilities Measured at Fair Value on a Recurring Basis (Continued)

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2010 and 2009.

Mutual funds: Valued at the net asset value ('NAV') of shares held by the plan at year end.

Self Directed Funds, Dubose model home investments: Valued at the market value of the model homes.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following are the major categories of assets and liabilities measured at fair value on a recurring basis as of December 31, 2010:

Description	Level 1: Quoted prices in active markets	Level 2: Internal models with significant observable market parameters	Level 3: Internal models with significant unobservable market parameters	Total at December 31, 2010
Mutual funds	$ 3,762,908	$ -	$ -	$ 3,762,908
Self-directed funds	372,016	-	12,528	384,544
Total	$ 4,134,924	$ -	$ 12,528	$ 4,147,452

C. FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Assets and Liabilities Measured at Fair Value on a Recurring Basis (Continued)

Level 3 Gains and Losses

Following is a summary of changes in fair values of the Plan's level 3 assets for the year ended December 31, 2010:

	Self-directed funds
Balance, December 31, 2009	$ 52,330
Realized gains	-
Unrealized gains relating to instruments still held at the reporting date	(8,267)
Purchases, sales, issuances and settlements (net)	(31,535)
Balance, December 31, 2010	$ 12,528

The following are the major categories of assets and liabilities measured at fair value on a recurring basis as of December 31, 2009:

Description	Level 1: Quoted prices in active markets	Level 2: Internal models with significant observable market parameters	Level 3: Internal models with significant unobservable market parameters	Total at December 31, 2009
Mutual funds	$ 2,286,706	$ -	$ -	$ 2,286,706
Self-directed funds	340,823	-	52,330	393,153
Total	$ 2,627,529	$ -	$ 52,330	$ 2,679,859

C. FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Assets and Liabilities Measured at Fair Value on a Recurring Basis (Continued)

Level 3 Gains and Losses

Following is a summary of changes in fair values of the Plan's level 3 assets for the year ended December 31, 2009:

	Self-directed funds
Balance, December 31, 2008	$ 129,189
Realized gains	-
Unrealized gains relating to instruments still held at the reporting date	(76,859)
Purchases, sales, issuances and settlements (net)	-
Balance, December 31, 2009	$ 52,330

Self-Directed Funds

The following table presents the fair values of investments included in the self-direct funds at December 31, 2010 and 2009:

	2010	2009
Mutual funds	$ 252,719	$ 219,572
Dubose model home investments	12,528	52,330
Cash and cash equivalents	119,297	121,251
	$ 384,544	$ 393,153

The carrying value of short-term receivables and payables approximate their fair value as of December 31, 2010 and 2009.

D. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The reconciliation between the annual Form 5500 and the financial statements is as follows for the year ended December 31, 2010:

	Net Assets	Change in Net Assets
Per Form 5500	$ 4,267,784	$ 1,468,357
Contribution receivable	-	(655)
Rounding adjustment	(1)	(1)
Per financial statements	$ 4,267,783	$ 1,467,701

The reconciliation between the annual Form 5500 and the financial statements is as follows for the year ended December 31, 2009:

	Net Assets	Change in Net Assets
Per Form 5500	$ 2,799,427	$ 966,304
Contribution receivable	655	655
Per financial statements	$ 2,800,082	$ 966,959

E. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 6, 2011, the date on which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

NETWORK FUNDING, L.P. SAFE HARBOR 401(K) PLAN
EMPLOYER ID #84-1040263, PLAN #001
SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2010

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, date of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Sterling Trust Co. (PJ46587 & 46586)	Cash	**	$ 32,526
*	UBS Financial Services, Inc.	Cash	**	35
*	UBS Financial Services, Inc.	Energy Sector Spdr Trust	**	31,190
*	UBS Financial Services, Inc.	First Trust ISE_REV Nat Gas	**	3,562
*	UBS Financial Services, Inc.	Health Care Select Sector Spdr fund	**	6,048
*	UBS Financial Services, Inc.	Ishares Trust Russell 1000 Growth Index Fund	**	43,289
*	UBS Financial Services, Inc.	Ishares Trust S&P 100 Index Fund	**	51,230
*	UBS Financial Services, Inc.	Ishares Nasdaq Biotech Index Fund	**	18,123
*	UBS Financial Services, Inc.	Market Vectors Gold Miners ETF	**	5,348
*	UBS Financial Services, Inc.	Powershares QQQ Trust	**	28,973
*	UBS Financial Services, Inc.	Utilities Sector Spdr Trust	**	12,818
*	UBS Financial Services, Inc.	Currency Shares Euro Trust	**	9,716
*	UBS Financial Services, Inc.	Ishares Barclays 1-3 year Treasury Bond Fd	**	13,605
*	UBS Financial Services, Inc.	Ishares Barclays 20+ year Treasury Bond Fd	**	2,729
*	UBS Financial Services, Inc.	Market Vectors Agribusiness	**	3,641
*	UBS Financial Services, Inc.	Powershares DB multi Sector Commodity TR DB Agriculture Fd	**	10,934
*	UBS Financial Services, Inc.	Spdr Gold Trust	**	11,514
*	UBS Financial Services, Inc.	UBS Liquid Asset Fund/Ret Money Fund, price 1.000/shares	**	86,736
*	Dubose Model Home Investments #111 Ltd	Partnership, P&L:1.92060% Cap:1.94000% (056027)	**	1,039
*	Dubose Model Home Investments #111 Ltd	Partnership, P&L:2.20770% Cap 2.23000% (056026)	**	1,192
*	Dubose Model Home Investments #110 Ltd	Partnership, P&L:3.21951%, Cap:3.25203% (PJ46586)	**	5,149
*	Dubose Model Home Investments #110 Ltd	Partnership, P&L:3.21951%, Cap:3.25203% (PJ46587)	**	5,148
*	American Funds Retirement Resources	Money Market Fund	**	322,073
*	American Funds Retirement Resources	American Balanced Fund-R2 (AMBAL-R2)	**	509,080
*	American Funds Retirement Resources	American High-Income Trust-R2 (AHIT-R2)	**	252,594
*	American Funds Retirement Resources	Capital World Bond Fund-R2 (WBF-R2)	**	256,580
*	American Funds Retirement Resources	Europacific Growth Fund-R2 (EUPAC-R2)	**	459,631
*	American Funds Retirement Resources	Intermediate Bond Fund of America-R2 (IBFA-R2)	**	144,812
*	American Funds Retirement Resources	Smallcap World Fund (SCWF-R2)	**	460,699
*	American Funds Retirement Resources	The Bond Fund of America (BFA-R2)	**	179,288
*	American Funds Retirement Resources	The Growth Fund of America-R2 (GFA-R2)	**	755,892
*	American Funds Retirement Resources	Washington Mutual Investors Fund-R2 (WMIF-R2)	**	422,259
*	American Funds Retirement Resources	Loans	**	120,331

* Indicates party-in-interest
** Information not available from plan administrator

Network Funding, L.P.
401(k) Plan
EIN: 76-0561995 Plan Number: 001
Client #3634

FOR PERIOD ENDING DECEMBER 31, 2010
Schedule H, line 4i-Schedule of Assets Held for Investment at End of Year

	(a)	(b) Identity of issue, borrower, lesor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(e) Current Value
*		Sterling Trust Co.(PJ46587 &46586)	Cash	Cash	$32,526.00
*		UBS Financial Services, Inc.	Cash	Cash	$34.89
*		UBS Financial Services, Inc.	Energy Sector Spdr Trust	Closed End Mutual funds	$31,190.25
*		UBS Financial Services, Inc.	First Trust ISE_REV Nat Gas	Closed End Mutual funds	$3,562.08
*		UBS Financial Services, Inc.	Health Care Select Sector Spdr Fund	Closed End Mutual funds	$6,048.00
*		UBS Financial Services, Inc.	Ishares Trust Russell 1000 Growth Index Fund	Closed End Mutual funds	$43,288.56
*		UBS Financial Services, Inc.	Ishares Trust S&P 100 Index Fund	Closed End Mutual funds	$51,229.68
*		UBS Financial Services, Inc.	Ishares Nasdaq Biotech. Index Fund	Closed End Mutual funds	$18,123.48
*		UBS Financial Services, Inc.	Market Vectors Gold Miners ETF	Closed End Mutual funds	$5,347.89
*		UBS Financial Services, Inc.	Powershares QQQ Trust	Closed End Mutual funds	$28,972.72
*		UBS Financial Services, Inc.	Utilities Sector Spdr Trust	Closed End Mutual funds	$12,818.06
*		UBS Financial Services, Inc.	Currency Shares Euro Trust	Closed End Mutual funds	$9,715.57
*		UBS Financial Services, Inc.	Ishares Barclays 1-3 year Treasury Bond Fd	Closed End Mutual funds	$13,604.76
*		UBS Financial Services, Inc.	Ishares Barclays 20+ year Treasury Bond Fd	Closed End Mutual funds	$2,729.48
*		UBS Financial Services, Inc.	Market Vectors Agribusiness	Closed End Mutual funds	$3,640.72
*		UBS Financial Services, Inc.	Powershares DB multi Sector Commodity TR DB Agriculture Fd	Closed End Mutual funds	$10,934.30
*		UBS Financial Services, Inc.	Spdr Gold Trust	Closed End Mutual funds	$11,513.76
*		UBS Financial Services, Inc.	UBS Liquid Asset Fund/Ret Money Fund, price 1.000/shares	Money Market	$86,736.18
*		Dubose Model Home Investments #111 Ltd.	Partnership, P&L:1.92060%, Cap:1.94000% (056027)	Partnership	$1,039.00
*		Dubose Model Home Investments #111 Ltd.	Partnership, P&L:2.20770%, Cap:2.23000% (056026)	Partnership	$1,192.00
*		Dubose Model Home Investments #110 Ltd.	Partnership, P&L:3.21951%, Cap:3.25203%(PJ46586)	Partnership	$5,149.00
*		Dubose Model Home Investments #110 Ltd.	Partnership, P&L:3.21951%, Cap:3.25203%(PJ46587)	Partnership	$5,148.00
*		American Funds Retirement Resources	Money Market Fund	Money Market	$322,072.62
*		American Funds Retirement Resources	American Balanced Fund - R2 (AMBAL-R2)	Mutual funds	$509,080.36
*		American Funds Retirement Resources	American High-Income Trust- R2 (AHIT-R2)	Mutual funds	$252,593.56
*		American Funds Retirement Resources	Capital World Bond Fund- R2 (WBF-R2)	Mutual funds	$256,580.11
*		American Funds Retirement Resources	Europacific Growth Fund- R2 (EUPAC-R2)	Mutual funds	$459,631.38
*		American Funds Retirement Resources	Intermediate Bond Fund Of America- R2 (IBFA-R2)	Mutual funds	$144,811.64
*		American Funds Retirement Resources	Smallcap World Fund (SCWF-R2)	Mutual funds	$460,699.37
*		American Funds Retirement Resources	The Bond Fund Of America (BFA-R2)	Mutual funds	$179,288.19
*		American Funds Retirement Resources	The Growth Fund of America- R2 (GFA-R2)	Mutual funds	$755,892.27
*		American Funds Retirement Resources	Washington Mutual Investors Fund- R2 (WMIF-R2)	Mutual funds	$422,259.45
*		American Funds Retirement Resources	Loans		$120,331.02
					$4,267,784.35

* Party-in-Interest

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	2010 This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____

B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. ▶ ☐

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan Network Funding, L.P.
Safe Harbor 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
Network Funding, L.P.

9700 Richmond Ave., Ste. 320

Houston TX 77042

2b Employer Identification Number (EIN) 76-0561995

2c Sponsor's telephone number (713) 334-1100

2d Business code (see instructions) 522292

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 accompanying schedules, statements and attachments, 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 HERE	Jamie Hancock Signature of plan administrator	10/11/11 Date	Jamie Hancock 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
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Form 5500 (2010) v.092307.1

3634/SPF/JD

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3a Plan administrator's name and address (If same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN **3c** Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name	**4b** EIN **4c** PN

5 Total number of participants at the beginning of the plan year	**5**	293
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	303
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	9
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	312
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	312
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	142
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a 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:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	(1)	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	(2)	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	(3)	☒ Trust
(4)	☐ General assets of the sponsor	(4)	☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) ☒ **H** (Financial Information)

(2) ☐ **I** (Financial Information – Small Plan)

(3) ☐ **A** (Insurance Information)

(4) ☐ **C** (Service Provider Information)

(5) ☐ **D** (DFE/Participating Plan Information)

(6) ☐ **G** (Financial Transaction Schedules)

Network Funding, L.P.
Safe Harbor 401(k) Plan

Authorization to File the Plan's Form 5500 Electronically

Plan Sponsor: Network Funding, L.P.

On behalf of the above named plan sponsor, the undersigned hereby grants permission to the Loren D. Stark Company. (LDSCO) to electronically file the plan sponsor's Form(s) 5500 annually but only upon LDSCO's receipt of the signed **red-stamped COPY** of Form 5500 and this signed **Authorization**.

The plan sponsor authorizes Loren D. Stark Company to use it's PIN to file the 5500 or 5500-SF Forms and any applicable schedules for the plan.

The sponsor has been notified that the image of the plan administrator's/plan sponsor's **red-stamped COPY** will be included with the rest of the return/report posted by the Department of Labor on the Internet for public disclosure.

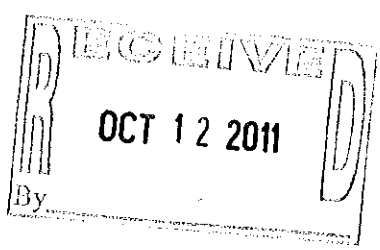
The individual signature on the 5500 Form will not be posted on the DOL Website. In its place will be the statement "Filed with authorized/valid electronic signature" or "Filed with incorrect/unrecognized electronic signature" on the signature lines.

The employer may revoke or change this authorization any time by notification in writing to LDSCO.

Signature: Jamie Hancock

Print Name: Jamie Hancock

Date: 10/12/11



Client: 3634