## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number ENTIRENET, LLC 401(K) PLAN & TRUST (PN) ▶ 001 1c Effective date of plan 01/01/1999 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number ENTIRENET, LLC 58-2428264 (EIN) 2c Sponsor's telephone number 425-558-1000 14450 NORTHEAST 29TH PLACE 2d Business code (see instructions) BELLEVUE, WA 98007 541600 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 58-2428264 ENTIRENET, LLC 14450 NORTHEAST 29TH PLACE SUITE 210 Administrator's telephone number BELLEVUE, WA 98007 425-558-1000 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year ...... 5a **b** Total number of participants at the end of the plan year..... 43 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 35 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1653573 1608403 Total plan assets..... 7a 7b Total plan liabilities..... 1653573 1608403 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 19665 8a(1) (1) Employers ..... 64422 (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) -33573 **b** Other income (loss)..... 8b 50514 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 95684 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 95684 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -45170 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) .....

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|------|------|---------|------|
| Form | 5500 | -8-     | ンロココ |

| Page 2 - | 1 |
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| Part IV  | Plan   | Characteri   | stics |
|----------|--------|--------------|-------|
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- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2K 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  |         |          |                | 1              |               |        |
|-------------------|--------|---|---------|----------|----------------|----------------|---------------|--------|
| 10                |        | ng the plan year:   |         | Yes      | No             | Δ              | mount         |        |
| а                 |        | there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a     |          | X              |                |               |        |
| b                 |        | e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported  | IUa     |          |                |                |               |        |
| ~                 |        | ne 10a.)  | 10b     |          | X              |                |               |        |
| С                 | Was    | the plan covered by a fidelity bond?  | 10c     | X        |                |                | 1             | 150000 |
| d                 |        | he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud  |         |          |                |                |               |        |
| u                 |        | shonesty?   | 10d     |          | X              |                |               |        |
| е                 | Were   | e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,  |         |          |                |                |               |        |
|                   |        | rance service or other organization that provides some or all of the benefits under the plan? (See  | 40-     |          | X              |                |               |        |
|                   |        | uctions.)   | 10e     |          | X              |                |               |        |
| t                 | Has    | the plan failed to provide any benefit when due under the plan?   | 10f     |          | ^              |                |               |        |
| g                 | Did t  | he plan have any participant loans? (If "Yes," enter amount as of year end.)  | 10g     | X        |                |                |               | 9885   |
| h                 |        | s is an individual account plan, was there a blackout period? (See instructions and 29 CFR  |         |          | Х              |                |               |        |
|                   |        | 0.101-3.)   | 10h     |          | ^              |                |               |        |
| İ                 |        | h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3                                   | 10i     |          |                |                |               |        |
| ) - =4            |        |   | 101     |          |                |                |               |        |
| <u>Part</u><br>11 |        | Pension Funding Compliance  |         | 0 - 1    | L.I. OD        | ) /F           |               |        |
| 11                |        | s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com ))  |         |          |                |                | Yes           | X No   |
| 12                |        | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code   |         |          |                |                | Yes           | X No   |
| _                 |        | es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  | 0.00    |          | 002 01         | 21(10/11       |               | ш      |
| а                 |        | vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru-   | ctions, | , and e  | enter th       | ne date of the | e letter ruli | ng     |
|                   | -      | ing the waiverMon   |         |          | Day            |                | 'ear          |        |
|                   |        | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   |         | г        | 101            |                |               |        |
| b                 | Ente   | r the minimum required contribution for this plan year  |         |          | 12b            |                |               |        |
| С                 |        | r the amount contributed by the employer to the plan for this plan year   |         |          | 12c            |                |               |        |
| d                 |        | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)  |         |          | 12d            |                |               |        |
| •                 | ·      | ,   |         | <u>-</u> |                | Yes            | No [          | N/A    |
|                   |        | he minimum funding amount reported on line 12d be met by the funding deadline?  |         |          |                | 163            | NO            | IN//   |
| art               |        | Plan Terminations and Transfers of Assets   |         |          | <u> </u>       | , ,            |               |        |
| 13a               |        | a resolution to terminate the plan been adopted in any plan year?   |         |          | Y              | res X No       |               |        |
|                   | If "Ye | es," enter the amount of any plan assets that reverted to the employer this year  | 1       | 3a       |                |                |               |        |
| b                 | Were   | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought   | under   | the co   | ontrol         |                | П усс         | V No   |
|                   |        |   |         |          | Yes            | ^ NO           |               |        |
| C                 |        | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th<br>h assets or liabilities were transferred. (See instructions.)               | ne pia  | n(s) to  | )              |                |               |        |
| 1                 |        | Name of plan(s):  |         | 13       | <b>c(2)</b> EI | 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  | ıse is   | establ         | ished.         |               |        |
| Unde              | r pena | alties of perjury and other penalties set forth in the instructions, I declare that I have examined this reti   | urn/rep | oort, ir | ncluding       | g, if applicab | le, a Sche    | dule   |

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. | 05/23/2012  | ABRAM SPIEGELMAN                                       |  |  |  |
|------|---|---|--|--|--|--|
| HERE | Signature of plan administrator                   | Date  | Enter name of individual signing as plan administrator |  |  |  |
| SIGN | Filed with authorized/valid electronic signature. | 05/23/2012  | ABRAM SPIEGELMAN                                       |  |  |  |
| HERE | Signature of employer/plan sponsor                | Date Enter name of individual signing as employer or plan |  |  |  |  |

## 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

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1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public. Inspection

| -            | art II Annual Report Identification Information   | gance wi     | in the instructio  | ns to the Form 55    | 00-SF.       | _L                      |                            |  |
|--------------|---|--------------|--|----------------------|--------------|-------------------------|----------------------------|--|
|              | the calendar plan year 2011 or fiscal plan year beginning   | 01.//        | 11/2071  |                      |              |                         |                            |  |
| _            |   | l            | 01/2011  | and ending           | 1            | 2/31/2011               |                            |  |
|              | This return/report is for: x a single-employer plan   |              |  |                      |              |                         |                            |  |
| В            | This return/report is: the first return/report  | the final :  | eturn/report   |                      |              |                         |                            |  |
|              | an amended return/report  | a short p    | an year return/rep   | ort (less than 12 mo | nths)        |                         |                            |  |
| C            | Check box if filing under: Form 5558  | automatic    | extension  |                      |              | DEVC progra             | am                         |  |
|              | special extension (enter description  | ·<br>)       |  |                      | 1            |                         | ••••                       |  |
| P            | art II Basic Plan Information enter all requested infor   |              |  |                      |              |                         |                            |  |
| _            | Name of plan  | mation.      |  |                      | 116          |                         |                            |  |
|              |   |              |  |                      | 10           | Three-digit plan number |                            |  |
|              | ENTIREMET, LLC 401(k) PLAN & TRUST  |              |  |                      |              | (PN) ►                  | 001                        |  |
|              |   |              |  |                      | 1c           | Effective date o        | f plan                     |  |
| 2a           | Plan sponsor's name and address; include room or suite number (emp  |              |  |                      | <del> </del> | 01/01/1999              |                            |  |
|              | Entirenet, LLC  | Boyer, II to | r single-employer  | plan)                | 2b           | Employer Identi         |                            |  |
|              |   |              |  |                      | -            | (EIN) 58-24             |                            |  |
|              |   |              |  |                      | 2c           | Plan sponsor's          | elephone number            |  |
|              | 14450 NORTHEAST 29TH PLACE<br>SUITE 210   |              |  |                      | 24           | (425) 558-              |                            |  |
| os.          | BELLEVUE WA 98007   |              |  |                      | 20           | 541600                  | see instructions)          |  |
|              | Plan administrator's name and address (if same as plan sponsor, ente  | r "Same")    |  |                      | 3h           | Administrator's         |                            |  |
|              | Same  | ,,           |  |                      | ""           | Administrator 3 (       | ENA.                       |  |
|              |   |              |  |                      |              |                         |                            |  |
|              |   |              |  | •                    | 30           | Administrator's I       | elephone number            |  |
|              |   |              |  |                      |              | 2                       |                            |  |
| 4            | If the name and/or EIN of the plan sponsor has changed since the last name. EIN, and the plan number from the last return/report.             | return/rep   | ort filed for this pla   | n, enter the         | 4b EIN       |                         |                            |  |
| a            | Sponsor's Name  |              |  |                      | 4c           | PN                      |                            |  |
| 5a           | Total number of participants at the beginning of the plan year  |              |  |                      | 5a           |                         | 46                         |  |
| b            | Total number of participants at the end of the plan year ,  |              |  |                      | 5b           |                         | 43                         |  |
| C            | Number of participants with account balances as of the end of the plan  | vear (defi-  | ned benefit plans d  | io not               |              |                         |                            |  |
| 62           | complete this item)   |              | <u></u>  |                      | 5c           |                         | 35                         |  |
| b            | Were all of the plan's assets during the plan year invested in eligible as  | sets? (Sec   | instructions.)   |                      | • •:•        |                         | X Yes No                   |  |
| _            | Are you claiming a waiver of the annual examination and report of an in under 29 CFR 2520.104-46? (See instructions on waiver eligibility and | conditions   | t qualitied public a   | ccountant (IQPA)     | •            |                         | ESTATE TO THE              |  |
|              | If you answered "No" to either 6a or 6b, the plan cannot use Form   |              |  |                      | . , .        | • • • •                 | X Yes No                   |  |
| Pa           | rt III Financial Information  |              |  |                      |              |                         |                            |  |
| 7            | Plan Assets and Liabilities   | - PARIS      | (a) Begi   | nning of Year        | T            | (b) End                 | of Vone                    |  |
| a            | Total plan assets   | 7a           |  | 1,653,573            | +            | (6) 2.110               |                            |  |
| b            | Total plan liabilities ,  | 7b           |  | 2,000,070            | +            |                         | 1,608,403                  |  |
| C            | Net plan assets (subtract line 7b from line 7a)   | 7c           |  | 1.653,573            |              |                         |                            |  |
| 8            | Income, Expenses, and Transfers for this Plan Year  |              | (a)  | Amount               | _            | /4 \ T                  | 1,608,403                  |  |
| а            | Contributions received or receivable from:  | 1.18         | (4)  | r x+113/40184        | 028.00       | (b) T                   | 0121                       |  |
|              | (1) Employers   | 8a(1)        |  | 19,665               |              |                         |                            |  |
|              | (2) Participants  | 8a(2)        |  | 64,422               |              | 111 112                 |                            |  |
| 4            | (3) Others (including millovers)  | 8a(3)        |  |                      |              | <b>《新典集》</b>            |                            |  |
| b            | Other income (ioss)   | 8b           |  | (33,573)             |              |                         |                            |  |
| Ç            | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c           |  | <b>"是我们,我们</b>       |              |                         | 50,514                     |  |
| d            | Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | 6.0          |  | 0E 604               | - 19         |                         | 79.00                      |  |
| e            | Certain deemed and/or corrective distributions (see instructions)   | 8d           |  | 95,684               | - 1          |                         | 。10年4年2月1                  |  |
| f            | Administrative service providers (salaries, tees, commissions)  | 80           |  |                      | 1303         |                         | No. Committee              |  |
| g            | Other expenses  | 8f           |  |                      |              |                         |                            |  |
| h            | Total expanses (add lines 8d, 8e, 8f, and 8g)   | 8g           | STARTER VIEW   | STEEL CONTRACTOR     |              | No. 2                   | 是是是完全是                     |  |
| i            | Net income (loss) (subtract line 8h from line 8c)   | 8h           | Construction of the Constr |                      |              |                         | 95,684                     |  |
| i            | Transfers to (from) the plan (see instructions)   | 81           |  | <b>基础。在1960年的</b>    |              | and the second          | (45,170)                   |  |
| <del>-</del> | Thomas plan (sao manucions)   | 8)           |  |                      | 7.11         |                         | in the party of the second |  |

|           | Form 5500-SF 2011   | Pag <b>e 2-</b>                           |  |         |          |                |            |                |
|-----------|---|---|--|---------|----------|----------------|------------|----------------|
| Par       | N Plan Characteristics  |   |  |         |          |                |            |                |
| 9a        | the plan provides pension benefits, enter the applicable pension feat   | ure codes from the List of Plan Charac    | teristic C                             | odes    | n the ir | nata ictions:  |            |                |
|           | 2E 2F 2J 2K 3D  |   |  |         |          |                |            |                |
| •         | f the plan provides welfare benefits, enter the applicable welfare featu  | re codes from the List of Plan Charact    | eristic Co                             | des in  | the ins  | structions:    | *          |                |
| Par       | Compliance Questions  |   | ······································ |         |          |                |            |                |
| 10        | During the plan year:   |   |  | Yes     | No       | 1              | Amount     |                |
| а         | Was there a failure to transmit to the plan any participant contribution  | ns within the time period described in    |  | 1       |          | <u> </u>       | Amount     |                |
| b         | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (I  | V Correction Program)                     | . 10a                                  | -       | X        |                |            |                |
|           | on line 10a.)   | PO NOT RELIGIO (LA INSECTIONS PEDOREC     | . 10b                                  |         | x        |                |            |                |
| c         | Was the plan covered by a fidelity bond?  |   | 10c                                    | x       |          |                | 1          | 50,000         |
| d         | Did the plan have a loss, whether or not reimbursed by the plan's fide  | elity bond, that was caused by fraud      |  |         | 1        | <del> </del>   |            |                |
| _         |   |   | · 10d                                  |         | X        |                |            |                |
| е         | Were any fees or commissions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of  | ersons by an insurance carrier,           |  |         |          |                |            |                |
| _         | instructions.)  |   | . 10e                                  |         | X        |                |            |                |
| f         | Has the plan failed to provide any benefit when due under the plan?   |   | 1.44                                   |         | x        |                |            |                |
| g         | Did the plan have any participant loans? (If "Yes," enter amount as or  | fyear end.)                               | · 10g                                  | x       |          |                |            | 9,885          |
| h         | If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)  | e instructions and 29 CFR                 |  |         | x        | 18.3           |            |                |
| i         | If 10h was answered "Yes," check the box if you either provided the r   | equired notice or one of the              |  | _       | -        |                |            |                |
| —<br>     | exceptions to providing the notice applied under 29 CFR 2520,101-3  | *   | . 101                                  |         |          |                |            |                |
| Part      | VI Pension Funding Compliance   |   |  |         |          |                |            |                |
|           | Is this a defined benefit plan subject to minimum funding requirement 5500))  | s? (If "Yes," see instructions and comp   | lete Sch                               | edule : | SB (Fo   | mn .           | Yes        | V No           |
| 12        | is this a defined contribution plan subject to the minimum funding require  | ulrements of section 412 of the Code of   | r section                              | 302 o   | f ERIS   | A2             | Yes        |                |
|           | (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable  | e.)                                       |  |         |          |                |            | <u>a.</u> ].10 |
| a         | If a waiver of the minimum funding standard for a prior year is being a   | smortized in this plan year, see instruct | ions, and                              | enter   | the da   | te of the lett | er ruling  |                |
| lf y      | granting the waiver   | (Form 5500), and skip to line 13.         | fonth                                  |         | Day      | -              | Year       |                |
| b         | Enter the minimum required contribution for this plan year  |   |  | . Г     | 12b      |                |            |                |
| C.        | 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 of | fa                                     |         | 12d      |                |            |                |
| е         | negative amount) Will the minimum funding amount reported on line 12d be met by the   |   |  | ٠ ـ     |          |                | <u> </u>   |                |
| Part      | Plan Terminations and Transfers of Assets   | uriding designer                          | · · ·                                  | •       |          | Yes            | No [       | N/A            |
| 13a       | Has a resolution to terminate the plan been adopted in any plan year?   |   | ···                                    |         |          |                | []Van [    |                |
|           | if "Yes," enter the amount of any plan assets that reverted to the empl   | oyer this year                            |  | ·.广     | 13a      | <u>· · · ·</u> | Yes [      | K INO          |
| b         | Were all the plan assets distributed to participants or beneficiaries, tra-   | neferred to another plan as breugh) (     |  |         |          |                |            |                |
|           | ormerocc/   |   |  |         |          |                | Yes 2      | ₹ No           |
|           | If during this plan year, any assets or liabilities were transferred from the<br>which assets or liabilities were transferred. (See instructions.)  | his plan to another plan(s), identify the | plan(s) to                             | }       |          |                |            |                |
| 1;        | c(1) Name of plan(s):   |   | T                                      | 130     | (2) EIN  | vite)          | 13c(3) PI  | Wa\.           |
|           |   |   |  |         | 1-7      | -1-/           | 130(3) [1  | 4/3)           |
|           |   |   |  |         |          |                |            |                |
|           |   |   |  |         |          |                |            |                |
| Cautio    | : A penalty for the late or incomplete filing of this return/report w   | ill he appeared unless recommends         |  |         |          |                | <u> </u>   |                |
| Under r   | enalties of penjury and other penalties set forth in the instructions. I de-  | clare that I have avarained this setumb   |  | 1 15    | .,       | licable - C    |            |                |
|           | chedule MB completed and signed by an enrolled actuary, as well as to<br>is true, correct, and complete.  | he electronic version of this return/repo | ort, and to                            | the b   | est of r | ny knowled     | ge and     |                |
| - 4800 St |   |   | e.                                     | 7       |          |                |            |                |
| SIGN      |   | John John                                 | Shop                                   |         |          |                |            |                |
| SIGN      | FISIA   | Date S/(L/Zo/Z Enter name of in           |  |         |          |                | ator       |                |
| HERE      | Signature of employer/plan sopnsor  | John John                                 |  |         | alte     |                |            |                |
|           | The special state of the state | Date S//6/70/7 Enter name of in           | dividual s                             | igning  | as em    | ployer or pl   | an sponsor |                |
|           |   |   |  |         |          |                |            |                |