Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	► Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	Ins	pection	
P	art I Annual Report Ide	ntification Information						
For	calendar plan year 2011 or fiscal		1	and ending 1	2/31/20	011		
Α	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-partici	oant plan	
В	This return/report is:	the first return/report	the final r	eturn/report	_	<u> </u>		
		an amended return/report	a short pla	in year return/report (less than 12 m	onths)			
_	Check box if filing under:	Form 5558		extension	Γ	DFVC progra	ım	
C		special extension (enter description		Octorision	L	_ Di vo piogra	u	
D.	unt II Dania Blan Informa	' '	,					
		ation—enter all requested inform	ation		46	-		
	Name of plan ERIDGE COMPANY.COM INC 40°	1(K) PROFIT SHAPING				Three-digit plan number		
DLUL	ENDOL COMI ANT.COM INC 40	I(K) I KOI II SHAKING				(PN) •	001	
					1c	Effective date o	f plan	
						01/01	/2007	
		s; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identi		er
BLU	ERIDGE COMPANY.COM INC				<u> </u>	(=114)	81260	
					2c :	Sponsor's telep		
	OX 2270				0.1	206-40		
VASI	HON, WA 98070				2a I	Business code (42370		ns)
32	Dian administrator's name and as	ddress (if same as plan sponsor, e	ntor "Como	,")	3h	Administrator's		
	ERIDGE COMPANY.COM INC	PO BOX 227		;)	30 /		81260	
		VASHON, W	A 98070		3c /	Administrator's	telephone num	nber
						206-408	3-7362	
4		n sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b	EIN		
а	name, EIN, and the plan number Sponsor's name	nom the last return/report.			4c	PN		
	Total number of participants at the beginning of the plan year					<u> </u>		1
b	Total number of participants at the end of the plan year				5a 5b			10
C		unt balances as of the end of the			อม			- '
C	·		,		5c			1
6a	Were all of the plan's assets dur	ing the plan year invested in eligib	le assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the	annual examination and report of	an indeper	ident qualified public accountant (IQ	PA)			- 1
	•	•		ons.)			X Yes	No
Do	rt III Financial Informat	•	orm 5500-	SF and must instead use Form 55	00.			
7		ion						
′_	Plan Assets and Liabilities		_	(a) Beginning of Year 238798		(b) End	of Year 321028	2
a			. 7a	230730			021020	,
b	•	(man Pan 7-)	. 7b	238798			321028	<u> </u>
<u> </u>		from line 7a)	. 7c					,
8 a	Income, Expenses, and Transfer Contributions received or received			(a) Amount		(b) 1	Total	
а			. 8a(1)	12109				
				53013				
	•		8a(3)	17108				
b	, , ,		. 8b					
С		a(2), 8a(3), and 8b)	. 8c				82230)
d	Benefits paid (including direct rol							
	to provide benefits)		. 8d					
е	Certain deemed and/or corrective	e 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					
i	Net income (loss) (subtract line 8	Sh from line 8c)	. 8i				82230)
j	Transfers to (from) the plan (see	instructions)	. 8j					

Form	5500-	SF	201

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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compl	iance Questions							
0 During the pla	n year:		Yes	No		Amo	ount	
	ailure to transmit to the plan any participant contributions within the time period described in .3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
	y nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		X				
c Was the plan	covered by a fidelity bond?	10c		Χ				
	ave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		X				
insurance ser	s or commissions paid to any brokers, agents, or other persons by an insurance carrier, vice or other organization that provides some or all of the benefits under the plan? (See	10e		X				
f Has the plan	ailed to provide any benefit when due under the plan?	10f		Χ				
g Did the plan h	ave any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h If this is an in-	lividual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
	swered "Yes," check the box if you either provided the required notice or one of the providing the notice applied under 29 CFR 2520.101-3	10i						
Part VI Pension	n Funding Compliance							
11 Is this a define	d benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					. [Yes	X No
	ed contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
a If a waiver of granting the w	olete 12a or 12b, 12c, 12d, and 12e below, as applicable.) he minimum funding standard for a prior year is being amortized in this plan year, see instructionary	th						
If you completed	line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г					
b Enter the mini	mum required contribution for this plan year		∟	12b				
	unt contributed by the employer to the plan for this plan year			12c				
	mount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left int)		L	12d				
	um funding amount reported on line 12d be met by the funding deadline?				Yes	1	1 0	N/A
Part VII Plan	Terminations and Transfers of Assets							
13a Has a resolution	n to terminate the plan been adopted in any plan year?	····· <u>···</u>		Y	'es X	No		
If "Yes," enter	the amount of any plan assets that reverted to the employer this year	1	3a					
b Were all the p of the PBGC?	an assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	ntrol			Yes	X N
	lan year, any assets or liabilities were transferred from this plan to another plan(s), identify the probabilities were transferred. (See instructions.)	ne pla	n(s) to					
13c(1) Name of	plan(s):		130	c(2) Ell	N(s)		13c(3)	PN(s
		<u> </u>						
Caution: A nenalty	for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ise is	establi	shed			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/31/2012	DANIEL GILBERT				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

Form 5500-SF

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).

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

OMB Nos. 1210 - 0110 1210 - 0089

2011

This Form is Open to Public Inspection

Pa	Annual Report Identification Information			
For	calendar plan year 2011 or fiscal plan year beginning and ending			
Α	This return/report is for: X single-employer plan a multiple-employer plan (not not not not not not not not not not	nultien	nployer) 🔲 a one	-participant plan
В	This return/report is: the first return/report the final return/report			
	an amended return/report a short plan year return/report	(less tl	nan 12 months)	
С	Check box if filing under: Form 5558 X automatic extension		☐ DFVC	program
	special extension (enter description)			
Pa	tt II Basic Plan Information—enter all requested information			
1a	Name of plan		1b	Three-digit plan
	BLUERIDGE COMPANY.COM INC 401(K) PROFIT SHARING			number (PN) ▶ 001
			1c	Effective date of plan
				01/01/2007
2a	Plan sponsor's name and address; include room or suite number (employer, if for a single-employ	er plar) 2b	Employer Identification No.
	BLUERIDGE COMPANY.COM INC			(EIN) 65-1181260
			2c	Sponsor's telephone number
	PO BOX 2270			206-408-7362
	VASHON WA 98070		2d	Business code (see instr.)
				423700
3a	Plan administrator's name and address (if same as plan sponsor, enter "Same")		3b	Administrator's EIN
	BLUERIDGE COMPANY.COM INC			CF 11010C0
			-	65-1181260
	PO BOX 2270		3c	Administrator's
	VASHON WA 98070			telephone number
				206-408-7362
		[N. 4b	EIN
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	ame, 🗀	N, 45	PN
	and the plan number from the last return/report. a Sponsor's name		5a	11
5a	Total number of participants at the beginning of the plan year		5b	10
b	Total number of participants at the end of the plan year	to this it		10
C	Number of participants with account balances as of the end of the plan year (defined benefit plans do not comple Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	to this h	iciny	X Yes No
6a	Are you claiming a waiver of the annual examination and report of an independent qualified public	accou	ntant (IOPA)	
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	40004	(14.17)	X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must inste	ad use	Form 5500.	
Da	Tipod answered No to entier to or db, the plan outlinet assistent of the control of of the cont			***************************************
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
		7a	238798	
a b	T 4 1 1 P 1 200-2	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	238798	321028
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:			
	1) Employers	8a(1)	12109	
	2) Participants	8a(2)	53013	
	3) Others (including rollovers)	8a(3)	17108	
b	Other income (loss)	8b		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		82230
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
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		
i	Net income (loss) (subtract line 8h from line 8c)	8i		82230
i	Transfers to (from) the plan (see instructions)	8j		

BLUERIDGE	COMPANY.	COM	INC

Form 5500-SF 2011

	IV Plan Characteristics								
Par	If the plan provides pension benefits, enter the applicable pension	feature codes from the	List of Plan Characte	ristic C	ndes i	n the i	instruc	tions:	
9a	2E 2J 2K 3D	leature codes from the	List of Flair Offaracte		, o a c c i				
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes from the L	ist of Plan Character	istic Co	des in	the in	struct	ions:	
~	The plan provides rollars below, the are apparent								
Par	V Compliance Questions								
10	During the plan year:				Yes	No		Amou	<u>nt</u>
а	Was there a failure to transmit to the plan any participant contributi								
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest?	(Do not include transa-	ctions reported			77			
	on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c		Λ.			
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	delity bond, that was ca	aused by fraud	104		х			
	or dishonesty?		nee corrier	10d					
е	Were any fees or commissions paid to any brokers, agents, or other	er persons by an insura	plan2 (See						
	insurance service or other organization that provides some or all of	the benefits under the	platt? (See	10e		х			
	instructions.)			10f		X	l		
Ť	Has the plan failed to provide any benefit when due under the plan			10g		х	-		
g	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$	Soo instructions and 20	CER	109					
h				10h		х			
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the	e required notice or one	of the			-			
İ	exceptions to providing the notice applied under 29 CFR 2520.101	-3		10i					
Par									
11	Is this a defined benefit plan subject to minimum funding requirement	ents? (If "Yes," see inst	ructions and complet	e Sche	dule S	B (Fo	rm		_
1.	5500))							Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirement	nts of section 412 of the Co	de or section 302 of ER	ISA?				X Yes	No
	(If "Yes " complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is bein	g amortized in this plan	year, see instruction	s, and	enter t	he da	te of ti	ne letter r	uling
	granting the waiver.			nth	Da	ау	_ Y	ear	
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5500), and	skip to line 13.		1	401	T		
b	Enter the minimum required contribution for this plan year					12b 12c	-		
С	Enter the amount contributed by the employer to the plan for this p	lan year				120			
d	Subtract the amount in line 12c from the amount in line 12b. Enter	the result (enter a minu	is sign to the left of a			12d			
	negative amount)						Yes	No	X N/A
е	Will the minimum funding amount reported on line 12d be met by to VII Plan Terminations and Transfers of Assets	ie iunuing deadine?							
Par								Yes	X No
13a	Has a resolution to terminate the plan been adopted in any plan ye If "Yes," enter the amount of any plan assets that reverted to the en					13a			
	Were all the plan assets distributed to participants or beneficiaries,	transferred to another	plan, or brought und	er the c	control				
b	of the PBGC?		,					Yes	X No
_	If during this plan year, any assets or liabilities were transferred fro	m this plan to another p	olan(s), identify the pl	an(s) to	0				
С	which assets or liabilities were transferred. (See instructions.)								
	3c(1) Name of plan(s):			13	c(2) E	EIN(s)		13c(3)	PN(s)
Cau	ion: A penalty for the late or incomplete filing of this return/rep	ort will be assessed	uniess reasonable	cause	is est	apiish	iea.		
Unde	penalties of perjury and other penalties set forth in the instructions, I declare	that I have examined this r	eturn/report, including, i	applica	ible, a c	dae and	ie i		
	Schedule MB completed and signed by an enrolled actuary, as well as the ele	ectronic version of this refu	n/report, and to the bes	rormy i	VHOMI60	ige and	•		
belief	it is trule, correct, and complete	2/21/12	DANIEL GIL	BEDT			-		
SIGN	1) as (silves	1451/12 Date	Enter name of ind		signing	n as n	lan ad	ministrate	or
HERE	/Signature of plan administrator	Date	Lines name of mu	- vioual	oiginii	y us pi	arr aa		
SIGN	O: to a familiar description of the second	Date	Enter name of individ	tual sign	ning as	employ	er or n	lan sponse	or .
HERE	Signature of employer/plan sponsor	Date	Litter hame of marvie	addi digi	ig us	211,0109	5, 5, p	oponioc	