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

2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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.

	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan			
В .	This return/report is: the first return/report	the final r	eturn/report	•	_			
		a short pla	in year return/report (less than 12 mo	onths)				
C	Check box if filing under: Form 5558	automatic	extension	,	DFVC program			
	special extension (enter description			l				
Pa	art II Basic Plan Information—enter all requested informa							
	Name of plan	tion -		1b	Three-digit			
	IUM NETWORKS 401(K) PLAN				plan number			
					(PN) ▶ 001			
				1c Effective date of plan				
20	Discourse de la contraction de		(and a simple constitution of the simple constit	OI-	01/01/2002			
	Plan sponsor's name and address; include room or suite number (er ::IUM NETWORKS, LLC	nployer, if	for a single-employer plan)		Employer Identification Number (EIN) 91-2059896			
					Sponsor's telephone number			
1011	E 2ND AVE SHITE 10			20	509-536-8610			
	E 2ND AVE, SUITE 10 KANE, WA 99202			2d	Business code (see instructions)			
					454390			
	Plan administrator's name and address (if same as plan sponsor, en			3b	Administrator's EIN 91-2059896			
CERI	IUM NETWORKS, LLC 1011 E 2ND A SPOKANE, W		E 10	30	Administrator's telephone number			
				30	509-536-8610			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN			
_	name, EIN, and the plan number from the last return/report.			4.0				
	Sponsor's name			4c				
	Total number of participants at the beginning of the plan year			5a	93			
b				5b	93			
С	Number of participants with account balances as of the end of the pi complete this item)			5c	93			
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No			
			'					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		X Yes No			
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550	00.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Voor			
		70	(a) Beginning of Year 2686051		(b) End of Year 3010258			
b	Total plan assets Total plan liabilities	<u>7a</u> 7b						
C	Net plan assets (subtract line 7b from line 7a)	7.5 7c	2686051		3010258			
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total			
а	Contributions received or receivable from:		(a) Amount		(b) Total			
	(1) Employers	8a(1)	256900					
	(2) Participants	8a(2)	332722					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-129687					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			459935			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	134057					
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	75					
g	Other expenses	8g	1596					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			135728			
i	Net income (loss) (subtract line 8h from line 8c)	8i			324207			
j	Transfers to (from) the plan (see instructions)	8j						

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Form	5500	-SF	201	1

Page 2 -	1	
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Dart IV	Dlan	Characteristics
Partiv	Pian	Characteristics

- **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 2G 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:

1	/ Compliance Overtions							
art		Ī	Vez	NI-				
10	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in		Yes	No		Amo	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ				5	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Χ					10711
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Χ				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	/I Pension Funding Compliance				1			
l1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (5500))					П	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			401				
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	10	N/A
art	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?	nder	the co	ntrol 			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1:	c(1) Name of plan(s):		130	c(2) E	IN(s)		13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	estab	lished.	1		
Jnde	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re	rn/rep	ort, in	cludin	g, if appl			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/18/2012	WILLIAM JUNKERMIER
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

Part I Annual Report Identification Information									
For	calendar plan year 2011 or fiscal plan year beginning	01/01/2	2011	and ending		12/31/2011			
Α.	This return/report is for:	a multiple	employer plan	(not multiemployer)	a one-participant plan				
	This return/report is: the first return/report	the final re	turn/report						
	=======================================	a short pla	n year retum/re	port (less than 12 mo	nths)				
C i	Check box if filling under: Form 5558	automatic	extension		ſ	DFVC program			
•	special extension (enter description)				ι				
Do	irt II Basic Plan Information—enter all requested informa								
	Name of plan	111013			1b	Three-digit			
	RIUM NETWORKS 401(K) PLAN			İ		plan number			
					(PN) P				
					10	Effective date of plan 01/01/2002			
2a	Plan sponsor's name and address; include room or suite number (et	mployer, if	for a single-em	ployer plan)		Employer Identification Number			
	RIUM NETWORKS, LLC					(EIN) 91-2059896			
10	11 E 2ND AVE, SUITE 10					Sponsor's telephone number			
				<u> </u>		509-536-8610			
SP	OKANE WA 99202					Business code (see instructions) 454390			
22	Plan administrator's name and address (If same as plan sponsor, er	ter "Same	P)			Administrator's EIN			
CE	RIUM NETWORKS, LLC 11 E 2ND AVE, SUITE 10		,	1		91-2059896			
			•			Administrator's telephone number 509–536–8610			
<u> </u>	OKANE WA 99202 If the name and/or EIN of the plan sponsor has changed since the la	ast refurn <i>i</i> r	enort filed for th	nis plan, enter the	4b				
7	name, EIN, and the plan number from the last return/report.	act rotarisi	opon med to t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Sponsor's name				4c	· · · · · · · · · · · · · · · · · · ·			
	Total number of participants at the beginning of the plan year				5a	93			
b Total number of participants at the end of the plan year				F	5b	93			
C	Number of participants with account balances as of the end of the p complete this item)	olan year (c	or (defined benefit plans do not			c . 93			
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instruction	ıs.)		X Yes No			
b	Are you claiming a walver of the annual examination and report of a	an indepen	dent qualified p	ublic accountant (IQP	'A)	X Yes No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo					N .co 10			
Pa	rt III Financial Information	37111 0000	or and most n			120			
7	Plan Assets and Liabilities		(a) Be	linning of Year	1	(b) End of Year			
a	Total plan assets	7a		268605	1	3010258			
b	Total plan liabilities								
	Net plan assets (subtract line 7b from line 7a)	7c		268605	1	3010258			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:			25600	\prod				
	(1) Employers	8a(1)		25690	⊣				
	(2) Participants	8a(2)		33272	4				
	(3) Others (including rollovers)			10000	-				
b	Other income (loss)	8b		-12968	4	VE003E			
C C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+	459935			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		13405	7				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)			-	7.					
g	Other expenses	8g		159	6				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			<u> </u>	135728			
i	Net income (loss) (subtract line 8h from line 8c)	81		· · · · · · · · · · · · · · · · · · ·		324207			
- 1	Transfers to (from) the plan (see instructions)	0.			1	and the artist of the control of the			

		Form 5500-SF 2011 Page 2						
Day	rt IV	Plan Characteristics						
9a	lf th	ne plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara E 2F 2G 2J 2K 3D	acteris	stic Co	des in	the instructio	ns:	
•								
b	lf th	ne plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cterist	ic Cod	es in th	ie instruction	s: 	
Par	t۷	Compliance Questions						
10		ring the plan year:		Yes	No	A	mount	
	29	as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b	We on	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х			
C	W	as the plan covered by a fidelity bond?	10c	Х			5	00000
d	Di or	d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		Х			
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		Х			
f	Ha	is the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х				10711
h	Ift	his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		х			
İ	lf ·	10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	101					
Parl		Pension Funding Compliance						
11	is!	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	lule SB	(Form	Yes	∏No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
14		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_
а) If a	s waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru-	ctions	, and e	enter th	e date of the	letter rul	ing
	gra	anting the waiverMon completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ith		Day	Y	ear	
		ter the minimum required contribution for this plan year		Γ	12b			
				- 1	12c			
Ç	En Leu	ter the amount contributed by the employer to the plan for this plan yearbtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	of a	'''	404		h	***************************************
	ne	gative amount)			12d		l Na F] N/A
		Il the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	IN/A
Par						. [].		
13a		s a resolution to terminate the plan been adopted in any plan year?			<u> </u>	Yes X No		
		Yes," enter the amount of any plan assets that reverted to the employer this year						
b	of	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?			*****		Yes	X No
C	If o	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t nich assets or liabilities were transferred. (See instructions.)	he pla				1	
	13c(1) Name of plan(s):	-	13	c(2) E	N(S)	130(3)	PN(s)
Cau	ition	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole ca	use is	estab	lished.		
Und SB	ler pe or Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret chedule MB completed and signed by an enreligid actuary, as well as the electronic version of this return is true, correct, and complete	um/re	port, li	ncludin	g, if applicab	le, a Sch nowledge	edule and
		7/12/12 WILLIAM JU	NKE	RMIE	R			
	SIGN Date Enter name of individual signing as plan administrator							

Date

Enter name of individual signing as employer or plan sponsor

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE