-	rm 5500-SF	Short Form Annual Re	turn/Report c enefit Plan	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089				
	artment of the Treasury ernal Revenue Service	D This form is required to be filed		nd 4065 of the Emplove	е	2012				
Employee I	Department of Labor Benefits Security Administration	Retirement Income Security Act of 1		ctions 6057(b) and 6058		This Form is Open to Public Inspection				
	Benefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I		lentification Information		and anding 1	0/01/	2012				
	dar plan year 2012 or fisca N				2/31/2					
	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan									
B This re	eturn/report is:		he final return/report							
0	[1 3	n/report (less than 12 mo	,					
C Check	box if filing under:		utomatic extension			DFVC program				
Dort II	Basia Blan Inform	special extension (enter description)								
Part II 1a Name		mation—enter all requested informati	ION		1h	Three-digit				
	NERGY NETWORKS 40	1(K) PLAN			10	plan number				
						(PN) ▶ 001				
			1c	Effective date of plan 04/01/2011						
	sponsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 90-0418740				
					2c	Sponsor's telephone number 509-893-8044				
	IISSION AVENUE, SUITE AKE, WA 99019		2d							
3a Plan a	administrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's EIN				
					3c	Administrator's telephone number				
4 If the	name and/or EIN of the p	lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN				
name		per from the last return/report.			4c PN					
<u> </u>		the beginning of the plan year			5a	11				
b Total	number of participants at	the end of the plan year			5b	24				
		count balances as of the end of the pla			_					
					5c					
	•	luring the plan year invested in eligible	,	,		X Yes No				
		ne annual examination and report of ar See instructions on waiver eligibility ar				X Yes No				
		er line 6a or line 6b, the plan cannot								
Caution:	A penalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	se is	established.				
SB or Sch		r penalties set forth in the instructions, signed by an enrolled actuary, as well ete.								
SIGN	Filed with authorized/va	lid electronic signature.	05/22/2013	BRETT TURNER						
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator				
SIGN										
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sig	ning as employer or plan sponsor				
Preparer's		ne, if applicable) and address; include	room or suite number			arer's telephone number (optional)				
				·						

Part III Financial Information 7 Plan Assets and Liabilities		(a) Reginning of Ver	r			(b) End of Yos-		
	70	(a) Beginning of Yea				(b) End of Year	74	
a Total plan assets	7a 75	884	4			572	.74	
b Total plan liabilities	7b 7a	004	4			530	74	
C Net plan assets (subtract line 7b from line 7a)	7c	8844			57274			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from: (1) Employers	8a(1)							
(2) Participants	8a(2)	4608	9					
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b	234	1					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					484	30	
d Benefits paid (including direct rollovers and insurance premiums								
to provide benefits)	8d							
e 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						0	
i Net income (loss) (subtract line 8h from line 8c)	8i					484	30	
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
3D 2E 2F 2J 2K b If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Charac	cterist	ic Cod	es in the	e instructions:		
10 During the plan year:				Yes	No	Amount		
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) 	ciary Correct	tion Program)	10a	Yes	No X	Amount	:	
During the plan year:a Was there a failure to transmit to the plan any participant contribution	ciary Correct ? (Do not inc	tion Program)	10a 10b	Yes		Amount	:	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidurentia) b Were there any nonexempt transactions with any party-in-interest? 	ciary Correct ? (Do not inc	tion Program)		Yes	х	Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) 	ciary Correct ? (Do not incl fidelity bond,	tion Program) lude transactions reported that was caused by fraud	10b		х	Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity for the plan have a loss. 	ciary Correct ? (Do not incl fidelity bond, er persons b ff the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c		x x	Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all or any service service or other organization that provides some or all or any service service or other organization that provides some or all or any service or a service or a service or a service or a service or	ciary Correct ? (Do not incl fidelity bond, er persons b if the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d		X X X	Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan 	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f		x x x x x	Amount		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (See instructions) 	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefits n? s of year end See instructi	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g		x x x x x x x	Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not incl fidelity bond, er persons b if the benefits of the benefits s of year end See instruction re required not	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x	Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not incl fidelity bond, er persons b if the benefits of the benefits s of year end See instruction re required not	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g		X X X X X X X X X	Amount		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefits n? s of year end See instruction re required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X Ule SB	(Form	10000	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidurent b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not incl fidelity bond, er persons b if the benefits of the benefits of year end See instruction re required not l-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X Ule SB	(Form	1000	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefits n? s of year end See instruction re required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X X X Ule SB	(Form	1000	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not incl fidelity bond, er persons b if the benefits of the benefits s of year end See instruction requirements requirements	tion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X X X Ule SB	(Form	1000	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not incl fidelity bond, er persons b if the benefits as of year end See instruction erequired not l-3	tion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 plete	X Sched	X X X X X X X X X X Ule SB Ule SB 02 of E	(Form	10000 os X No os X No	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not incl fidelity bond, er persons b f the benefits n? s of year end See instructi ne required no I-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 plete	X Sched	X X X X X X X X X Ule SB Ule SB	(Form	1000 s X No s X No	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Yes X No		
С	C 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.)						
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Form 5500-SF	Benefit Dien						210-0110 210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed	e	2	012	2		
Department of Labor Employee Benefits Security Administration	B(a) of	This Form is	s Open to pection	Open to Public			
Pension Benefit Guaranty Corporation	Complete all entries in accord	ance with the instru	ctions to the Form 550	0-SF.	1113	pection	
Part I Annual Report Id For calendar plan year 2012 or fisca	lentification Information	1/01/2012	and ending	ALC: NOT OF	12/31/201	2	
A This return/report is for:	2		blan (not multiemployer)			AND	
B This return/report is:	-	the final return/report			a one-partici	pant plan	
			urn/report (less than 12 n	oonth			
C Check box if filing under:	H		in/report (less than 12 h	nonth	—	neres c	
C Check box II hing under:		automatic extension			DFVC progra	am	
Part II Basic Plan Inform	special extension (enter descriptior nation—enter all requested informa						
1a Name of plan	actor enter all requested informa	lion		16	Three-digit		
Demand Energy Netwo	rks = 401(k) Plan			15	plan number		
	ing for (k) fram				(PN) 🕨	00)1
				1c	Effective date of		
2a Plan sponsor's name and addr	ess; include room or suite number (en	anlauna iffana sinala		-	04/01/2011	L	
Demand Energy Netwo		nployer, if for a single	-employer plan)	2b	Employer Identif (EIN) 90-041	ication Nur	nber
				20	Sponsor's telep		
				20	(509) 893-	8044	Jei
24001 E. Mission Av	renue, Suite 102			2d	Business code (see instruc	tions)
Liberty Lake		WA	99019		812990		
3a Plan administrator's name and	address XSame as Plan Sponsor Na	ame 🗌 Same as Plar	Sponsor Address	3b	Administrator's E	EIN	
				3c	Administrator's t	elephone r	number
4 If the name and/or EIN of the p	lan sponsor has changed since the la	st return/report filed f	or this plan, enter the	4b	EIN		
name, EIN, and the plan numb a Sponsor's name	er from the last return/report.						
5a Total number of participants at	the beginning of the plan year			5a			11
b Total number of participants at	the end of the plan year			5b			24
c Number of participants with acc	count balances as of the end of the pl	an year (defined ben	efit plans do not				
				5c			10
6a Were all of the plan's assets d	uring the plan year invested in eligible	e assets? (See instru	ctions.)			X Yes	No
under 29 CFR 2520.104-46? (e annual examination and report of a See instructions on waiver eligibility a	n independent qualitiend of a conditions (ed public accountant (IQ	PA)		X Yes	ΠNο
If you answered "No" to eith	er line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	Form	5500.		
Caution: A penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	use is	established.		
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	r penalties set forth in the instructions, signed by an enrolled actuary, as wel	, I declare that I have II as the electronic ve	examined this return/represented this return/report	oort, ir t, and	ncluding, if applica to the best of my	able, a Sch knowledge	edule and
SIGN Connit		1		_	(
HERE	- Altra		Connie J		A PAR AND A PARA		
Signature of plan adm	hinistrator	Date	Enter name of individ	and a strength of the		ninistrator	
SIGN HERE	en	5/20/13	Greeb Pa.	Her	son, CEL	Pres	dent
Signature of employe	r/plan sponsor ne, if applicable) and address; include	Date	Enter name of individ				
	ie, ir applicable) and address, include		er (optional)	Prep	parer's telephone	number (o	ptional)
For Paperwork Reduction Act Notice a	and OMB Control Numbers, see the instr	uctions for Form 5500	-SF.			Form 5500-8	SF (2012) 7. 120126

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Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	of Year	
а	Total plan assets	7a	5	3,84	4				57,274
b	Total plan liabilities	7b		8					
C	Net plan assets (subtract line 7b from line 7a)	7c	5	3,84	4				57,274
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)			_				
	(2) Participants	8a(2)	40	6,08	9				
1.	(3) Others (including rollovers)	8a(3)			-				
1.52	Other income (loss)	8b		2,34	1				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				48,430
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e			-				-
	Administrative service providers (salaries, fees, commissions)	8f			+				
	Other expenses	8g			+-	_			
1070	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-	+				0
	Net income (loss) (subtract line 8h from line 8c)	81			+				48,430
	Transfers to (from) the plan (see instructions)	8j			+				10,450
	rt IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension	footure oo	dea from the List of Dise Char		11 C -	4	a		
•••	3D 2E 2F 2J 2K	leature co	des from the List of Plan Chara	actens		ides in	the instruct	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	terist	ic Cod	les in l	the instruction	ins:	
Par	t V Compliance Questions		· · · · · · · · · · · · · · · · · · ·		_				
10	During the plan year:				Yes	No			
	Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in		162	NO	·	Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		х			
C	Was the plan covered by a fidelity bond?			10c	х			1	10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		x			10,000
е	Were any fees or commissions paid to any brokers, agents, or oth	er person	s by an insurance carrier.	icu					
	insurance service or other organization that provides some or all o instructions.)	of the bene	fits under the plan? (See	40.		v	1		
f	Has the plan failed to provide any benefit when due under the pla	-0		10e		X			
				10f		X			
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х		-	
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х			
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	I notice or one of the	10i		x			
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If ")	(es," see instructions and com	plete	Sched	lule SE	3 (Form	Yes	
	Enter the amount from Schedule SB line 39					11a			<u></u>
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	X No
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	as applica	able.)						
-	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruction	tions,	and e	enter ti Day		e letter ru Year	lling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	B MB (For	m 5500), and skip to line 13.						
h	Enter the minimum required contribution for this plan year				T	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 a negative amount)	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII 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	13a			-1960
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		∏ Ye	s 🛛 No
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s):	3c(2) E	EIN(s)	13c	3) PN(s)
Part	VIII Trust Information (optional)				
14a I	Name of trust	14b 1	rust's EIN		