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.

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report Identification	Information							
For calenda	ar plan year 2012 or fiscal plan year beg			and ending	12/31/2	012			
A This ret	urn/report is for:	loyer plan a mu	ıltiple-employer pla	an (not multiemployer)		a one-partici	pant plar	1	
	urn/report is: the first return	n/report the f	inal return/report			<u>—</u>			
	an amended	return/report a sho	ort plan year return	/report (less than 12 m	nonths)				
C Check I	pox if filing under:		matic extension			DFVC progra	am		
C 0out.		sion (enter description)				_ , ,			
Part II	Basic Plan Information—enter								
1a Name		an requested information			1b	Three-digit			
	TWORKS 401(K) PLAN					plan number			
						(PN) •	00)1	
					1c	Effective date of	of plan /2002		
2a Plan si	consor's name and address; include roo	m or suite number (employ	ver if for a single-	amplover plan)	2h	Employer Ident		Jumbo	r
	TWORKS, LLC	in or saile number (emplo)	yer, ir for a sirigic-c	imployer plant	20)59896	vuilibe	1
					2c	Sponsor's telep	hone nu	mber	
	AVE., SUITE 100						6-8610		
SPOKANE,	WA 99201				2d	Business code		ruction	s)
20.0		DI 0 11	По		26	4543			
3a Plan a	dministrator's name and address XSam	ne as Plan Sponsor Name	Same as Plan	Sponsor Address	30	Administrator's	EIN		
					3с	Administrator's	telephon	e numl	ber
	name and/or EIN of the plan sponsor has		eturn/report filed fo	r this plan, enter the	4b	EIN			
name,	name and/or EIN of the plan sponsor has , EIN, and the plan number from the last or's name		turn/report filed fo	r this plan, enter the	4b 4c				
name, a Sponse	EIN, and the plan number from the last	return/report.	·	·	4c				97
a Sponse 5a Total r	EIN, and the plan number from the last or's name	return/report.			4c 5a				97
a Sponso 5a Total r b Total r	EIN, and the plan number from the last or's name number of participants at the beginning or	return/report. of the plan year			4c 5a 5b				98
name, a Sponso 5a Total r b Total r c Numb	EIN, and the plan number from the last or's name number of participants at the beginning chumber of participants at the end of the per of participants with account balances ete this item)	of the plan yearplan year as of the end of the plan y	ear (defined benef	it plans do not	4c 5a 5b 5c	PN			98
name, a Sponso 5a Total r b Total r C Numb compl 6a Were	EIN, and the plan number from the last or's name number of participants at the beginning on the participants at the end of the per of participants with account balances ete this item)	of the plan yearas of the end of the plan yearas of the end of the plan year invested in eligible ass	ear (defined benef	it plans do not	4c 5a 5b 5c	PN	X Y	es 📗	98
name, a Sponso 5a Total r b Total r c Numb compl 6a Were b Are yo	EIN, and the plan number from the last or's name number of participants at the beginning on the participants at the end of the per of participants with account balances ete this item)	of the plan yearas of the end of the plan year as of the end of the plan year invested in eligible assination and report of an inc	ear (defined benef	it plans do not ions.)d public accountant (IC	4c 5a 5b 5c	PN	_		98 98 No
name, a Sponse 5a Total r b Total r C Numb compl 6a Were b Are younder	EIN, and the plan number from the last or's name number of participants at the beginning on the participants at the end of the per of participants with account balances ete this item)	of the plan yearas of the plan yearas of the end of the plan year invested in eligible assination and report of an incess on waiver eligibility and construction.	ear (defined benef	it plans do not ions.)	4c 5a 5b 5c	PN		es 📗	98
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name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A	EIN, and the plan number from the last or's name number of participants at the beginning on the participants at the end of the per of participants with account balances ete this item)	return/report. of the plan year as of the end of the plan year invested in eligible assignation and report of an incompany and a second seco	ear (defined beneficies (See instruct dependent qualifier onditions.)	iit plans do not ions.) d public accountant (IC	4c 5a 5b 5c 5c PPA)	PN 5500. established.	XY	es [98 98 No No
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are you under If you Caution: A Under pena SB or Sche	EIN, and the plan number from the last or's name number of participants at the beginning of number of participants at the end of the per of participants with account balances ete this item)	of the plan year	ear (defined beneficially be assessed upper large to the conditions.)	it plans do not ions.) d public accountant (IC and must instead use unless reasonable ca	4c 5a 5b 5c PPA) Formuse is eport, in	PN 5500. established. cluding, if applic	x Y	es	98 98 No No
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are you under If you Caution: A Under pena SB or Sche	EIN, and the plan number from the last or's name number of participants at the beginning of number of participants at the end of the per of participants with account balances ete this item) all of the plan's assets during the plan you claiming a waiver of the annual examing 29 CFR 2520.104-46? (See instructions answered "No" to either line 6a or line a penalty for the late or incomplete filicalties of perjury and other penalties set for	of the plan year	ear (defined beneficially be assessed upper large to the conditions.)	it plans do not ions.) d public accountant (IC and must instead use unless reasonable ca	4c 5a 5b 5c PPA) Formuse is eport, in	PN 5500. established. cluding, if applic	x Y	es	98 98 No No
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name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is to	EIN, and the plan number from the last or's name number of participants at the beginning of number of participants at the end of the per of participants with account balances ete this item)	return/report. of the plan year	ear (defined beneficies) sets? (See instruct dependent qualified onditions.)	it plans do not ions.) d public accountant (IC and must instead use inless reasonable ca examined this return/re ion of this return/repoi	4c 5a 5b 5c SPA) are Form use is export, in tt, and t	5500. established. cluding, if applic of the best of my	cable, a S	Schedu	98 98 No No
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name, a Sponso 5a Total r b Total r c Numb compl 6a Were b Are you under If you Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan number from the last or's name number of participants at the beginning of number of participants at the end of the per of participants with account balances ete this item)	return/report. of the plan year	ear (defined beneficients) sets? (See instruct dependent qualified onditions.)	iit plans do not ions.) d public accountant (IC and must instead use inless reasonable ca examined this return/repoi WILLIAM JUNKERMI Enter name of individ	4c 5a 5b 5c 5c PPA) Form use is eport, in t, and t ER dual signal	5500. established. cluding, if applic o the best of my	cable, a S	es Schedudge and	98 98 No No
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name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is to SIGN HERE Preparer's JODI CALHO RANDALL 8	EIN, and the plan number from the last or's name number of participants at the beginning of number of participants at the end of the per of participants with account balances ete this item)	return/report. of the plan year	ear (defined beneficients) sets? (See instruct dependent qualified onditions.)	iit plans do not ions.) d public accountant (IC and must instead use inless reasonable ca examined this return/repoi WILLIAM JUNKERMI Enter name of individ	4c 5a 5b 5c 5c PPA) Form use is eport, in t, and t ER dual signal	5500. established. cluding, if applic o the best of my	eable, a So handle with the comministrate and the comministrate an	es Schedudge and	98 98 No No

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Pai	t III Financial Information									—	
	an Assets and Liabilities (a) Beginning of Yo			(b) End of Year							
	Total plan assets	72	301025		(b) End of Year 4074893						
	Total plan liabilities							407	1000		
	Net plan assets (subtract line 7b from line 7a)	7c	301025	8				4074	1803		
	Income, Expenses, and Transfers for this Plan Year	,,,					(b) To		1000		
	Contributions received or receivable from:		(a) Amount			(b) Total					
	(1) Employers	8a(1)	27759	1							
	(2) Participants	8a(2)	36860)4							
	(3) Others (including rollovers)										
b	Other income (loss)	8b	43582	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1082	2017		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1733	2							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	5	0							
q	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						17	7382		
	Net income (loss) (subtract line 8h from line 8c)	8i							4635		
	Transfers to (from) the plan (see instructions)	8j							1000		
	t IV Plan Characteristics	oj .									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Co	des in t	he instruction	ns:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		moui	nt		
а				10a		X	-		•••		
b		? (Do not	include transactions reported	10b		X					
С	Was the plan covered by a fidelity bond?			10c	X				E	500	000
d	<u> </u>	fidelity bo	nd, that was caused by fraud	10d		X				3000	000
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	ner person of the bene	s by an insurance carrier, efits under the plan? (See			X					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		^					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					7	768
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X					
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										
Part	VI Pension Funding Compliance									_	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							\	⁄es		No
<u>1</u> 1a	Enter the amount from Schedule SB line 39	<u></u>		<u></u>		11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?	١	⁄es	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•								_	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and	enter th		e lette 'ear _	r ruli	ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 5500), and skip to line 13.								
	Enter the minimum required contribution for this plan year					12b					

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	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		
е	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		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	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.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Complete all entries in accord	ance with the instru	ctions to the Form 550	00-SF.	<u></u>			
Part I Annual Report Identification Information		and ending	·				
For calendar plan year 2012 or fiscal plan year beginning 01,	12/31/20	12					
A This return/report is for:	a multiple-employer p	lan (not multiemployer)	a one-parti	cipant plan			
B This return/report is:	the final return/report		_				
an amended return/report a	ı short plan year retur	n/report (less than 12 m	nonths)				
C Check box if filing under: Form 5558	automatic extension		DFVC prog	ıram			
special extension (enter description	1)						
Part II Basic Plan Information—enter all requested informat	tion	***************************************					
1a Name of plan			1b Three-digit				
CERIUM NETWORKS 401(K) PLAN			plan number	l			
			(PN) >	001			
			1c Effective date of plan 01/01/2002				
2a Plan sponsor's name and address; include room or suite number (em	polover if for a single.	employer plan)	2b Employer Identification Number				
CERIUM NETWORKS, LLC	ipidyer, it ios a origio	employer plany	(EIN) 91-20				
1636 W 1st Ave., Suite 100			2c Sponsor's telephone number 509-536-8610				
			2d Business code				
SPOKANE WA 99201			454390	,			
3a Plan administrator's name and address XSame as Plan Sponsor Na	me XSame as Plar	Sponsor Address	3b Administrator's	s EIN			
			3C Administrator	s telephone number			
4 If the name and/or EIN of the plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b EIN				
name, EIN, and the plan number from the last return/report.	•	, mar part ,	TO LIN				
a Sponsor's name			4c PN				
5a Total number of participants at the beginning of the plan year			5a	97			
b Total number of participants at the end of the plan year			5b	98			
C Number of participants with account balances as of the end of the pla complete this item)	an year (defined bene	fit plans do not	5c	98			
6a Were all of the plan's assets during the plan year invested in eligible				X Yes No			
b Are you claiming a waiver of the annual examination and report of an	i independent qualifie	d public accountant (IQI	PA)				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility an If you answered "No" to either line 6a or line 6b, the plan cannot	id conditions.)		eroo	X Yes No			
Caution: A penalty for the late or incomplete filing of this return/repo							
Under penalties of perjury and other penalties set forth in the instructions, SB or Schedule MB completed and signed by an enrolled actuary, as well	I declare that I have a	examined this return/repart	oort, including, it appiles and to the hest of m	cable, a Schedule			
belief, it is true, correct, and complete.	40 410 01001101110 15.1	non or ano totalistopoli,	, מווע נט נווט צייער טי ווי	y Miomoago ana			
	T . / ./_	LITTETAM TUNING	~ * * *** ***				
SIGN HERE	C/28/13	WILLIAM JUNKER	RMIER				
Signature of plan administrator	Date/ (Enter name of individu	ual signing as plan ac	Iministrator			
SIGN	. l						
HERE Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employ	er or plan sponsor			
Preparer's name (including firm name, if applicable) and address; include	room or suite number	(optional)		e number (optional)			
Jodi Calhoun			509-83	0 5500			
Randall & Hurley, Inc.			203-03	8-5500			
601 W Riverside Ave., Suite 1600			The Control of the Co				
Spokane WA 99201							

Pa	rt III Financial Information										
7	Plan Assets and Liabilities	ssets and Liabilities (a) Beginning of Ye		ar			(b) End	of Year			
a	Total plan assets	7a		102	58		, ,		4074893		
b	Total plan liabilities	7b			$\neg \vdash$						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)				58				4074893		
8	Income, Expenses, and Transfers for this Plan Year	·	(a) Amount		(b) Total			Total			
a	Contributions received or receivable from: (1) Employers	8a(1)	2	77591							
	(2) Participants	8a(2)	3	686	04	4					
	(3) Others (including rollovers)	8a(3)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.5						
ь	Other income (loss)	8b	4	358:	22	2 19 11 19 19 19 19 19 19 19 19 19 19 19					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1082017		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		173:	32			:			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			- 1	Magni					
f	Administrative service providers (salaries, fees, commissions)	8f	1.40		50						
g	Other expenses	8g				v silit		1.	56.50.000		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		100					17382		
i	Net income (loss) (subtract line 8h from line 8c)	81							1064635		
j	Transfers to (from) the plan (see instructions)	8j				Na sa			1000000		
Pai	t IV Plan Characteristics	<u> </u>		***************************************	L			****			
b Par	If the plan provides pension benefits, enter the applicable pension of 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feet V Compliance Questions								1/4 mas		
10	During the plan year:		. ***		Yes	No	Ι	A 110 0 11 11			
a				10a	163	Х		Amoun	<u> </u>		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х			,		
	***			10c	Х		-		500000		
d		fidelity bor	nd, that was caused by fraud	10d		х					
е		er persons f the bene	s by an insurance carrier, fits under the plan? (See	10e		х					
f	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g	х				7768		
h	If this is an individual account plan, was there a blackout period? (2520.101-3 .	See instru	ctions and 29 CFR	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i							
Part			. :		L		l				
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	ule SE	3 (Form	Пүе	es 🗌 No		
11a	11a Enter the amount from Schedule SB line 39							<u> </u>			
12	is this a defined contribution plan subject to the minimum funding a						FRISA?	∏ Y₄	es 🗓 No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			V: 30	JUNIT	.UE UI		<u> </u>	14 110		
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortize	d in this plan year, see instruc	tions,	and e	nter th	e date of t	he letter Year	ruling		
if	you completed line 12a, complete lines 3, 9, and 10 of Schedule					<u></u>			***************************************		
	Enter the minimum required contribution for this plan year	•	*			12b					
											