	Form 5500-SF	Short Form Annual Ret	urn/Report o nefit Plan	f Small Employ	yee	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service	nd 4065 of the Employe	е	2012								
Em	Department of Labor ployee Benefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058		This Form is Open to Public						
	nsion Benefit Guaranty Corporation	 Complete all entries in accordar 	,	,	0-SF.	Inspection SF.						
Pa	rt I Annual Report Id	Ientification Information										
For c	calendar plan year 2012 or fisca	al plan year beginning 07/01/2012		and ending 0	6/30/2	2013						
А т	his return/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-participant plan						
В т												
	an amended return/report a short plan year return/report (less than 12 months)											
C c	Check box if filing under:	싁	itomatic extension			DFVC program						
	Special extension (enter description)											
		nation—enter all requested information	on		46							
	Name of plan NERS INVESTMENT NETWOR	RK SAVINGS PLAN			10	Three-digit plan number						
						(PN) ▶ 001						
					1c	Effective date of plan						
	Plan sponsor's name and addru NERS INVESTMENT NETWO	ess; include room or suite number (emp	bloyer, if for a single-e	employer plan)	2b	07/01/1991 Employer Identification Number						
	NERO INVEGIMENT NETWO				2c	(EIN) 91-1407407 Sponsor's telephone number						
	/. RIVERSIDE AVE., SUITE 94 ANE, WA 99201	0			2d	509-838-4432 Business code (see instructions)						
3a	Plan administrator's name and	address Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	523120 Administrator's EIN						
	ERS INVESTMENT NETWOR		DE AVE., SUITE 940	oponsol Address	00	91-1407407						
		plan sponsor has changed since the last	return/report filed for	r this plan, enter the	4b	EIN						
	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	PN						
5a	Total number of participants at	the beginning of the plan year			5a	10						
b	Total number of participants at	the end of the plan year			5b	5b						
		count balances as of the end of the plar			5c	4						
-		luring the plan year invested in eligible a										
b	Are you claiming a waiver of th under 29 CFR 2520.104-46? (he annual examination and report of an See instructions on waiver eligibility and rer line 6a or line 6b, the plan cannot	independent qualified	d public accountant (IQI	PA)	X Yes No						
		incomplete filing of this return/repor										
Unde SB o	er penalties of perjury and othe	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a	declare that I have e	examined this return/rep	oort, ir	ncluding, if applicable, a Schedule						
SIG	Filed with authorized/va	lid electronic signature.	09/11/2013	J.D. ALLEN								
HER	E Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator						
SIG												
HER	Signature of employe				ual sig	ning as employer or plan sponsor						
JODI RANE 601 V SUITI	CALHOUN DALL & HURLEY INC. V. RIVERSIDE AVE E 1600	ne, if applicable) and address; include r	oom or suite number	(optional)	Prep	parer's telephone number (optional) 509-838-5500						
SPOP	KANE, WA 99201											

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7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a Total plan assets	7a	89434				14196
b Total plan liabilities	7b					0
C Net plan assets (subtract line 7b from line 7a)	7c	89434	2			14196
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:		0054				
(1) Employers		2351				
(2) Participants		8577				
(3) Others (including rollovers)			0	_		
b Other income (loss)		8168	6	_		
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums) 	8c			_		190975
to provide benefits)	8d	107112	1			
e Certain deemed and/or corrective distributions (see instructions).	8e		0			
f Administrative service providers (salaries, fees, commissions)	8f		0			
g Other expenses						
h Total expenses (add lines 8d, 8e, 8f, and 8g)						1071121
i Net income (loss) (subtract line 8h from line 8c)						-880146
j Transfers to (from) the plan (see instructions)						
Part IV Plan Characteristics						
2E 2F 2G 2J 2K 2R 3D b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Output	feature codes	from the List of Plan Chara	cterist	ic Cod	les in th	ne instructions:
Part V Compliance Questions 10 During the plan year:				Yes	Na	• •
10 During the plan year:a Was there a failure to transmit to the plan any participant contrib	utions within th	he time period described in		res	No	Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig			10a		Х	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		x	
C Was the plan covered by a fidelity bond?			10c	Х		250000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		x	
e Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or al instructions.)	l of the benefits	s under the plan? (See	10e		x	
${f f}$ Has the plan failed to provide any benefit when due under the pl	an?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount	as of year end	.)	10g		Х	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	? (See instruction	ons and 29 CFR	10h		x	
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required no	otice or one of the	10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments? (If "Yes	s," see instructions and com	plete	Scheo	lule SB	(Form
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum fundin					302 of E	ERISA? 🛛 Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	<u>w, as </u> applicable	0.)				
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belowa If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amortized	in this plan year, see instrue		, and e	enter the Day _	e date of the letter ruling Year
a If a waiver of the minimum funding standard for a prior year is be	eing amortized	in this plan year, see instruc		, and e		-

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
е	Will t	ne 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?	X	Yes No)	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Ye	s 🗙 No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to			
1	3c(1)	Name of plan(s): 1	3 c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

Eor	m 5500-SF	Short Form Annual	Return/Report of	of Small Employ	VAA	OMB Nos. 12	10-0110		
-	tment of the Treasury	yee		10-0089					
Inter	nal Revenue Service	This form is required to be		2012					
Employee B	partment of Labor enefits Security Administration	Retirement Income Security Ac the Inte	5(a) 01	This Form is Open to F Inspection	Public				
Pension Be	nefit Guaranty Corporation	Complete all entries in acc	cordance with the instruc	ctions to the Form 550	0-SF.	mapection			
Part I		entification Information							
For calenda	ar plan year 2012 or fisca		07/01/2012	and ending		06/30/2013			
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-participant plan			
B This ret	urn/report is:	the first return/report	the final return/report						
an amended return/report a short plan year return/report (less than 12 months)									
C Check box if filing under:									
special extension (enter description)									
Part II	Basic Plan Inform	nation—enter all requested info	rmation						
1a Name	of plan				1b	Three-digit			
Partne	rs Investment N	Jetwork Savings Plan				plan number 001			
					10	(PN) ► 001 Effective date of plan			
					1	07/01/1991			
	oonsor's name and address Investment N	ess; include room or suite number Ietwork	r (employer, if for a single-	employer plan)	2b	Employer Identification Num (EIN) 91-1407407	ıber		
					2c	Sponsor's telephone number	er		
601 W.	Riverside Ave.	, Suite 940				509-838-4432			
Omelaeur		1/2 00001			2d	Business code (see instruct	ions)		
Spokane 3a Plana		WA 99201 address Same as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	523120 Administrator's EIN			
	rs Investment N					91-1407407			
					3c Administrator's telephone number 509-838-4432				
601 W.	Riverside Ave.	, Suite 940				505-050-4452			
Spokane	,	WA 99201							
	•	lan sponsor has changed since th er from the last return/report.	he last return/report filed to	or this plan, enter the	4b	EIN			
a Sponso	•	,			4c PN				
5a Total r	umber of participants at	the beginning of the plan year			5a 1				
b Total r	umber of participants at	the end of the plan year			5b		7		
		count balances as of the end of th		fit plans do not	_				
					5c		4		
		uring the plan year invested in eli	•			X Yes	No		
		e annual examination and report See instructions on waiver eligibili				X Yes	∏ No		
	•	er line 6a or line 6b, the plan ca	• •						
Caution: A	penalty for the late or	incomplete filing of this return/	report will be assessed	unless reasonable cau	ise is	established.			
		penalties set forth in the instruct							
	dule MB completed and rue, correct, and comple	signed by an enrolled actuary, as te.	well as the electronic vers	sion of this return/report	, and t	o the best of my knowledge	and		
SIGN	1100	100.	91513	J.D. Allen	······				
HERE (Gally D. J.								
	Signature of plan adn	Imstrator	Date	Enter name of individi	uai sig	ning as plan administrator			
SIGN HERE						······			
	Signature of employe name (including firm name		Date Enter name of individu d address; include room or suite number (optional)			idual signing as employer or plan sponsor Preparer's telephone number (optional)			
Jodi Ca					, icp		aonary		
Randall & Hurley Inc.						509-838-5500			
	Riverside Ave								
	Suite 1600								
Spokane		WA 99201							

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Par	t III Financial Information									
· · · · · ·	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year		
а	Total plan assets	7a		9434	12		<u>_</u>		14196	
	Total plan liabilities	7b							0	
			8	9434	12				14196	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total			
	Contributions received or receivable from:			005						
	(1) Employers	8a(1)		2351						
	(2) Participants	8a(2)		8575	79					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		8168	36					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							190975	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10	7112	21				<u>.</u>	
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1071121	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-880146	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2R$ $3D$	feature co	des from the List of Plan Char	acteri	stic Co	odes in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coo	des in t	he instruct	ions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amoun		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х			-	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		x				
c				10c	x				250000	
d					<u> </u>					
	or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х				
						x				
<u>g</u>	If this is an individual account plan, was there a blackout period?			10g						
<u> </u>	2520.101-3.)			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 2520.10			10i						
Part	······································									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								es 🗌 No	
11a	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Π Y	es 🛛 No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.							. 🖵		
а		ng amortiz	ed in this plan year, see instru		, and	enter ti Day		he letter Year	ruling	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul									
	Enter the minimum required contribution for this plan year					12b				