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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accor	rdance with the instruc	tions to the Form 5500)-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part I	Annual Report I	dentification Information								
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/201	14	and ending 0	3/27/2	2014				
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan			
B This ret	urn/report is:	the first return/report	the final return/report							
		an amended return/report	<u> </u>	n/report (less than 12 mo	(nths	_				
C Check I	box if filing under:	Form 5558 special extension (enter descripti	automatic extension		DFVC program					
Dort II	Basis Dlan Infor	ш :	<u> </u>							
Part II		mation—enter all requested inform	nation		1 h	There all all				
1a Name	ot pian NERGY NETWORKS 40	O4/K) DLAN			טו	Three-digit plan number				
DEMAND E	NERGT NETWORKS 40	JI(K) FLAN			l	(PN) ▶	001			
					1c	Effective date o	f plan			
					l	04/01				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) DEMAND ENERGY NETWORKS						Employer Identi (EIN) 90-04	fication Number 18740			
1550 BANK	OE AMEDICA FINANC	IAI CNTP			2c	Sponsor's telep				
	OF AMERICA FINANC RIVERSIDE AVENUE WA 99201	IAL CIVIR			2d		(see instructions)			
3a Plan a	dministrator's name and	d address Same as Plan Sponsor I	Name Same as Plan	Sponsor Address	3b	Administrator's				
					3с	Administrator's	telephone number			
					l					
A 16.45			1	a their and a section the	41.					
		plan sponsor has changed since the liber from the last return/report.	last return/report filed to	or this plan, enter the	4b	EIN				
a Spons		ber from the last return/report.			4c	PN				
		at the beginning of the plan year			5a		5			
b Total r	number of participants a	at the end of the plan year			5b	+	0			
		ccount balances as of the end of the	• • •	'	5c		0			
	,	during the plan year invested in eligit					X Yes No			
		the annual examination and report of					V vaa D Na			
		(See instructions on waiver eligibility					X Yes No			
-		her line 6a or line 6b, the plan can			_		1			
C If the p	olan is a defined benefit	plan, is it covered under the PBGC i	nsurance program (see	ERISA section 4021)?	📙	Yes No	Not determined			
Caution: A	penalty for the late o	r incomplete filing of this return/re	port will be assessed	unless reasonable cau	se is	established.				
SB or Sche		er penalties set forth in the instructior d signed by an enrolled actuary, as w lete.								
SIGN	Filed with authorized/v	alid electronic signature.	04/11/2014	GREGG PATTERSON						
HERE	Signature of plan ad	 Iministrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator			
SIGN						<u>, </u>				
HERE	Cianatura of ampleu	varialen enener	Data	Foton money of individu	مامام،					
Preparer's	Signature of employ name (including firm na	rer/pian sponsor ame, if applicable) and address; inclu	Date de room or suite numbe	Enter name of individur (optional)			number (optional)			
		····, ·· · · · · · · · · · · · · · · ·		(()			(4)			

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear		
a	Total plan assets	7a	3720				(11)			0	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	3720	3					(0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
	Contributions received or receivable from:		(2) 1 2112 2111				()				
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
<u>b</u>	Other income (loss)	8b	45	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							452	2	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3725	5							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	40	0							
<u>g</u>	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3765		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							-3720	3	
J	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2J 2K	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions	C		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruc	tions:			
Par	t V Compliance Questions					ī	1				
10	During the plan year:				Yes	No		Amo	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	uciary Corr	ection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					10	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					· ·					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
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		Х					
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X	No
11a	Enter the unpaid minimum required contribution for current year fr					11a		<u> </u>			
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·				ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 01 30	54011	20 <u>2</u> 01		1			
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		. 00	·		
	Enter the minimum required contribution for this plan year					12b					

Page	3 -	. 1	
гаус	J		

С	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?	X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	No
С	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.)	:0			
1	3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust'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

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

1210-0089

OMB Nos. 1210-0110

2013

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Part I		l Identification Information		NOTES TO SELECT SERVICE SERVIC						
For calenda	ar plan year 2013 or f	iscal plan year beginning	01/0	01/2014	and ending		03/27/201	.4		
A This ret	turn/report is for:	X a single employer plan	am	ultiple-employer	plan (not multiemployer)		a one-particip	oant plan		
B This ret	turn/report is:	the first return/report	X the	final return/repor	t					
		an amended return/report	X a sh	ort plan year retu	ım/report (less than 12 m	ionths))			
C Check I	box if filing under:	Form 5558	auto	omatic extension			DFVC progra	ım		
		special extension (enter descr	ription)							
Part II	Basic Plan Info	ormation—enter all requested inf	formation	Í						
1a Name	of plan					1b	Three-digit			
Demai	nd Energy Net	works 401(k) Plan					plan number (PN)	001		
						1c	Effective date of			
							04/01/201			
	ponsor's name and ac nd Energy Net	ddress; include room or suite numbe works	er (emplo	yer, if for a single	employer plan)	2b	Employer Identif			
						2c	Sponsor's telep	······		
1550	Rank of Amer	cica Financial Cntr					(509) 893-			
601 1	West Riversid			T-7*	- 00001	20	Business code (see instructions)		
Spoka 3a Plan a		and address XSame as Plan Spons	eor Name		A 99201 an Sponsor Address	3b	812990 Administrator's	FIN		
VW I harr—	allimonator o mante	ind addition in particular in a particular in	501 . Tun	,	III Opolioo, 7 ma. 303					
						3с	Administrator's t	telephone number		
		ne plan sponsor has changed since	the last n	eturn/report filed	for this plan, enter the	4b	EIN			
	-	umber from the last return/report.				4- 5-				
	or's name	s at the beginning of the plan year			The state of the s	4c PN				
_	A. 18	s at the beginning of the plan years at the end of the plan year						5		
		account balances as of the end of				5b		0		
	1000 NO 1000 NO 1000	account balances as of the end of			-	5c	3.7	0		
		ts during the plan year invested in e						X Yes No		
2000	- The proposition of the property of the prope	of the annual examination and repor 5? (See instructions on waiver eligib		•				X Yes No		
		either line 6a or line 6b, the plan o						<u> </u>		
_		efit plan, is it covered under the PBG				_	. – –	Not determined		
						<u>-</u>]		
		or incomplete filing of this return ther penalties set forth in the instruc						able a Schodule		
SB or Sche	edule MB completed a	and signed by an enrolled actuary, a								
belief, it is t	true, correct, and com	iplete.								
SIGN	Chia	lath		4/9/14	Gregg Patterso	on				
HERE	Signature of plan a			Date	Enter name of individ		nninn as plan adr	ninistrator		
SIGN	Signature of press.	AUIIIIII GOO		Dato	Line (idillo of marria	lua o.	illig do pari da	III IIou atoi		
HERE	Signature of small			Date	Ester some of individ		==ina an amalawa	alon ononeor		
Preparer's	Signature of emplo name (including firm)	name, if applicable) and address; in			Enter name of individ per (optional)			number (optional)		
, roparor o	, , , , , , , , , , , , , , , , , , ,				or (opnomina)	' '		names (opasial)		
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Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	'ear	
a	Total plan assets	7a	3'	7,20	3					0
	Total plan liabilities	7b		**********						
	Net plan assets (subtract line 7b from line 7a)	7c	3	7,20	3			'		0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
-	Contributions received or receivable from:		(a) Amount				(5)	, 0.0	·	
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	W *							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		45	2					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								452
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3:	7,25	5					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		40	0					
g	Other expenses	8g	CONT. DO CONTROLO DE CONTROLO DE 1900.							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3	7,655
i	Net income (loss) (subtract line 8h from line 8c)	8i							(37	,203)
j	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics							-		
-	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 2F 2J 2K									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions	en Es	
Pari	t V Compliance Questions					-				
10					Yes	No			4	
-10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut	tione withi	n the time period described in		163	140		Am	ount	9 3
u	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		-	10b		х			•	,
С	Was the plan covered by a fidelity bond?			10c	Х					10,000
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			х			a-	
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d						
-	insurance service or other organization that provides some or all of									
	instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х				
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne require	d notice or one of the	10i		х				
Part					L		L			
11	Is this a defined benefit plan subject to minimum funding requirem	ente? /lf "	Vac " eag instructions and com	nlete	Schoo	ای ماد	R /Form	1		
	5500) and line 11a below)								Yes	X No
	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA?	.11	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			-C				c 11 .		.1:
a	granting the waiver.	······	Mon		, and e	enter th Day	ie datė o	the l		uing
	you completed line 12a, complete lines 3, 9, and 10 of Schedule					461	T			
b	Enter the minimum required contribution for this plan year				1	12b	1			

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С	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?	XY	es No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?			X Yes No
С	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.)	0		
1	3c(1) Name of plan(s): 13	c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
		14b Tr	ust's EIN	