## 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 accord	lance with the instruc	ctions to the Form 5500	O-SF.			
Part I	Annual Report lo	dentification Information			•			
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013	3	and ending 1	2/31/2013			
_		<b>□</b>		lan (not multiemployer)	a one-pa	articipant plan		
<b>B</b> This ret	turn/report is:	the first return/report	the final return/report					
				n/report (less than 12 mo	· —			
C Check I	box if filing under:	Form 5558	automatic extension		DFVC program			
David III	Daria Blanchitan	_ ` ` '	<i>'</i>					
Part II		mation—enter all requested informa	ition		41	<u> </u>		
1a Name	•				<b>1b</b> Three-digit plan number			
CERIUM NE	TWORKS 401(K) PLAN	1			(PN) ▶	001		
					1c Effective da			
						01/01/2002		
	ponsor's name and addi	ress; include room or suite number (er	mployer, if for a single-	employer plan)	<b>2b</b> Employer l	dentification Number		
CERIOWI NE	erworks, LLC				(=114)	telephone number		
	AVE., SUITE 100				•	9-536-8610		
SPOKANE,	WA 99201					ode (see instructions)		
3a Plan a	dministrator's name and	d address Same as Plan Sponsor N	ame Same as Plar	Sponsor Address	<b>3b</b> Administrat	tor's EIN		
					<b>3c</b> Administrat	tor's telephone number		
1 If the a	and and the				Al- en			
		plan sponsor has changed since the la	ast return/report filed for	or this plan, enter the	4b EIN			
name	, EIN, and the plan num	plan sponsor has changed since the laber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b EIN 4c PN			
name	, EIN, and the plan num or's name		·	·	4c PN	117		
a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	ber from the last return/report.				117 111		
a Sponso 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with ac	at the beginning of the plan year	lan year (defined bene	efit plans do not	4c PN 5a 5b	111		
name. a Spons 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with addete this item)	at the beginning of the plan year	lan year (defined bene	efit plans do not	4c PN 5a 5b 5c	111		
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name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder If you	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF	efit plans do not tions.)d public accountant (IQI	4c PN 5a 5b 5c PA) Form 5500.	111		
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name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Sche belief, it is i SIGN HERE Preparer's JODI CALH RANDALL 8	p. EIN, and the plan numor's name number of participants and number of participants are reflected this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruc- an independent qualifie- and conditions.) but use Form 5500-SF surance program (see ort will be assessed s, I declare that I have as the electronic ver  10/02/2014  Date  Date	efit plans do not  tions.)	4c PN 5a 5b 5c PA) Form 5500. Se is established ont, including, if a a and to the best of	111  X Yes No  X Yes No  X Yes No  D Not determined  d.  ppplicable, a Schedule of my knowledge and  n administrator  ployer or plan sponsor hone number (optional)		

Form 5500-SF 2013 Page **2** 

Pai	rt III   Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
	Total plan assets	7a	407489				5513000
	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c	407489	3			5513000
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		, ,				(4) 1214
	(1) Employers	8a(1)	29471				
	(2) Participants	8a(2)	38116				
	(3) Others (including rollovers)	8a(3)	6054				
<u>b</u>	Other income (loss)	. 8b	85408	6			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1590515
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	15230	8			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	10	0			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					152408
i_	Net income (loss) (subtract line 8h from line 8c)	8i					1438107
<u>j</u>	Transfers to (from) the plan (see instructions)	8j					
	t IV Plan Characteristics						
9a	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	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	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		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
				10c	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X	300000
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			10d			
E	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 plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X		76008
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X	
i							
Part				.0.			
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and complete Schedule SB (Form							
	5500) and line 11a below)						
	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39						
12							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	<b>a</b> 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 Month Day Year						
<u>If</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		<del></del>		Т
h	Enter the minimum required contribution for this plan year					12b	ĺ

Page	3 -		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)					
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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.)	)			
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust'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).

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

2013

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information			•			
			01/01/2013	and ending	12/31/20	)13		
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-pai	ticipant plan		
_	turn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 m	ionths)			
C Check	box if filing under:	X Form 5558	automatic extension		☐ DFVC pro	ogram		
		special extension (enter descrip	otion)			•		
Part II	Basic Plan Info	ormation—enter all requested info						
1a Name		officer da requested into	maton		1b Three-digit			
	NETWORKS 401	L(K) PLAN			plan numbe			
					(PN) <b>)</b>	001		
					1c Effective dat 01/01/20			
	ponsor's name and a NETWORKS, LI	ddress; include room or suite number <sub>r</sub> C	(employer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 91-2059896			
1636 W	1st Ave., Su	aite 100			2c Sponsor's to 509-536			
	-					de (see instructions)		
SPOKAN	E	WA 99201			454390			
3a Plan a	dministrator's name a	nd address XSame as Plan Sponso	r Name XSame as Plai	Sponsor Address	3b Administrato	r's EIN		
					3c Administrato	r's telephone number		
4 If the i	name and/or EIN of th	ne plan sponsor has changed since th	e last return/report filed for	or this plan, enter the	4b EIN			
	•	umber from the last return/report.						
	or's name	at the beginning of the plan was			4c PN			
	• •	s at the beginning of the plan year			-	117		
		s at the end of the plan year			5b	111		
comp	lete this item)	account balances as of the end of th	***************************************			111		
		ts during the plan year invested in elig				X Yes No		
		of the annual examination and report of the annual examination and report of the contractions on waiver eligibilities.				X Yes No		
		either line 6a or line 6b, the plan ca	•					
<del>-</del>		efit plan, is it covered under the PBGC						
						<u> </u>		
	· · ·	or incomplete filing of this return/						
SB or Sche	edule MB completed a	ther penalties set forth in the instructi and signed by an enrolled actuary, as						
belief, it is	true, correct, and com	aplete.						
SIGN								
HERE	Signature of plan	adelinetrator	Date	Enter name of individ	ual signing as plan	administrator		
SIGN								
HERE	Signature of emple	over/plan sponsor	Date	Enter name of individ	ual signing as empl	oyer or plan sponsor		
Preparer's		name, if applicable) and address; incl	ude room or suite numbe			one number (optional)		
Jodi Calhoun 509-838-5500						38-5500		
Randal	l & Hurley, I	nc.						
	Riverside Ave	., Suite 1600						

Pa	rt III   Financial Information						
7	Plan Assets and Liabilities	Liabilities (a) Beginning of Y		ar		(b) End of Year	
а	Total plan assets	7a		7489	93		5513000
b	Total plan liabilities	7b					
c	Net plan assets (subtract line 7b from line 7a)	7c	40	7489	93		5513000
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount			·	(b) Total
a 	Contributions received or receivable from: (1) Employers	8a(1)	2	947	11		
	(2) Participants	8a(2)	3	8116	59		
	(3) Others (including rollovers)	8a(3)		6054	19	15. P	
b	Other income (loss)	8b	8	5408	4086		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	age exists a received to the age.	e Maria			1590515
d			-1	523(			
	to provide benefits)	8d	4	3231	70		
<del>_</del>	Certain deemed and/or corrective distributions (see instructions)	8e				datan. Kabupatèn	
	Administrative service providers (salaries, fees, commissions)	8f		1(	00		
<u>g</u>	Other expenses	8g	Adelina et a vereina et externa a en la claresta de	- N. J. 18 E.	-	1.100.000	
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					152408
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8)		e 2 e 12	3.7 260	A service Service	1438107
	Transfers to (from) the plan (see instructions)  rt IV Plan Characteristics	8j			155		
b	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 fellows  If the plan provides welfare benefits, enter the applicable welfare fellows						
10					V	N <sub>2</sub>	I .
	During the plan year:  Was there a failure to transmit to the plan any participant contribut	iono uáthi	n the time needed described in		Yes	No	Amount
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 on line 10a.)	? (Do not	include transactions reported	10b		Х	
С				10c	Х		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х	***************************************
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all oinstructions.)	er person of the ben	s by an insurance carrier, efits 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	end.)	10g	Х		76008
h	If this is an individual account plan, was there a blackout period? (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 2520.101	e required	notice or one of the	10i			
Part	VI Pension Funding Compliance		*******				**************************************
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	fule SE	G (Form Yes No
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39						
12							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					,	
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortize	ed in this plan year, see instru	tions,	and e	nter th	ne date of the letter ruling Year
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year		***************************************		[	12b	