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 section 6058(a) of the Internal Revenue Code (the Code).

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	art I Annual Report Identification Information								
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010								
Α	This return/report is for:	multiple-e	one-participant plan						
В	This return/report is for:	final retur	n/report						
	an amended return/report	short plar	year return/report (less than 12 mor	nths)					
C	Check box if filing under:	•	extension	,	DFVC program				
Ū	special extension (enter description								
D:	art II Basic Plan Information—enter all requested informa	,							
	Name of plan	allOH		1b	Three-digit				
	LECTIONS 401(K) PLAN AND TRUST				plan number 001				
					(PN) •				
				1c Effective date of plan					
22	Diam annuaria nama and address (amplayer if for single amplayer	nlon\		2h	01/01/2008				
	Plan sponsor's name and address (employer, if for single-employer LECTIONS	piari)			Employer Identification Number (EIN) 20-2986977				
					Plan sponsor's telephone number				
) SW BARTON, SUITE E20 TTLE, WA 98126			0.1	206-923-3684				
				2a	Business code (see instructions) 621210				
3a	Plan administrator's name and address (if same as Plan sponsor, el	nter "Same	e")	3b	Administrator's EIN				
REF	LECTIONS 2600 SW BA SEATTLE, W	RTON, SL	ITE E20		20-2986977				
				3c	Administrator's telephone number 206-923-3684				
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Sponso			4 -					
5 0	Tatal acceptance of a paticipa pate of the bearing in a of the plan con-			4c					
	Total number of participants at the beginning of the plan year			5a	7				
b	Total number of participants at the end of the plan year			5b	/				
С	Total number of participants with account balances as of the end of complete this item)		` .	5c	7				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		Yes No				
b	- ,								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,		Yes No				
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fo art III Financial Information	orm 5500-	SF and must instead use Form 550	υυ.					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
a	Total plan assets	. 7a	(a) Beginning of Fear)	107945				
	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	68409	09 10					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from:		30000		• •				
	(1) Employers	· · ·							
		, ,							
	(2) Participants	8a(2)	5657						
L	(2) Participants	8a(2) 8a(3)	5657	7					
b	(2) Participants	8a(2) 8a(3) 8b		7	30643				
C	(2) Participants	8a(2) 8a(3)	5657	7	39643				
_	(2) Participants	8a(2) 8a(3) 8b	5657	7	39643				
C	(2) Participants	8a(2) 8a(3) 8b 8c	5657	7	39643				
c d	(2) Participants	8a(2) 8a(3) 8b 8c	5657	5	39643				
c d e	(2) Participants	8a(2) 8a(3) 8b 8c 8d 8d	3986	5	39643				
c d e f	(2) Participants	8a(2) 8a(3) 8b 8c 8d 8d 8e	3986	5	107				
c d e f g	(2) Participants	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	3986	5					

Form 5500-SF 2010		Page 2-	
Part IV	Plan Characteristics		_
0 - 14 41	alam manufalan manalam kamadita	and another and free black and a feet to an end as force the List of Plan Observatoristic October in the free black and	

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V	Compliance Questions						
0	Duri	ing the plan year:		Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X			
С	Wa	s the plan covered by a fidelity bond?	10c	X				25000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X			
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X				461
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance						
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					Ye	
2	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	. Ye	s 🔼 No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver						
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b			
		er the minimum required contribution for this plan year			12c			
		er the amount contributed by the employer to the plan for this plan year			120			
a		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets						
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					Ye	s X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to PBGC?	under	the co		•	Ye	s X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1			
1	13c(1) Name of plan(s):				c(2) E	(2) EIN(s)		3) PN(s)
auti	on: /	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.	L	
Inde B or	pen Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete.	ırn/re _l	port, in	cludin	g, if appli		

SIGN	Filed with authorized/valid electronic signature.	09/08/2011	GLENN BUCHANAN				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	09/08/2011	GLENN BUCHANAN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

Form 5500-SF

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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 section 6058(a) of the

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

Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public inspection

P	artii Annuai Report	Identification Information									
For	the calendar plan year 2010	or fiscal plan year beginning	01/0	1/2010	and ending	12	/31/2010				
Α	This return/report is for:	x single-employer plan	multiple-e	mployer plan (no	t multiemployer)	one-participant plan					
В	This return/report is for:	first return/report	final return	n/report	•						
		an amended return/report	short plan	vear return/repo	rt (less than 12 mont	ns)					
C	Check box if filing under:	x Form 5558		extension		.o,	DFVC program				
•	Check box if filling under.	special extension (enter description		CATORIGION		L.] Dr vo plogiali	Į.			
-	Desir Disselect		,								
	ART III Basic Plan Info	ormation enter all requested infor	mation.			46 -	T				
ıa	Name of plan						hree-digit plan number				
	REFLECTIONS 401(K)	PLAN AND TRUST				(PN) ►	001			
							1C Effective date of plan				
<u>2a</u>	Plan sponsor's name and ad	dress (employer, if for single-employer pl	an)				01/01/2008 Employer Identific	and an Alican base			
	REFLECTIONS	arous (amployor, ir for sarigid amployor pr	anı				EIN) 20-298				
	2522 511 515 511					2¢ F	Plan sponsor's te	lephone number			
	2600 SW BARTON, SUI	TE E20					(206) 923-36				
US	SEATTLE	WA 98126					Business code (s	ee instructions)			
За		nd address (If same as plan employer, en	ter "Same	')			Administrator's El	IN			
	Same										
						3c /	dministrator's te	lephone number			
4	If the name and/or EIN of the	plan sponsor has changed since the las	t return/rep	ort filed for this p	olan, enter the	4b E	IN				
	name, EIN and the plan num	ber from the last return/report. Sponsor's	Name		,	4c F					
5a	Total number of participants	at the beginning of the plan year	· · · · · · · · · · · · · · · · · · ·			5a	14	_			
b	· ·	at the end of the plan year)	5b		7 7			
С	Total number of participants	with account balances as of the end of th	e plan yea	r (defined benefi	t plans do not			<u> </u>			
	complete this item)	· · · · · · · · · · · · · · · · · · ·			· · · · ·	5c		7			
oa b		during the plan year invested in eligible a				• •		x Yes ☐ No			
D		the annual examination and report of an (See instructions on waiver eligibility and			c accountant (IQPA)			X Yes No			
		her 6a or 6b, the plan cannot use Form						EL 103			
Pa	rt III Financial Infor	mation									
7	Plan Assets and Liabilities			(a) Beg	inning of Year		(b) End o	f Year			
а	Total plan assets		. 7a		68,409			107,945			
b	Total plan liabilities	· · · · · · · · · · · · · · · · · · ·	. 7b								
С	Net plan assets (subtract line	7b from line 7a)	7c		68,409			107,945			
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) To	otal			
а	Contributions received or received	eivable from:				2.5					
	(1) Employers		8a(1)		30,000						
	, ,	· · · · · · · · · · · · · · · · · · ·	8a(2)		5,657						
h		s)	8a(3)								
b			8b		3,986						
d	Total income(add lines 8a(1), Benefits paid (including direct	8a(2), 8a(3), and 8b)	8c					39,643			
-		· · · · · · · · · · · · · · · · · · ·	8d								
е		ctive distributions (see instructions)	8e								
f		ers (salaries, fees, commissions)	. 8f		107						
g	Other expenses	,	8g								
h	Total expenses (add lines 8d	, 8e, 8f, and 8g)	8h					107			
i		ne 8h from line 8c).	8i			8		39,536			
i		see instructions)	8j		The Real Property of the Control of						
<u> </u>	() and positi (c					200000					

	Form 5500-SF 2010	F	age 2-						
Par	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 3D If the plan provides welfare benefits, enter the applicable welfare								
Day	rt V Compliance Questions			· · · · · · · · · · · · · · · · · · ·					
10					Yes	No		Amount	· · · · · · · · · · · · · · · · · · ·
	During the plan year: Was there a failure to transmit to the plan any participant contri	ibution within the time perio	nd described in		103			Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	duciary Correction Program	1)	10a		Х			
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x			
_				10c	x	1			25,000
c d	, , , , , , , , , , , , , , , , , , , ,			100	_	-			25,000
	or dishonesty?			10d		x			
е	Were any fees or commisions paid to any brokers, agents, or of insurance services or other organization that provides some or instructions.)	all of the benefits under the	e plan? (See	10e	х				461
f	Has the plan failed to provide any benefit when due under the					x			
q	Did the plan have any participant loans? (If "Yes," enter amoun				_	х			······································
h		d? (See instructions and 29	CFR			x			
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	d the required notice or one	e of the						
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requir 5500))							. 🔲 Yes	X No
12	Is this a defined contribution plan subject to the minimum fundi		412 of the Code or	r sectio	on 302	of ER	ISA? .	. Yes	X No
a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as ap If a waiver of the minimum funding standard for a prior year is begranting the waiver	being amortized in this plan	Mor	ons, ar	nd ent	er the o	date of the	letter ruling Year	
b		•	•		Γ	12b			
c	Enter the amount contributed by the employer to the plan for th				· -	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Er	nter the result (enter a minu			` -	12d			
_	negative amount)			• •	٠			T No.	
	Will the minimum funding amount reported on line 12d be met VII Plan Terminations and Transfers of Asse		• • • • •	• • •	• •	• •	Yes	No	N/A
200000	Has a resolution to terminate the plan been adopted during the		2			·····		Пуде	X No
···	If "Yes," enter the amount of any plan assets that reverted to the				r	13a	<u> </u>	<u>. Ц ю</u>	[A.]140
b				der the	cont				
С	of the PBGC?							. Yes	X No
	13c(1) Name of plan(s):			1	13	c(2) E	N(s)	13c(3)	PN(s)
								100(0)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
`a. sti	low. A popular for the late or large well-to fill or of the many for			<u> </u>	<u>-</u>				
Inde B or	on: A penalty for the late or incomplete filing of this return/re r penalties of perjury and other penalties set forth in the instruction Schedule MB completed and signed by an enrolled actuary, as well as the complete and signed by an enrolled actuary, as well as the complete and signed by an enrolled actuary.	ns, I declare that I have ex	amined this return/i	report.	includ	tina. if	applicable.	a Schedule rledge and)
11.04	, it is true, correct, and complete.		I					·	
SIG		Sant Sant	Glenn Buchar						
HEI		Date 6. Sept 4	Enter name of inc		l signi	ng as	plan admini	strator	
SIG		10-60-	Glenn Buchar						·
nel	Signature of employer/plan sponsor	Date & Sept 20	Enter name of inc	dividua	l signi	ng as	employer o	r plan spon	sor