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

2011

This Form is Open to Public Inspection

	F Complete all entries in accord	iance with	i the manachona to the Form 3300	<i>J</i> -3F.		
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	011	
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan	
В	This return/report is: X the first return/report	the final r	eturn/report			
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)		
C	Check box if filing under: Form 5558	automatic	extension		DFVC program	
	special extension (enter descriptio	n)				
Pa	art II Basic Plan Information—enter all requested information	ation				
1a	Name of plan			1b	Three-digit	
	RELLA RETIREMENT PLAN				plan number	
					(PN) • 001	
				1c	Effective date of plan 01/01/2011	
2a	Plan sponsor's name and address; include room or suite number (er	mplover if	for a single-employer plan)	2h	Employer Identification Number	
	BRELLA, INC.	inployer, ii	Ter a emgre empreyer planty		(EIN) 20-1170679	
				2c	Sponsor's telephone number	
25 CI	ENTRAL WAY, SUITE 330				425-202-4888	
	(LAND, WA 98033			2d	Business code (see instructions)	
					541600	
	Plan administrator's name and address (if same as plan sponsor, er RELLA, INC. 25 CENTRAL			3b	Administrator's EIN 20-1170679	
OIVID	KIRKLAND, V		112 000	3c	Administrator's telephone number	
					425-202-4888	
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name		4c PN			
	Total number of participants at the beginning of the plan year		5a	0		
b	Total number of participants at the end of the plan year			5b	21	
С	Number of participants with account balances as of the end of the p			35		
	complete this item)			5c	15	
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No	
b	Are you claiming a waiver of the annual examination and report of a			,	X Yes □ No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		No	
Pa	art III Financial Information	21111 0000	or and must mistead use roim oo			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
а	Total plan assets	7a	0		283636	
b	Total plan liabilities	7b				
C	Net plan assets (subtract line 7b from line 7a)	7c	0		283636	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а			, ,		(2) 1012.	
	(1) Employers	8a(1)	35015	_		
	(2) Participants	8a(2)	76679	_		
	(3) Others (including rollovers)	8a(3)	178566	_		
b	Other income (loss)	8b	-6624			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			283636	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				
i	Net income (loss) (subtract line 8h from line 8c)	8i			283636	
j	Transfers to (from) the plan (see instructions)	8j				

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Form	5500	-SF	2011	

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Part IV	Plan Characteristics
ralliv	L FIAN GNAIAGRENSIUS

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 2T 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art		Compliance Questions		I					
)		ng the plan year:		Yes	No		Am	ount	
а		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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	X					318
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h	If thi	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		h 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 '	VΙ	Pension Funding Compliance	1		ı				
	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	•			,		Yes	□ No
2		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 00	011011	JOE 01 1			1	
а	lf a v	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.							
If y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Ente	r the minimum required contribution for this plan year			12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c				
		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d				
е	Will 1	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art '	/II	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ontrol			Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1		_		_
1:	3c(1)	Name of plan(s):		13	c(2) EI	N(s)		13c(3)	PN(s)
auti	on: 4	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	establ	ished.			
dei	pen	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report will be assessed unless reasonab alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report will be assessed unless reasonable.	urn/re _l	port, in	cludin	g,	, if app	, if applicable,	, if applicable, a Sche

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/12/2012	LAURIE SIMON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Pai	rti Annual Report	Identification Information	7,22,47,43						
For c	alendar plan year 2011 or fis	scal plan year beginning 01/01/20	11	and ending 1	2/31/2	011	Character Co. 10 Control		
A T	his return/report is for:	X a single-employer plan] a multiple-	employer plan (not multiemployer)		a one-particip	ant plan		
ВТ	his return/report is:	x the first return/report	the final return/report						
		an amended return/report	a short plan	year return/report (less than 12 mo	nths)				
C c	heck box if filing under:	Form 5558	automatic e	extension	Ĩ	DFVC progra	m		
		special extension (enter descripti	ion)						
Par	t II Basic Plan Info	rmation—enter all requested inform	nation	***************************************					
58	Name of plan	•			1b	Three-digit			
ОМВЕ	RELLA RETIREMENT PLAN					plan number (PN)	001		
		7		- and the state of		Effective date of 01/01/2	011		
2a F	Plan sponsor's name and ad RELLA, INC.	dress; include room or suite number (employer, if f	or a single-employer plan)	2b	Employer Identif (EIN) 20-117		рег	
					2c	Sponsor's telepi	none number	r	
25 CE	NTRAL WAY, SUITE 330				100	425-202			
	AND WA 98033				2d	Business code (ons)	
				<u> </u>	2 h	541600			
3a I		nd address (if same as plan sponsor,	enter "Same")	SD	Administrator's (20-117)			
SAIVIE					3с	Administrator's t	elephone nu	mber	
4						4b EIN			
	name, EIN, and the plan number from the last return/report.								
a Sponsor's name					-12	PN			
5a Total number of participants at the beginning of the plan year					5a				
	A A COLOR OF THE C	at the end of the plan year			5b			21	
C	Number of participants with complete this item)	account balances as of the end of the	e plan year (d	efined benefit plans do not	5c				
		s during the plan year invested in elig					X Yes	No	
b	Are you claiming a waiver o	f the annual examination and report of ? (See instructions on waiver eligibility	of an independent	dent qualified public accountant (IQ	PA)		X Yes	ΠNο	
		ither 6a or 6b, the plan cannot use							
Pa	rt III Financial Infor								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		7a)		28	33636	
b	Total plan liabilities		7b						
C	Net plan assets (subtract lin	ne 7b from line 7a)	7с)		28	33636	
8	Income, Expenses, and Tra			(a) Amount	_	(b) 1	Total		
а	Contributions received or re	ceivable from:	8a(1)	35015	5				
			12 32	76679	9				
	MARKO, W. STANDERSKAPSKAPSKAPSKAPSKAPSKAPSKAPSKAPSKAPSKAP	ers)		178566	3				
b	2 2			-6624	1				
C		1), 8a(2), 8a(3), and 8b)	3.0		200		28	83636	
d	Benefits paid (including dire	ect rollovers and insurance premiums							
е		rective distributions (see instructions)		750 Carlos					
f		iders (salaries, fees, commissions)							
g							-100		
h	TO THE STANDARD CONTRACTOR OF THE STANDARD CONTR	3d, 8e, 8f, and 8g)							
i	Net income (loss) (subtract	line 8h from line 8c)	8i			***	2	83636	
ī		(see instructions)							

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ram	22001	-5-	201	

SIGN HERE

Signature of employer/plan sponsor

n	2		
Page	4	-	- 1

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Par		Plan Characteristics								
	a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Part	: V	Compliance Questions					-			
10		ing the plan year:			her	Yes	No	Δ	mount	-
а	Wa 29	s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	s within the time peri ry Correction Progra	iod described in m)	10a		х			
b		re there any nonexempt transactions with any party-in-interest? (Cine 10a.)			10b		Х	11 W		
C	Wa	s the plan covered by a fidelity bond?			10c		Х	Ten into		
d		the plan have a loss, whether or not reimbursed by the plan's fide lishonesty?			10d		х	**	-	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)									318
f	Has	the plan failed to provide any benefit when due under the plan? .	**************		10f	V	Х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)	*********	10g		Х			
h	lf th	is is an individual account plan, was there a blackout period? (Sec	e instructions and 29	CFR	10g		х			W
i	If 1	Oh was answered "Yes," check the box if you either provided the repetions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or one	e of the	10i					
Part	VI	Pension Funding Compliance				l.		-	***************************************	
11		nis a defined benefit plan subject to minimum funding requirements 0))							☐ Yes	П №
12	- HIT - JOH	his a defined contribution plan subject to the minimum funding req	STATISTICS						Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl								
a	If a	waiver of the minimum funding standard for a prior year is being a	mortized in this plan	year, see instru	ctions	, and e	enter th			
1£		nling the waivercomplete lines 3, 9, and 10 of Schedule M					Day	Y	ear	
b	7555 104	er the minimum required contribution for this plan year					12b	7 932 2		
		er the amount contributed by the employer to the plan for this plan				-	12c			
d	Sul	otract the amount in line 12c from the amount in line 12b. Enter the attive amount)	e result (enter a minu	is sign to the left	of a		12d	7 Carrena	- Ax	···
е	cower.	the minimum funding amount reported on line 12d be met by the						Yes	No	N/A
Part	100 FORE	Plan Terminations and Transfers of Assets								
13a	Ha	s a resolution to terminate the plan been adopted in any plan year?					Y	es X No		-
		es." enter the amount of any plan assets that reverted to the emp				3a				12
b		re all the plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought		eactavion.	ontrol	-	☐ Yes	X No
С		uring this plan year, any assets or liabilities were transferred from ich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	he pla	n(s) to)			
	13c(1) Name of plan(s):				13	c(2) El	N(s)	13c(3)	PN(s)
Cau	tion:	A penalty for the late or incomplete filing of this return/report	t will be assessed ι	ınless reasonab	le ca	use is	establ	ished.		Name of the
SBc	or Scl	nallies of perjury and other penalties set forth in the instructions, I nedule MB completed and signed by an enrolled actuary, as well a strue, correct, and complete.	declare that I have eas the electronic vers	examined this retain of this return.	urn/re /repor	port, ir t, and	cludin to the t	g, if applicab best of my kr	le, a Sch lowledge	edule and
SIG	N	* Lei	16-5-2012	LAURIE SIMOI	N				10.000	***
	HERE Signature of plan administrator Date Enter name of individual signing as plan administrator									

Date

Enter name of individual signing as employer or plan sponsor