## 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).

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

r		lance witl	n the instructions to the Form 5500	)-SF.		•			
P	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	011				
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	ſ	a one-partici	oant plan			
			eturn/report	L		·			
			•	41 \					
_			in year return/report (less than 12 mo	ontns) r	7				
С	Check box if filing under:	automatic	extension	DFVC program					
	special extension (enter description	n)							
Pa	Irt II Basic Plan Information—enter all requested informa	ition							
	Name of plan			1b	Three-digit				
	ECTIONS 401(K) PLAN AND TRUST				plan number				
					(PN) <b>•</b>	001			
				1c	Effective date of				
					01/01	/2008			
	Plan sponsor's name and address; include room or suite number (en LECTIONS	nployer, if	for a single-employer plan)			fication Number			
KLI	LECTIONS				(=114)	86977	_		
				<b>2c</b> Sponsor's telephone number					
	SW BARTON, SUITE E20		•	0.1	206-92				
SEA	TLE, WA 98126			2d		see instructions)			
<b>-</b>				O.L.	62121				
	Plan administrator's name and address (if same as plan sponsor, en ECTIONS 2600 SW BAR			3D	Administrator's I	EIN 86977			
	SEATTLE, WA		112 220	<b>3c</b> Administrator's telephone numb					
					206-923				
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report.		·				_		
а	Sponsor's name			4c	PN				
5a	Total number of participants at the beginning of the plan year		5a						
b	Total number of participants at the end of the plan year			5b					
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not				_		
	complete this item)		·	5c					
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes N	VО		
b	- , · · · · · · · · · · · · · · · · · ·			,					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes   N	VО		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550	00.					
	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		of Year	_			
а	Total plan assets	7a	107945			140357			
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	107945			140357			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:		20100						
	(1) Employers	8a(1)	29139						
	(2) Participants	8a(2)	8210						
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	76						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				37425			
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d	5013						
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				5013			
;	Net income (loss) (subtract line 8h from line 8c)	8i				32412	_		
;	`					322			
J	Transfers to (from) the plan (see instructions)	8j					П		

		<b>SE 66</b>	
⊢∩rm	5500-9	シト ン(	111

Part IV	Plan	Characte	aristics
ralliv	- FIAII	Guaraci	ยเอแรอ

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

)	V Compliance Questions		Ven	NI-				
	During the plan year:		Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X					731
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					2500
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ				
	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.)	10e	X					56
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				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art \	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X N
_	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					··· <u> </u>		—
		e or se	ction 3	02 of I	ERISA?		Yes	X N
	, , ,	e or se	ction 3	302 of I	ERISA?	L	Yes	X N
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	ctions,	and e	nter th	e date	of the le	tter rul	ing
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru-	ctions,	and e	nter th	e date	of the le	tter rul	ing
a If y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions, nth	and e	nter th	e date	of the le	tter rul	ing
a If yo	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions, nth	and e	nter th Day	e date	of the le	tter rul	ing
a If you b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.	ctions,  nth  of a	and e	nter th Day	e date	of the le	tter rul	ப ing
a If yo b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	ctions,	and e	nter th Day 12b 12c 12d	e date	of the le	tter rul	
a If you b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	nter th Day 12b 12c 12d	e date	of the le	etter rul	ing
a If ye b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	12b 12c 12d	e date	of the le	etter rul	ing
a  If you b c d  e  art \ 3a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d	e date	of the le	etter rul	ing
a If you b c d e art \ 3a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a	and e	12b 12c 12d	e date	of the le	etter rul	ing
a  If you b c d e Int \ Ba b c	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  WII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	of a	and e	12b 12c 12d	e date	of the le	etter rul	ing
a  If ye b c d e art \ 3a b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify to	of a	and e	12b 12c 12d	Yes X	of the le Yea	etter rul	ing N/A
a  If ye b c d e art \ 3a b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	nter th Day 12b 12c 12d	Yes X	of the le Yea	No Yes	ing N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/05/2012	GLENN BUCHANAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/05/2012	GLENN BUCHANAN
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

# 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 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

P	art i Annual Report Identification Information			0.10 to the 1 0111 00	00-01.	<u> </u>			
_	the calendar plan year 2011 or fiscal plan year beginning	01/0	1/2011	and ending	1.3	/31/3011			
	This return/report is for: x a single-employer plan			(not multiemployer)		/31/2011			
				(not multiemployer)	L	_ a one-participant plan			
			eturn/report						
	an amended return/report	a short pl	an year return/re	eport (less than 12 mo	onths)				
С	Check box if filing under: x Form 5558	automatic	extension			DFVC program			
	special extension (enter description)	)							
P	art II Basic Plan Information enter all requested inform	mation.							
1a	Name of plan				1b	Three-digit			
	REFLECTIONS 401(K) PLAN AND TRUST					plan number PN) ► 001			
						Effective date of plan			
					1	01/01/2008			
2a	Plan sponsor's name and address; include room or suite number (emp REFLECTIONS	loyer, if for	single-employe	r plan)	2b i	Employer Identification Number			
						EIN) 20-2986977			
						Plan sponsor's telephone number			
	2600 SW BARTON, SUITE E20					(206) 923-3684			
US	SEATTLE WA 98126				2a 8	Business code (see instructions)			
<u>3a</u>	Plan administrator's name and address (If same as plan sponsor, enter	r "Same")	·····			Administrator's EIN			
	Same	,			35 /	Administrator's EIM			
					3				
					3c Administrator's telephone number				
4	If the name and/or FIN of the plan areas has a hard and a second at the	<del></del>			<del> </del>				
_	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					4b EIN			
<u>a</u>	,				4c F	PN			
	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	8			
	Number of participants with account balances as of the end of the plan complete this item)	year (defir	ed benefit plans	s do not	5c				
6a	Were all of the plan's assets during the plan year invested in eligible as	sets? (See	instructions.)			8 X Yes No			
b	Are you claiming a waiver of the annual examination and report of an in	dependen	t qualified public	accountant (IQPA)		E 165			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and					· · · · XYes No			
Da	If you answered "No" to either 6a or 6b, the plan cannot use Form rt III Financial Information	5500-SF a	nd must instea	d use Form 5500.					
7	Plan Assets and Liabilities	148,443	/// /		т				
a	Total plan assets		(a) Be	ginning of Year		(b) End of Year			
	Total plan liabilities	7a .		107,945	_	140,357			
c	Net plan assets (subtract line 7b from line 7a)	7b							
<u> </u>	Income, Expenses, and Transfers for this Plan Year	7c	10	107,945		140,357			
а	Contributions received or receivable from:	<del> </del>	(8	i) Amount	্ব	(b) Total			
	(1) Employers	8a(1)		29,139					
	(2) Participants	8a(2)		8,210					
1	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		76					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				37,425			
di	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5,013	100				
е	Certain deemed and/or corrective distributions (see instructions)	8e			+				
f	Administrative service providers (salaries, fees, commissions)	8f			-				
g	Other expenses	8g			+ 33				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	State State		<del>                                     </del>	E 013			
i	Net income (loss) (subtract line 8h from line 8c)	8i			+	5,013			
i	Transfers to (from) the plan (see instructions)	8j				32,412			
_		-1				國際 보는 사람이 나가 되는 사회에 가장하게 되는 精			

		Form 5500-SF 2011	F	Page <b>2-</b>						
Par	t IV	Plan Characteristics								
∂a	If the	plan provides pension benefits, enter the applicable pension featur	e codes from the Lis	t of Plan Characteris	tic Co	des ir	n the in	structions:	····	
b	If the	2A 2E 2F 2J 3D plan provides welfare benefits, enter the applicable welfare feature	codes from the List	of Plan Characteristic	<b>c</b> Cod	les in	the ins	tructions:		
Par	t۷	Compliance Questions								
10		ring the plan year:				Ye <b>s</b>	No	Aı	mount	
а		is there a failure to transmit to the plan any participant contributions				х				7,31
b	W	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary are there any nonexempt transactions with any party-in-interest? (Dolline 10a.)			10a 10b	••	x			,,,,,,
С	W	is the plan covered by a fidelity bond?			10c	х				25,000
d	Die	the plan have a loss, whether or not reimbursed by the plan's fidelidishonesty?	ity bond, that was ca		10d		х			
е	ins	ere any fees or commisions paid to any brokers, agents, or other peurance services or other organization that provides some or all of the tructions.)	•	'	10e	х				568
f	Ha	s the plan failed to provide any benefit when due under the plan?			10f		x			
g	Die	I the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		х			
h	25	nis is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		х		7.48.1	
i	ex	0h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	of the	10i					
<u>Par</u> 11		Pension Funding Compliance								<del></del>
11		his a defined benefit plan subject to minimum funding requirements		uctions and complete	Sche	dule:	SB (Fo	rm	Yes	X No
12 a lf	(lif lif a gra	his a defined contribution plan subject to the minimum funding requives," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being around the waiver	e.) mortized in this plan y	year, see instructions	s, and	enter	th <b>e</b> da	ite of the lette	Yes ruling ear	
b	En	ter the minimum required contribution for this plan year				. [	12b		· · · · · · · · · · · · · · · · · · ·	
С		ter the amount contributed by the employer to the plan for this plan				. [	12c			
d		obtract the amount in line 12c from the amount in line 12b. Enter the gative amount)		sign to the left of a		. [	12d			
е		I the minimum funding amount reported on line 12d be met by the fu	unding deadline?	· · · · · · · · · · · · · · · · · · ·	٠	•		Yes [	□No	□N/A
	t VII	Plan Terminations and Transfers of Assets								
13a		s a resolution to terminate the plan been adopted in any plan year?				٠.	• •		Yes	X No
		Yes," enter the amount of any plan assets that reverted to the emplo			• •	<u>.l</u>	13a			
a o	of	re all the plan assets distributed to participants or beneficiaries, tranche PBGC?							Yes	X No
	wh	ch assets or liabilities were transferred. (See instructions.)			**(0)				ı	
	13c(	) Name of plan(s):			·····	13c(2) EIN(s) 13c(3) PN				PN(s)
										-
Cauti	ion: /	penalty for the late or incomplete filing of this return/report wi	ill be assessed unle	ess reasonable caus	se is e	stabl	ished.		I	
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I decedule MB completed and signed by an enrolled actuary, as well as the true, correct, and complete.	clare that I have exar he electronic version	mined this return/report, of this return/report,	ort, ind	cludin the l	g, if ap oest of	plicable, a So my knowledg	hedule le and	
		H Mach		Clone Buck						
SIG		Signature of plan administrator	Date Y / UK IC	Glenn Buchana Enter name of indiv		eignin	ng 20 0	lan administra		
SIG		Arunh 1	23.00   00   10	Enter name of fildiv	nuual	agni	iy as p	an auministra	±(OI	
HE		Signature of employer/plan sponsor	Date Bhyin	Enter name of indiv	vidual	sianin	n as e	molover or ob	an enoneo	or.