## 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).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		F Complete all entries in acco	ruance with the instit	ictions to the Form 55	000-3F.				
Part I		Identification Information							
For calen	dar plan year 2012 or fi	scal plan year beginning 01/01/20	12 -	and ending	12/31/2012				
	eturn/report is for:	X a single-employer plan		olan (not multiemployer	a one-part	icipant plan			
<b>B</b> This r	eturn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 i	months)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	gram			
		special extension (enter descripti	on)						
Part II	Basic Plan Info	prmation—enter all requested inform	nation						
1a Nam	e of plan				1b Three-digit				
OMBRELL	A RETIREMENT PLAN				plan number	004			
					(PN)	001			
					1c Effective date	e of pian 01/2011			
2a Plan	sponsor's name and ad	Idress; include room or suite number (	employer, if for a single	e-employer plan)	<b>2b</b> Employer Ide	ntification Number			
OMBRELLA, INC.				' '	1170679				
					2c Sponsor's tel				
	AL WAY, SUITE 330				425-2	202-4888			
KIRKLANL	, WA 98033					e (see instructions)			
20 Diam		and address Victoria and Diag Communication	Nama Doma as Dia			600			
<b>Ja</b> Plan	administrator's name ai	nd address XSame as Plan Sponsor	NameSame as Pla	an Sponsor Address	<b>3b</b> Administrator	SEIN			
					<b>3c</b> Administrator	's telephone number			
		e plan sponsor has changed since the	last return/report filed	for this plan, enter the	4b EIN				
	e, Liiv, and the plan hu sor's name	mber from the last return/report.			4c PN				
		at the beginning of the plan year			<del>-                                     </del>	21			
<b>b</b> Tota	number of participants	at the end of the plan year			<u> </u>	19			
C Num	ber of participants with	account balances as of the end of the	plan year (defined ben	efit plans do not					
	· · ·			•	5c	10			
		s during the plan year invested in eligi				X Yes No			
		f the annual examination and report of				X Yes No			
		? (See instructions on waiver eligibility ither line 6a or line 6b, the plan can				X Yes   No			
		or incomplete filing of this return/re her penalties set forth in the instruction				dicable a Schedule			
		nd signed by an enrolled actuary, as w							
belief, it is	true, correct, and com	plete.							
SIGN	Filed with authorized	/valid electronic signature.	02/22/2013	WILLIAM DOUGLAS	8				
HERE	Signature of plan a	dministrator	Date	Enter name of indivi	vidual signing as plan administrator				
SIGN	Jane 1 de president				5 5 %2 p.s 6				
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of indivi	idual signing as employer or plan sponsor				
Preparer'		name, if applicable) and address; inclu				ne number (optional)			
	,	, , ,		V 1 7	,	- (-1/)			

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-	1 01111 33000 01 2012		r age <b>z</b>							
Pa	rt III Financial Information									
7	Plan Assets and Liabilities				ar (b) End of Year					
a	Total plan assets	. 7a	28363		ì			17346	3	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	28363	36					173463	3
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from:									
	(1) Employers	8a(1)	1459							
	(2) Participants	8a(2)	7934							
	(3) Others (including rollovers)	8a(3)	716							
	Other income (loss)	8b	2298	35						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							124093	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	23058	89						
е	Certain deemed and/or corrective distributions (see instructions)	8e	367	7						
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							23426	6
i	Net income (loss) (subtract line 8h from line 8c)	8i						-	11017	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	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the inst	ruction	s:	
	2E 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	des in t	he instr	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
a		tions withi	n the time period described in						<u> </u>	
	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				
_	,				X					
	, <b>,,</b>			10c						20000
a	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
е										
	insurance service or other organization that provides some or all or	of the bene	efits under the plan? (See		X					
	instructions.)			10e		V				2360
f	Has the plan failed to provide any benefit when due under the pla			10f		X				
9	, , , , , , , , , , , , , , , , , , ,			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			1011						
	exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
11a						11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	·	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	•			, and	enter th Day	ne date	of the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b	<u> </u>			

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	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?		Yes 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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust'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).

> Complete all entries in accordance with the instructions to the Fo

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information	iso war are mende	nona to the Form 530	50-Sr.
For calenda	r plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	12/31/2012
A This retu	urn/report is for: X a single-employer plan a	multiple-employer pla	ın (not multiemployer)	a one-participant plan
B This retu	urn/report is:	e final return/report		es de viet Wood
	an amended return/report as	hort plan year return	/report (less than 12 m	nonths)
C Check b	oox if filing under: Form 5558 au	Itomatic extension		DFVC program
	special extension (enter description)			
Part II	Basic Plan Information—enter all requested information	on		
1a Name		-		1b Three-digit
OMBRELLA	RETIREMENT PLAN			plan number
				(PN) 001
	The state of the s			1c Effective date of plan 01/01/2011
2a Plan sp OMBRELLA	oonsor's name and address; include room or suite number (emp	loyer, if for a single-	employer plan)	2b Employer Identification Number
OMBINELLE				(EIN) 201170679
				2c Sponsor's telephone number
25 CENTRA	L WAY, SUITE 330			4252024888
KIRKLAND.	M/A 98033			2d Business code (see instructions) 541600
	dministrator's name and address X Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b Administrator's EIN
				3c Administratoria talanta
				3c Administrator's telephone number
Na proved		- COP-SUN	- Carette - Care	
	name and/or EIN of the plan sponsor has changed since the las , EIN, and the plan number from the last return/report.	t return/report filed fo	r this plan, enter the	4b EIN
a Spons				4c PN
5a Total r	number of participants at the beginning of the plan year	***************************************	***************************************	- 5a 21
<b>b</b> Total r	number of participants at the end of the plan year			5b 19
	er of participants with account balances as of the end of the pla ete this item)			5c 10
	all of the plan's assets during the plan year invested in eligible			
<b>b</b> Are yo	ou claiming a waiver of the annual examination and report of an	independent qualifie	d public accountant (10	OPA)
	29 CFR 2520.104-46? (See instructions on waiver eligibility an			
	answered "No" to either line 6a or line 6b, the plan cannot			
	penalty for the late or incomplete filing of this return/repo			
SB or Sche	alties of perjury and other penalties set forth in the instructions, edule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	I declare that I have a as the electronic vers	examined this return/re sion of this return/repo	eport, including, if applicable, a Schedule rt, and to the best of my knowledge and
	5 1-11-11	Г,		7
SIGN HERE	* Will you	12/21/2013		
111-11-	Signature of plan administrator	Date	Enter name of individ	dual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	dual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address; include	room or suite numbe	r (optional)	Preparer's telephone number (optional)
				N0001301 197

*3* 

Pari	III Financial Information								100		-
<b>7</b> F	Plan Assets and Liabilities (a) Beginning of Yo				ar (b) End of Year						-
_ a `	otal plan assets					-			73463	ĺ	
b 1	Total plan liabilities					****	7,010	10400	_		
_ C 1	Net plan assets (subtract line 7b from line 7a)						-		73463		- 10
8 1	Income, Expenses, and Transfers for this Plan Year (a) Amount						(h)	Total	70100	_	
	Contributions received or receivable from:						\2/	ТОЩ			
	1) Employers	8a(1)	1459	4	_		-	-40			
	2) Participants	8a(2)	7934	8							
	3) Others (including rollovers)	8a(3)	716	6							
	Other income (loss)	8b	2298	5	_						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	24093		0,-32.00
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	23058	0							
35.	Certain deemed and/or corrective distributions (see instructions)	8e	367	10.	+						
	Administrative service providers (salaries, fees, commissions)	8f	301		+			115		-	
	Other expenses	8g								-	
the fact of the	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-		****				
-	Net income (loss) (subtract line 8h from line 8c)				+-			330000	34266		
<u>, , , , , , , , , , , , , , , , , , , </u>	Fransfers to (from) the plan (see instructions)								10173		
Part		8j									
10 10000000	If the plan provides pension benefits, enter the applicable pension	facture con	ing from the List of Dis. Ol					1000			
Ja	2E 2G 2J 2K 2T 3D	lealure coc	ies from the List of Plan Char	acteris	tic Co	des in	the instr	uctions	i		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cteristi	c Cod	es in I	he instru	ctions		-	
								ouono.			
Part	V Compliance Questions		77								
10	During the plan year:	-			Yes	No		Ame	ount		
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	lions within Iciary Corre	the time period described in ection Program)	10a		х					-
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	nclude transactions reported	10b		х					- ·
С	Was the plan covered by a fidelity bond?	3000		10c	Х	-				· · · · · · · · · · · · · · · · · · ·	
d		fidelity bon	nd, that was caused by fraud	10d						200	00
е	Were any fees or commissions paid to any brokers, agents, or other			100		X					
-	insurance service or other organization that provides some or all of	of the bene	fits under the plan? (See		2220						
	instructions.)			10e	Х					23	60
T	Has the plan failed to provide any benefit when due under the pla		V. D. SUMMARAMANA SANTANA	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х					
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 to exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i					nes no		
Part	VI Pension Funding Compliance			1/2/4/12							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	iule SE	(Form	Tn	Yes	П	No
11a	Enter the amount from Schedule SB line 39					11a	*************		100		-
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	ŢΠ	Yes	V	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			197	10 H			بالت		IAI.	
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	ed in this plan year, see instru-	ctions,	and e	enter th	e date o	the le Yea		ing	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedul							, ca			-
b	Enter the minimum required contribution for this plan year		***************************************			12b					

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	Enter the amount contribute	d by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 1	12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d				
e	Will the minimum funding an	nount reported on line 12d be met by the funding deadline?		Y	es	No	N/A
Part		ns and Transfers of Assets	-	_			
		the plan been adopted in any plan year?		Yes	X No		
100	If "Yes." enter the amount o	f any plan assets that reverted to the employer this year	13a	. 16			
b	Were all the plan assets dis	tributed to participants or beneficiaries, transferred to another plan, or brought under the c	*****			Ye	s 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) tere transferred. (See instructions.)	0				
	13c(1) Name of plan(s):	13	3c(2)	EIN(s)		13c(	3) PN(s)
Pari	t VIII Trust Information	on (optional)					
14a Name of Irust			14b	Trust's	EIN		