	For	m 5500-SF	Short Form Annual F		of Small Employ	yee		OMB Nos. 1210-01 1210-00		
Department of the Treasury Internal Revenue Service			Benefit Plan				2012			
Department of Labor This form is required to be filed under sections 104 and 4065 of the Employ Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code).) of This Form is Open to Public				
Pe	ension Be	nefit Guaranty Corporation	Complete all entries in accord	dance with the instruc	ctions to the Form 550	0-SF.	Ins	pection		
Pa	nrt I	Annual Report Id	entification Information							
For o	calenda	ar plan year 2012 or fisca	al plan year beginning 01/01/20	12	and ending 1	2/31/2	2012			
А т	This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	pant plan		
В т	This ret	urn/report is:	the first return/report	the final return/report						
		· Ē	an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)			
C Check box if filing under: Form 5558 automatic extension DFVC program						Im				
0			special extension (enter descripti	4						
Do	rt II	Basia Blan Inform								
	Name o		nation—enter all requested inform	ation		1h	Three-digit			
		NS 401(K) PLAN AND T	RUST			10	plan number			
							(PN) 🕨	001		
						1c	Effective date o	f plan		
							01/01	/2008		
	Plan sp ECTIO		ess; include room or suite number (employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 20-29	fication Number 86977		
2600	SW BA	RTON, SUITE E20				2c	Sponsor's telep 206-923			
		/A 98126				2d	Business code (see instructions) 621210			
3a	Plan ad	dministrator's name and	address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN		
					·					
4	If the n	ame and/or FIN of the p	lan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4h	EIN			
			er from the last return/report.			чт				
		or's name				4c	PN			
5a	Total n	umber of participants at	the beginning of the plan year			5a			8	
b	Total n	number of participants at	the end of the plan year			5b			7	
С			count balances as of the end of the			E a			7	
-						5c			7	
			uring the plan year invested in eligil					X Yes	No	
D			e annual examination and report of See instructions on waiver eligibility					X Yes I	No	
_			er line 6a or line 6b, the plan can							
Caut			incomplete filing of this return/re							
Unde SB c	er pena or Sche	lties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	oort, ir	ncluding, if applic		;	
SIG		Filed with authorized/va	lid electronic signature.	09/24/2013	GLENN BUCHANAN					
HER	E	Signature of plan adn	ninistrator	Date	Enter name of individu	e of individual signing as plan administrator				
SIG	GN	Filed with authorized/va	lid electronic signature.	09/24/2013	GLENN BUCHANAN					
HER	RE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	ning as employe	r or plan sponso	or	
Prep	arer's i		ne, if applicable) and address; inclu				parer's telephone			
					·					

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır		(b) End of Year
a Total plan assets	7a	14035				176203
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	14035	7			176203
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	- (1)		_			
(1) Employers		25000				
(2) Participants		1194	1			
(3) Others (including rollovers)						
b Other income (loss)	8b	962	6	_		
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			-		46573
to provide benefits)	8d	1072	7			
e 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					10727
i Net income (loss) (subtract line 8h from line 8c)	8i					35846
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
2A 2E 2F 2J 3D b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature codes	from the List of Plan Charac	cterist	ic Cod	es in the ir	nstructions:
Part V Compliance Questions				Vee	Na	
10 During the plan year:a Was there a failure to transmit to the plan any participant contrib	utions within th			Yes	No	Amount
		a time period described in				
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic			10a	x		11947
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.) 	luciary Correct st? (Do not incl	ion Program) ude transactions reported	10a 10b	X	x	11947
b Were there any nonexempt transactions with any party-in-interest	luciary Correct st? (Do not incl	ion Program) ude transactions reported		X X	X	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	luciary Correct st? (Do not inc s fidelity bond,	ion Program) ude transactions reported that was caused by fraud	10b		X X	
 b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	duciary Correct st? (Do not incl s fidelity bond, ther persons b of the benefits	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See	10b 10c			25000
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all 	s fidelity bond, ther persons b of the benefits	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d	X		25000
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	duciary Correct st? (Do not inc s fidelity bond, ther persons b of the benefits an?	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f	X	X	25000
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 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plane plan the plan have any participant loans? (If "Yes," enter amount in the first is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 	duciary Correct st? (Do not incl s fidelity bond, ther persons b of the benefits an? as of year end (See instruction the required not	ion Program) ude transactions reported 	10b 10c 10d 10e 10f 10g 10h	X	X X X X X	25000
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant loans? (If "Yes," enter a plat the plan have any participant loans? (If "Yes," enter amount a plat the plan have any participant have any plat the plan have any plat the plat the plan have any plat the plan have any plat the	duciary Correct st? (Do not incl s fidelity bond, ther persons b of the benefits an? as of year end to (See instruction the required no 01-3 ments? (If "Yest	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X ule SB (Fc	419
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	duciary Correct st? (Do not incl s fidelity bond, ther persons b of the benefits an? as of year end the required no 01-3	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X ule SB (Fc	419
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	duciary Correct st? (Do not incl s fidelity bond, ther persons b of the benefits an? as of year end t (See instruction the required no 01-3 nents? (If "Yes	ion Program) ude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X ule SB (Fc	25000 419
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plane g Did the plan have any participant loans? (If "Yes," enter amount in the first is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	duciary Correct st? (Do not incl s fidelity bond, ther persons b of the benefits an? as of year end (See instruction the required no 01-3	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X ule SB (Fc	25000 419
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 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	duciary Correct st? (Do not incl s fidelity bond, ther persons b of the benefits an? as of year end the required no 01-3	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i e or see	X X Schec	X X X X X ule SB (Fc 11a 302 of ERIS Inter the da	25000 419

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)	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): 1	3c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a I	Name of trust	14b T	rust's EIN		

REFLECTIONS 401(K) PLAN & TRUST

D Trust's EIN 900434897

	Form 5500-SF	Short Form Annual Return/Report of Small Employee OMB Nos. 1210 Benefit Plan						
Internal Revenue Service		This form is required to be filed under sections 104 and 4065 of the Employe			e	2012		
	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058 the Internal Revenue Code (the Code).			B(a) of	This Form is Open to Public		
_	Pension Benefit Guaranty Corporation	► Complete all entries in acc	ordance with the inst	ructions to the Form 550	0-SF.	Inspection		
	calendar plan year 2012 or fisc	dentification Information	01 (01 (0010					
			01/01/2012	and ending	12	/31/2012		
_		x a single-employer plan		r plan (not multiemployer)	L	a one-participant plan		
D	This return/report is:	the first return/report	the final return/repo					
		an amended return/report	<u> </u>	turn/report (less than 12 m	nonths)			
С	Check box if filing under:	x Form 5558	automatic extension	ו	Ĺ	DFVC program		
		special extension (enter descrip	·	· · ·				
_		mation enter all requested ir	Iformation					
Id	Name of plan					Three-digit an number		
	REFLECTIONS 401(K) E	LAN AND TRUST			(PN) ► 001			
						ffective date of plan		
2a	Plan sponsor's name and add	ress; include room or suite numbe	r (employer, if for a since	nle-employer plan)		1/01/2008 Employer Identification Number		
	REFLECTIONS	,	· (gio ompioyor plan,		EIN) 20-2986977		
						ponsor's telephone number		
	2600 SW BARTON, SUIT	'E E20				206) 923-3684		
						Business code (see instructions)		
$\frac{US}{3a}$	SEATTLE Plan administrator's name and	WA 98126 address X Same as Plan Spor		s Dian Spansor Address				
vu	i fun daministrator s hame and			s Flatt Spotisor Address	30 /	dministrator's EIN		
4		olan sponsor has changed since th	ne last return/report file	d for this plan, enter the	4b ∈	IN		
~	name, EIN, and the plan numb	per from the last return/report.						
	Sponsor's name	t the beginning of the plan year			4c ⊧ 5a			
		t the end of the plan year			5a 5b	8		
C	Number of participants with ac	count balances as of the end of the	e plan year (defined be	nefit plans do not	5c	7		
6a		uring the plan year invested in elig				X Yes No		
b	Are you claiming a waiver of th under 29 CFR 2520.104-46? (ne annual examination and report of See instructions on waiver eligibilit	of an independent quali ty and conditions.)	fied public accountant (IQF	PA)	X Yes No		
	If you answered "No" to eith	er line 6a or line 6b, the plan ca	nnot use Form 5500-S	F and must instead use	Form 5			
		r incomplete filing of this return.						
SE	der penalties of perjury and othe or Schedule MB completed and lief, it is true, correct, and compl	er penalties set forth in the instruct d signed by an enrolled actuary, as ete.	ions, I declare that I ha s well as the electronic	ve examined this return/re version of this return/repor	port, inc t, and to	luding, if applicable, a Schedule the best of my knowledge and		
0	IGN 14 Jun	M/m_		Glenn Buchanan				
2.28	ERE Signature of plan admin	istrator	Date	Enter name of individua	lsigning	as plan administrator		
	14 J.				anginang			
20.03	IGN ERE Signature of employer/p	lan sponsor	Date	Enter name of individua	lsigning	as employer or plan sponsor		
Pre		me, if applicable) and address; inc		ber (optional)		er's telephone number (optional)		
Fo	r Paperwork Reduction Act No	otice and OMB Control Numbers	s, see the instructions	for Form 5500-SF.		Form 5500-SF (2012)		
						v.120126		

Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year 7 (b) End of Year Total plan assets а 7a 140,357 176,203 Total plan liabilities..... 7b Net plan assets (subtract line 7b from line 7a) 7c 140,357 176,203 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers 8a(1) 25,000 (2) Participants 8a(2) 11,947 (3) Others (including rollovers) 8a(3) Other income (loss) 8b 9,626 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 46,573 Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 10,727 Certain deemed and/or corrective distributions (see instructions) ... е 8e f Administrative service providers (salaries, fees, commissions) 8f Other expenses _____ g 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 10,727 Net income (loss) (subtract line 8h from line 8c) 8i 35,846 Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 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: Part V **Compliance Questions** 10 During the plan year: Yes No Amount 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 х 11,947 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) х 10b Was the plan covered by a fidelity bond? С 10c х 25,000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d х Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) х 10e 419 Has the plan failed to provide any benefit when due under the plan? 10f х Did the plan have any participant loans? (If "Yes," enter amount as of year end.) g 10g x If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h х 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 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) Yes 🗶 No 11a Enter the amount from Schedule SB line 39 11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... 12 Yes 🔀 No (If "Yes," complete line 12a or lines 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 instructions, and enter the date of the letter ruling а granting the waiver Month ____ __ Day ____ Year 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

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Form 5	500-SF	2012
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C	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				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [
Part	VII Plan Terminations and Transfers of Assets					
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?		es XI	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?	ontrol Yes X No				
C	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.)					
	3c(1) Name of plan(s): 13c	:(2) EIN(s)		13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				
Reflections 401(k) Plan & Trust				90-0434897		