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

2013

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instruc	tions to the Form 550	0-SF.	""	эрсонон
Part I	Annual Report le	dentification Information					
For calend	lar plan year 2013 or fisc	cal plan year beginning 01/01/2	013	and ending 1	2/31/2	2013	
	turn/report is for:	an (not multiemployer)		a one-partici	pant plan		
B This re	turn/report is:	the first return/report	the final return/report	./	41 \		
_		an amended return/report	H ' '	n/report (less than 12 mo	ontns)		
C Check	box if filing under:	Form 5558 special extension (enter descrip	automatic extension			DFVC progra	am
Dort II	Pasia Plan Infor	<u> </u>	<u>, </u>				
Part II		mation—enter all requested info	mation		16	There a distant	
1a Name	•	TDIJET			10	Three-digit plan number	
KEFLECTIC	ONS 401(K) PLAN AND	18051				(PN)	001
					1c	Effective date of	f plan
						01/01	•
2a Plan s		ress; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 20-29	fication Number 86977
2600 SW B	ARTON, SUITE E20				2c	Sponsor's telep	
SEATTLE,	WA 98126				2d	Business code	(see instructions)
3a Plan a	administrator's name and	d address XSame as Plan Sponso	r Name Same as Plan	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
		plan sponsor has changed since th	e last return/report filed fo	or this plan, enter the	4b	EIN	
a Spons	sor's name				4c	PN	
5a Total	number of participants a	at the beginning of the plan year			5a		7
b Total	number of participants a	at the end of the plan year			5b		9
	· ·	ccount balances as of the end of th	• •	•	5c		9
6a Were	e all of the plan's assets	during the plan year invested in elig	gible assets? (See instruct	tions.)			X Yes No
		the annual examination and report ((See instructions on waiver eligibili					X Yes No
If you	answered "No" to eit	her line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form	5500.	
C If the	plan is a defined benefit	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)? .		Yes No	Not determined
Caution:	A penalty for the late of	r incomplete filing of this return/	report will be assessed u	unless reasonable cau	ıse is	established.	
Under pen SB or Sch	alties of perjury and other	er penalties set forth in the instructi d signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	ort, in	cluding, if applic	
SIGN	Filed with authorized/v	alid electronic signature.					
HERE	Signature of plan ad	ministrator	Date Enter name of inc		ual sig	ıning as plan adr	ministrator
SIGN HERE							
				vidual signing as employer or plan sponsor			
Preparer s	name (including firm na	me, if applicable) and address; incl	ude room or suite numbel	r (optional)	Prep	arer's telepnone	number (optional)

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Pa	rt III Financial Information																
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year										
a	Total plan assets	1700			(1)				242536	3							
_	Total plan liabilities	7b															
	Net plan assets (subtract line 7b from line 7a)	7c	17620	3					242536	3							
8	Income, Expenses, and Transfers for this Plan Year	. 0	(a) Amount				(b)	Total									
a	Contributions received or receivable from:		(a) ranount				(2)	- Total									
	(1) Employers	8a(1)	2500	0													
	(2) Participants	Participants															
	(3) Others (including rollovers)	8a(3)															
b	Other income (loss)	8b	2412	7													
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							67328	3							
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	99	5													
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							995	5							
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							66333	3							
j	Transfers to (from) the plan (see instructions)	8j															
Pa	rt IV Plan Characteristics																
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 3D	feature coo	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions	:								
Par	t V Compliance Questions																
10	During the plan year:				Yes	No		Am	ount								
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a	X					19286							
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not ir	nclude transactions reported	10b		X											
					X					05000							
				10c						25000							
	or dishonesty?			10d		X											
е	 Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 	•	,														
	instructions.)			10e		X											
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ											
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		Χ											
h		(See instru	ctions and 29 CFR	10h		X											
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10ii													
Par		1-0		101													
11	Is this a defined benefit plan subject to minimum funding requirem								7	V N-							
	5500) and line 11a below)								Yes	X No							
	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39																
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?		Yes	X No							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)																
								•		a 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 granting the waiver Month Day Year							
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instru Mon		, and e	_	ne date d			ling							
If	If a waiver of the minimum funding standard for a prior year is being	ng amortize e MB (Forr	ed in this plan year, see instru Mon m 5500), and skip to line 13.	ith		_	ne date o			ling							

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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							
<u>e</u>	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	lo					
	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	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.)								
	I3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)				
Part	VIII Trust Information (optional)								
	Name of trust LECTIONS 401(K) PLAN & TRUST		rust's EIN 900434897						

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employen Banolita Security Administration Pension Benefit Gueranty 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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). 2013

This Form is Open to Public inspection

OMB Nos. 1210-0110 1210-0089

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

	Annual Re	port identification information	l <u> </u>						
For	calondar plan year 2013	or fiscal plan year beginning	01/01/201	and ending	12/	31/2013			
A	This return/report is for:	🗙 a single-employer:plan	a multiple-employ	er plan (not multi employe r)	a one-participant plan				
В	B This return/report is: the first return/report the first return/report								
		an amended return/report	a short plan year r	eturn/report (less than 12 m	ontha)				
Ç	Check box If filing under	; 🔀 Form 5558	autometic extensi	т		DFVC program	n		
		apecial extension (enter desc	ription)		_				
T.	Basic Plan	Information enter all requested	Information						
_	Name of plan					lyree-digit			
	REFLECTIONS 401	(K) PLAN AND TRUST				lan number PN)≽	001		
		()				ffective date of			
		· · · · · · · · · · · · · · · · · · ·				1/01/2008			
2 a	Plan aponsor's name a REFLECTIONS	nd address; include room on suite numb	er (employer, if for a sin	gle-employer pian)	1	mployer identifi SIN) 20-298	cation Number 6977		
						ponsor's teleph 206) 923-3			
	2600 SW BARTON,	SUITE E20					ee instructions)		
	SKATTLE	WA 98126				21210			
3а	Plan administrator's na	me and address X Same as Plan Sp	onsor Name 🔲 Same	es Plen Sponsor Address	3b A	dministrator's E	EIN		
					3c A	dministrator's to	Hephone number		
4	If the name and/or FIN	of the plan aportsor has changed since	the lest returningent file	d for this plan, when the	4b E	IN			
-	name, EIN, and the pla	n number from the last return/report.	ino issertotumeropore me	o to the blant area dia					
	Sponsor's name	pants at the beginning of the plan year			4c Pi	N	7		
Ь	•	parits at the end of the plan year			5b		9		
C	Number of participants	with account balances as of the end of	the plan year (defined b	enefit pisna do not	5c		9		
6a		saets during the plan year it-vested in e					X Yes No		
ь	-	ver of the annual examination and report 4-467 (See Instructions on Walver eligib		lifled public accountent (IQF	•		— — No		
	If you answered "No"	to either line da or line 5iz, the plan o							
ø	If the plan is a defined	benefit plan, is it covered under the PBC	C insurance progrem (see ERISA section 4021)?		Yes Mo	Not determined		
Çe	ution: A penalty for the	late or incomplete filing of this retu	n/report will be asses:	ed unless reasonable căi	ese is es	tablished.			
SB		and other penalties set forthein the instru sted and signed by an emotiad actuary, t complete							
	101	1211-		Glenn Buchanan					
	GNI STATE OF THE S	- / ////	Date			متعدد مرابع	ielenia v		
2016	Signature of plan	i arthitumnatot	Date	Enter name of individua	n 248 <u>000</u> 8	HE DIEN BOITH	en aron		
			Det	Entre pages of leaffelders	d =la='-		t elen enec		
		oloyer/plan sponsor firm name, if applicable) sod address; i	Date		dual signing as employer or plan sponsor Preparer's telephone number (optional)				
FII	Special Stratification (Assessment)	ин попо, и арукологу и станова, г	noticed footh of order fin	(Special)	Торшо	a o toropriorio i	рапила (арлона)		

	Financial Information								
7 PI	an Assets and Lisbilities		(a) Beginning of Year			(b) End of Year			
а То	otal plan assets	7a	176,203			242,536			
b To	otal plan Habilities	7b							
C N	et plan assets (subtract line 7b from line 7a)	7e	176,20)3				242,536	
	come, Expenses, and Transfers for this Plan Year		(a) Amount				(d)	al	
	ontributions received or receivable from:	8n(1)	25,00	מר					
) Participants	8e(2)	18,20						
-	Others (Including relievers)	89(3)				717			
	her Income (1035)	6b	24,12	7		n film			
	ital income (add lines 8a(1), 8a(2), 8a(3), and 6b+	8c				11. 1. 15. 15.	NA CONTRACTOR	67,328	
d B	america pate (Including direct rollovers and insurance premiums								
to	provide benofits)	8d	95	15			53.00 (S.C.)		
⊕ Ç	ritain deemed and/or corrective distributions (see Instructions)	8e			200	1 <u>C. (1747)</u>	Country (1821		
f A	iministrative service providers (setaries, fees, commissions)	81						in the second	
<u>g</u> 0	her expenses	ðg				1.15	ngultyly (f	independental	
h To	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h		0.46	<u> </u>			995	
<u>i</u> N	et income (loss) (subtract line 6h from line 8c)	81			in the second	en programa in programa in Programa in programa in pr		66,333	
the second of	anafera to (from) the plan (see instructions)	8)			eri	dd.S	vá siddžadni		
ALC: UNKNOWN	Plan Characteristics		· · · · · · · · · · · · · · · · · · ·						
9a if	the plan provides pension benefits, enter the applicable pension fa	eture code	es from the List of Plan Characte	eristic	Code	a in th	e instruction	8:	
	2A 2E 2F 2J 3D								
p II	the plan provides welfare benefits, enter the applicable welfare fac	iture codes	s from the List of Plan Character	istic (Codes	in the	Instructions	;	
	Compliance Questions								
	During the plan year:				Yes	No	A	mount	
	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See Instructions and DOUs Voluntary Flouristy Correction Program)							19,286	
	Were there any nonexempt transactions with an / party-in-interest on line 10s.)			10b		x			
	Was the plan covered by a fidelity bond?			10c	X			25,000	
	Did the plan have a lose, whether or not reimbursed by the plan's or dishonesty?		***********************	10d		х			
	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	ofits under the plan? (See	10e		x			
	Has the plan falled to provide any banefit when rive under the plan			10f		x			
	Did the plan have any participant loans? (If "Yes," enter amount a			10g	ļ	Х			
h	If this is an individual account plan, was there a clackout period? (2520,101-3.)		ctions and 29 CFR	10h		x			
	if 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 GFR 2520.10			101				ing from the second	
FAL	Pension Funding Compliance								
	is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)		************************		****	ile SB	(Form	☐ Yes 🗷 No	
11a	Enter the unpaid minimum required contribution for current year for	om Sched	ule SB (Form \$500) line 39	1161-11		11a			
12	is this a defined contribution plan subject to the minimum funding	roquireme	nts of eaction 412 of the Code o	reec	ion 30	2 of 5	RISA? 🛶	Yes X No	
	(if "Yes," complete fine 12a or lines 12b, 12c, 12d, and 12e below			<u></u>				h P	
	If a waiver of the minimum funding standard for a prior year is beli granting the waiver		мо	korus, nth	and er	iter the Da	odate of the	Year	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	n 5500), and skip to line 13.		- 1	т			
<u>b</u>	Enter the minimum required contribution for this plan year	++++++++++++++++++++++++++++++++++++++		111114		12b			

	Form 5500-SF 2013	Page 3-				
	Enter the amount contributed by the employer to the plan for this plan year		12c	1	-	 •
d	Subtract the amount in line 12c from the amount in line 12b, Enter the result (enter a minus sign to the jett of a	12d			
	Will the minimum funding amount reported on line 12d be met by the funding			Yes [No [] N/A
쀎	Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************	Y	es X I	10	
	if "Yes," enter the amount of any plan assets that reverted to the employer thi		138			
þ	Were at the plan assets distributed to participents or beneficiaries, transferred the PBGC?	d to another plan, or brought under the o	ontrol		☐ Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred, (See instructions,))			
	l3c(1) Name of plen(=):	13	c(2) EIN	(5)	130(3)	PN(s)
	Trust Information (optional)					
14a i	Name of trust		14b T	rusts EIN	l	
1	Reflections 401(k) Plan & Trust			90-043	4897	