Form 5500-SF	Short Form Annual Re	eturn/Report o enefit Plan	of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed		nd 4065 of the Employee	Э	2013
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 1 the Internal		ctions 6057(b) and 6058(This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	ctions to the Form 5500)-SF.	Inspection
Part IAnnual ReporFor calendar plan year 2013 or	t Identification Information		and anding (1)	0/04/	2012
				2/31/2	
A This return/report is for:			lan (not multiemployer)		a one-participant plan
B This return/report is:		the final return/report	n/report (less than 12 mo	ontho'	
Chock boy if filing under		automatic extension		nins,) DFVC program
C Check box if filing under:	special extension (enter description				
Part II Basic Plan Inf	ormation—enter all requested information	,			
1a Name of plan	officiation—enter all requested informa	uon		1h	Three-digit
OMBRELLA RETIREMENT PLA	V				plan number
			-		(PN) • 001
				1c	Effective date of plan 01/01/2011
2a Plan sponsor's name and a OMBRELLA, INC.	ddress; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 20-1170679
11313 - 83RD PL. N.E.				2c	Sponsor's telephone number 425-202-4888
KIRKLAND, WA 98034				2d	Business code (see instructions) 541600
3a Plan administrator's name	and address 🛛 Same as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	Administrator's EIN
			-	30	Administrator's telephone number
name, EIN, and the plan n	he plan sponsor has changed since the la umber from the last return/report.	st return/report filed fo	or this plan, enter the		EIN PN
a Sponsor's name 5a Total number of participant	s at the beginning of the plan year			4с 5а	PN 19
b Total number of participant		5a 5b	7		
	n account balances as of the end of the pl			50	,
complete this item)				5c	7
	ets during the plan year invested in eligible		,		X Yes No
	of the annual examination and report of a 6? (See instructions on waiver eligibility a				X Yes No
	either line 6a or line 6b, the plan canno	,			
C If the plan is a defined ben	efit plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?		Yes No Not determined
Caution: A penalty for the late	or incomplete filing of this return/repo	ort will be assessed	unless reasonable caus	se is	established.
	other penalties set forth in the instructions and signed by an enrolled actuary, as wel nplete.				
SIGN Filed with authorize	d/valid electronic signature.	10/06/2014	WILLIAM DOUGLASS		
HERE Signature of plan	administrator	Date	Enter name of individu	ual sig	ning as plan administrator
SIGN					
	loyer/plan sponsor	Date			ning as employer or plan sponsor
Preparer's name (including firm	name, if applicable) and address; include	room or suite numbe			parer's telephone number (optional)

Pa	t III Financial Information				-						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
а	Total plan assets	7a	17346	3					37316		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	17346	3					37316		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from:	0-(4)									
	(1) Employers	8a(1)	1753	5							
	(2) Participants	8a(2)	1755	0	_						
b	(3) Others (including rollovers)	8a(3)	2801	Q							
	Other income (loss)	8b	2001	<u> </u>					45554		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			-				40004		
u	to provide benefits)	8d	18170	1							
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							181701		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1	136147		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics		•								
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 2K 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:			
Par	V Compliance Questions										
10					Yes	No		A			
	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period described in		162	NO		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	Х					225	56
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					2000	00
d				10d		Х					
е	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 ben	efits under the plan? (See	100	х					158	80
	instructions.) Has the plan failed to provide any benefit when due under the pla			10e		Х				100	53
				10f							
g				10g		Х					
h 	2520.101-3.)	· · · · · · · · · · · · · · · · · · ·		10h		Х					
i 	If 10h was answered "Yes," check the box if you either provided the 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	N	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection 3	302 of	ERISA?	. [Yes	XN	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day	ne date of	the le Yea		ing	
-	you completed line 12a, complete lines 3, 9, and 10 of Schedul										
b	Enter the minimum required contribution for this plan year					12b	1				

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			
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?	XY	′es I	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Ye	es 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) this which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1:	3 c(2) El	N(s)	13c	(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺r	ust's EIN		

Form 5500-SF	Short Form Annual Re	turn/Report o	f Small Employ	ee		OMB Nos, 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	B This form is required to be filed	enefit Plan	d 4065 of the Employee		2013				
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 1 the Internal	974 (ERISA), and sec Revenue Code (lhe C	ctions 6057(b) and 6058 ode).	This Form is Open to Public Inspection					
Pension Benefil Guaranty Corporation	Complete all entries in accorda	ance with the instruc	tions to the Form 5500)-SF,					
For calendar plan year 2013 or fisc	dentification Information		and ending 1	2/31/2	2013				
	ai pian joar avgannig	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan			
A This return/report is for:		the final return/report							
B This return/report is:			vreport (less than 12 mo	onlhs)					
C Check box if filing under:		automatic extension			DFVC progra	m			
Check box it hang direct.	special extension (enter description	i)							
Part II Basic Plan Inform	mation-enter all requested informa	lion							
1a Name of plan				1b	Three-digit plan number				
OMBRELLA RETIREMENT PLAN					(PN)	001			
				1c	Effective date o 01/01/2				
2a Plan sponsor's name and adda OMBRELLA, INC.	ress; include room or sulle number (en	nployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 20-117	fication Number 0679			
				2c	Sponsor's leler (425) 20				
11313 - 83rd Pl. N.E. KIRKLAND, WA 98034				2d	Business code 54160	(see instructions)			
	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's	EIN			
				30	Administrators	telephone number			
4 If the name and/or EIN of the name, EIN, and the plan num	plan sponsor has changed since the la ber from the last return/report.	st return/report filed for	or this plan, enter the	4D	EIN				
a Sponsor's name				4c	PN				
	t the beginning of the plan year			5a		19			
	t the end of the plan year			5b		7			
	ccount balances as of the end of the pl			5c		7			
6a Were all of the plan's assets	during the plan year invested in eligible	e assets? (See instruc	tions.)			X Yes No			
b Are you claiming a waiver of I	he annual examination and report of a (See instructions on waiver eligibility a	n independent qualifie	d public accountant (IQI	PA)		X Yes No			
If you answered "No" to eith	her line 6a or line 6b, the plan canno	t 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 ins	surance program (see	ERISA section 4021)? .		Yes No	Not determined			
Caution: A penalty for the late or	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	80 IS	established.				
Under penalties of periury and other	er penalties set forth in the instructions I signed by an enrolled actuary, as we	. I declare that I have	examined this return/rep	ort, in	cluding, if applic	able, a Schedule knowledge and			
SIGN			x						
HERE Signature of plan ad	ministrator	Dale	Enter name of Individu	ual sig	ning as plan ad	ministrator			
SIGN 2/16	4/	W/1/2014			9 255				
HERE Signature of employ	er/plan sponsor me, if applicable) and address; include	Date	Enter name of individu	A DECK OF THE OWNER	NAME OF TAXABLE PARTY.	er or plan sponsor number (optional)			
Preparer s name (including inni na	те, паррісале) ана аццеза, поцие		(opuonar)						
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the Inst	ructions for Form 5500-	SF.			Form 5500-SF (2013) v, 130118			

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Dat	t III Financial Information						
second in some state	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
7	Total plan assets	7a	173463				37316
	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c	173463	3			37316
			(a) Amount		T		(b) Total
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:						
a	(1) Employers	8a(1)			-		
	(2) Participants	8a(2)	1753	5			
	(3) Others (including rollovers)	8a(3)			-		
b	Other Income (loss)	8b	2801	9	_		
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				A COLOR OF THE OWNER	45554
d	Benefits pald (including direct rollovers and Insurance premiums to provide benefits)	8d	18170	1	_		
9	Certain deemed and/or corrective distributions (see Instructions)	80			-		
f	Administrative service providers (salaries, fees, commissions)	8f		and the particular	_		
g	Other expenses	8g		-	_		
and the second s	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		181701
i	Net income (loss) (subtract line 6h from line 8c)	81					-136147
j	Transfers to (from) the plan (see instructions)	8)					
Pa	rt IV Plan Characteristics						
9a		fealure co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	ies from the List of Plan Chara	cterisl	ic Coo	les in ti	he Instructions:
Par	t V Compliance Questions				AND A NUMBER OF CONTRACTS		
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidu	tions with	In the time period described in rection Program)	10a	x		2256
	Were there any nonexempt transactions with any party-in-Interest			144			
	on line 10a.)			10b		X	
0	Was the plan covered by a fidelily bond?			10c	х		20000
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	ond, that was caused by fraud	10d		х	
	Were any fees or commissions paid to any brokers, agents, or oth						
e	insurance service, or other organization that provides some or all instructions.)	of the ber	nefils under the plan? (See	10e	x		1589
f	Has the plan failed to provide any benefit when due under the pla			101		х	
		and the second designed in the second designed in the second designed and the				x	
	I bid the plan have any participant loans? (If Yes, enter amount a If this is an individual account plan, was there a blackout period?	and the second se		10g		-	
	2520.101-3.)			10h		X	
i	If 10h was answered "Yes," check the box if you either provided II exceptions to providing the notice applied under 29 CFR 2520.10	ne require 1-3	d notice or one of the	101			
Par							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ients? (If '	Yes," see instructions and com	plete	Sche	dule SE	(Form
11	Enter the unpaid minimum required contribution for current year fi					11a	
12						302 of	ERISA7 Yes X No
All sectors and the	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)				
	If a waiver of the minimum funding slandard for a prior year is being ranting the waiver.	ng amorlia	zed in this plan year, see instru Mor	nth	, and	enter th Day	ne date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Fo	rm 5500), and skip to line 13.		-		
k	Enter the minimum required contribution for this plan year					12b	

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1	12c 12d					
		11	Yes	No		N/A
	X	Yes		10		
						0
ler the	control				es >	No
plan(s)	to					
1	13c(2) E	EIN(s)		13	c(3) P	N(s)
	14b 1	Trust's	s EIN			
	der the plan(s)	plan(s) to 13c(2) E	der the control plan(s) to 13c(2) EIN(s)	X Yes N 13a der the control	X Yes No 13a	X Yes No 13a