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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		t Identification Information	1			
For calendar	plan year 2014 or	fiscal plan year beginning 01/01/2	<u>2014</u>	and ending 12	2/31/2014	
A This retur	n/report is for:	X a single-employer plan		r plan (not multiemployer) bloyer information in accor		
		a one-participant plan	a foreign plan			
B This return	n/report is	the first return/report	the final return/repo	rt		
		an amended return/report	a short plan year re	urn/report (less than 12 m	nonths)	
C Check bo	x if filing under:	Form 5558	automatic extension	1	DFVC pro	gram
		special extension (enter desc	cription)			
Part II	Basic Plan Inf	ormation—enter all requested in	nformation			
1a Name of REFLECTION	plan S 401(K) PLAN AN	ID TRUST			1b Three-digit plan number (PN) ▶	. 001
					1c Effective dat	
2a Plan spo		ddress; include room or suite numl	per (employer, if for a sing	le-employer plan)		entification Number
2600 SW BART	ΓΟΝ, SUITE E20				2c Sponsor's te	elephone number -923-3684
SEATTLE, WA						de (see instructions)
3a Plan adn	ninistrator's name	and address XSame as Plan Spor	nsor.		3b Administrato	r's EIN
4 If the na	me and/or EIN of t	ne plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN	
	IN, and the plan n	umber from the last return/report.	·	,	4c PN	
5a Total nu	mber of participant	s at the beginning of the plan year			. 5a	9
b Total nu	mber of participant	s at the end of the plan year			. 5b	(
		account balances as of the end o	f the plan year (defined be		5c	(
d(1) Total	number of active p	articipants at the beginning of the p	olan year		5d(1)	
d(2) Total	number of active p	articipants at the end of the plan ye	ear		5d(2)	(
		terminated employment during the	. ,		5e	(
Caution: A p Under penalt SB or Sched	enalty for the late	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary,	rn/report will be assesse actions, I declare that I ha	ed unless reasonable ca	port, including, if ap	
0.0.4	iled with authorized	d/valid electronic signature.				
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN						
		oyer/plan sponsor	Date	Enter name of individ		
Preparer's na	ame (including firm	name, if applicable) and address (nclude room or suite num	ber) (optional)	Preparer's telepho	one number (optional)

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.			X Ye	es	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	21)?		Yes	No	No	ot det	ermir	ned
Par					<u> </u>						
	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End	of `		9001	
	Total plan assets	7a	2425	30	-					1691	
	Total plan liabilities	7b 7c	2425	36	-					7310	
	Net plan assets (subtract line 7b from line 7a)	76					(b) :	Tata		7010	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) -	IOLA			
	(1) Employers	8a(1)	321	26							
	(2) Participants	8a(2)	226	315							
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	3	851							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5	5092	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	18							
	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								318	
	Net income (loss) (subtract line 8h from line 8c)	8i							5	4774	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 3D										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charad	cterist	ic Coc	les in t	he instruc	tions	S:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No		An	noun	t	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)			10a	X					2	21110
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					2	25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е		ner persor of the ber	s by an insurance carrier, nefits under the plan? (See	10e	X						1576
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 a	s of year	end.)	10g		X					
h			· ·	iog							
	2520.101-3.)			10h		X					
	exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part 11			V :		Cabaa	lula OF	D /F= ===	T			
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	······································		· ·					Ye	es X	No.
	Enter the unpaid minimum required contribution for current year fr				•	11a			_	<u> </u>	.
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA?		Ye	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otiono	and a	ntor 4	no data of	tha	ottor	rulin	α
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter tr Day			etter ar	ruiin	

	Form 5500-SF 2014	Page 3 - 1						
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			
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 negative amount)				12d			
е	Will the minimum funding amount reported on line 12d be met by the fundin					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?				. 🔲 Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer t	this year			. 13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?				control		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another pl	an(s), identify	the plan(s)	to			
1	3c(1) Name of plan(s):			1	3c(2) Ell	N(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)							
	lame of trust ECTIONS 401(K) PLAN & TRUST					ust's EIN 00434897		

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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

p.a joan zo / + or	fiscal plan year beginning	01/01/2014	and ending	12/31/2014	
	x a single-employer plan	a multiple-employer pla			ny must attach a list
This return/report is for: This return/report is:	a one-participant plan the first return/report	of participating employed a foreign plan the final return/report			
	an amended return/report	a short plan year return	/report (less than 12	months)	
Check box if filing under:	Form 5558 special extension (enter des	automatic extension cription)		DFVC progr	ram
art II Basic Plan In	formation enter all requeste	d information			
Name of plan REFLECTIONS 401(K) PLAN AND TRUST			1b Three-digit plan number (PN) ▶	001
				1c Effective date 01/01/2008	
Plan sponsor's name and REFLECTIONS	address; include room or suite num	ber (employer, if for a single-e	employer plan)	2b Employer Iden (EIN) 20-2	
				2c Sponsor's tele (206) 923	
2600 SW BARTON, SUITE	E20			2d Business code 621210	e (see instructions)
US SEATTLE WA 98126 Plan administrator's name	and address X Same as Plan S	ponsor Name		3b Administrator's	s EIN
If the name and/or EIN of	the plan sponsor has changed sinc	e the last return/report filed for	this plan, enter the	4b EIN	
name, EIN, and the plan r	the plan sponsor has changed sinc number from the last return/report.	e the last return/report filed for	this plan, enter the	4b EIN 4c PN	
name, EIN, and the plan r a Sponsor's name	number from the last return/report.			4c PN	9
name, EIN, and the plan r Sponsor's name Total number of participar	the plan sponsor has changed since number from the last return/report. Into at the beginning of the plan year the at the end of the plan year			4c PN 5a	9
name, EIN, and the plan r Sponsor's name Total number of participar Total number of participar Number of participants with	number from the last return/report.	of the plan year (defined benefit	it plans do not	4c PN 5a 5b	
name, EIN, and the plan r Sponsor's name Total number of participar Total number of participars Number of participants wit complete this item)	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year into account balances as of the end countricipants at the beginning of the plan year.	of the plan year (defined beneficial	it plans do not	4c PN 5a 5b 5c 5d(1)	6 6 7
name, EIN, and the plan r Sponsor's name Total number of participar Number of participants with complete this item) 1(1) Total number of active p	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year into account balances as of the end of the en	of the plan year (defined beneficially bear bear bear bear bear bear bear bear	it plans do not	4c PN 5a 5b 5c 5d(1) 5d(2)	6 6 7 6
name, EIN, and the plan r Sponsor's name Total number of participar Number of participants wit complete this item) (1) Total number of active p Number of participants that the plan r Number of participants that the plan r Number of participants that plan r Number of participants that plan r	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year into account balances as of the end contribution at the beginning of the participants at the end of the plan year terminated employment during the	of the plan year (defined beneficially below the plan year and the plan year are are a with accrued beneficially beneficia	it plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	6 6 7
name, EIN, and the plan r a Sponsor's name Total number of participar Total number of participar Number of participants wir complete this item) (1) Total number of active p Number of participants the less than 100% vested Caution: A penalty for the la Inder penalties of perjury and BB or Schedule MB complete	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year into at the end of the plan year into account balances as of the end of the end of the plan year into acticipants at the end of the plan year terminated employment during the end of the plan year terminated employment during the end of the plan year terminated employment during the end of the penalties set forth in the instead of and signed by an enrolled actuary	of the plan year (defined beneficially bear plan year with accrued beneficially bearsessed to be assessed to be a seed to	it plans do not fits that were unless reasonable cexamined this return/	4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is established.	6 7 6 0
name, EIN, and the plan r a Sponsor's name Total number of participar Total number of participar Number of participants wir complete this item) I(1) Total number of active p Number of participants the less than 100% vested Caution: A penalty for the la Inder penalties of perjury and BB or Schedule MB complete lelief, it is true, correct, and of	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year into at the end of the plan year into account balances as of the end of the end of the plan year into acticipants at the end of the plan year terminated employment during the end of the plan year terminated employment during the end of the plan year terminated employment during the end of the penalties set forth in the instead of and signed by an enrolled actuary	of the plan year (defined beneficial plan year are plan year with accrued beneficial plan year with accrued beneficial plan year will be assessed fructions, I declare that I have to as well as the electronic version.	it plans do not fits that were unless reasonable of examined this return/rep Glenn Buchanar	4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is established. report, including, if appliort, and to the best of n	6 7 6 0 licable, a Schedule hy knowledge and
name, EIN, and the plan r a Sponsor's name Total number of participar Total number of participar Number of participants wir complete this item) (1) Total number of active p Number of participants the less than 100% vested Caution: A penalty for the la Inder penalties of perjury and BB or Schedule MB complete cellef, it is true, correct, and co	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year into at the end of the plan year into account balances as of the end of the plan year into account balances as of the end of the plan year into account balances as of the end of the plan year into account balances as of the end of the plan year into account balances at the end of the plan year into account balances at the end of the plan year into account balances at the end of the plan year into account balances at the end of the plan year into account balances as of the end of the plan year into acc	of the plan year (defined beneficially bear ear eplan year with accrued beneficially beassessed fructions, I declare that I have to as well as the electronic versions.	it plans do not fits that were unless reasonable of examined this return/rep Glenn Buchanar	4c PN 5a 5b 5c 5d(1) 5d(2) 5e sause is established report, including, if appliort, and to the best of n	6 7 6 0 licable, a Schedule hy knowledge and
name, EIN, and the plan r a Sponsor's name Total number of participar Total number of participar Number of participants wir complete this item) (1) Total number of active p Number of participants the less than 100% vested Caution: A penalty for the la Under penalties of perjury and BB or Schedule MB complete cellief, it is true, correct, and co	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year into at the end of the plan year into account balances as of the end of the plan year into account balances as of the end of the plan year into account balances as of the end of the plan year into account balances as of the end of the plan year into account balances at the end of the plan year into account balances at the end of the plan year into account balances at the end of the plan year into account balances at the end of the plan year into account balances as of the end of the plan year into acc	of the plan year (defined beneficial plan year ear e plan year with accrued beneficial years with accrued beneficial years.	offits that were unless reasonable of examined this return/rep Glenn Buchanar Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e sause is established report, including, if appliort, and to the best of notation and the second and the seco	6 7 6 0 licable, a Schedule my knowledge and
name, EIN, and the plan r a Sponsor's name Total number of participar Total number of participar Number of participants wit complete this item) (1(1) Total number of active p Number of participants the less than 100% vested Caution: A penalty for the la Under penalties of perjury and BOB or Schedule MB complete celler, it is true, correct, and complete celler, it is true, correct, and complete celler, it is signature of plan a SIGN HERE Signature of emplo	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year into at the end of the plan year into account balances as of the end of the plan year terminated employment during the plan year terminated employment during the distribution of the penalties set forth in the institute of other penalties set forth in the institute of the plan year terminated and signed by an enrolled actuary complete.	of the plan year (defined beneficial plan year eplan year with accrued beneficial plan year with accrued beneficial years with accrued beneficial years.	offits that were unless reasonable of examined this return/sion of this return/rep Glenn Buchanar Enter name of individent in the state of the sta	4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is established. report, including, if appliort, and to the best of n	6 7 6 0 dicable, a Schedule my knowledge and ministrator

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

	Form 5500-SF 2014		Page 2							
6a \	Nere all of the plan's assets during the plan year invested in eligible	assets? (Se	e instructions.)					2	Yes	□No
	Are you claiming a waiver of the annual examination and report of a							_		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at	nd conditions				•••••	***********	2	Yes	□ No
1	f you answered "No" to either line 6a or line 6b, the plan canno	t use Form	5500-SF and must instead to							
c	f the plan is a defined benefit plan, is it covered under the PBGC ins	surance prog	ram (see ERISA section 402	1)?	[Ye	s No] Not	determine
Pai	t III Financial Information									
7	Plan Assets and Liabilities	1 V 65 - Y	(a) Beginning of Year	r	Т		(b) End	of Y	ear	
a	Total plan assets	7a	242,5	36					299	,001
b ·	Total plan liabilities	7b								,691
C	Net plan assets (subtract line 7b from line 7a)	7c	242,5	36					297	,310
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	ota		
	Contributions received or receivable from: 1) Employers	8a(1)	32,1	26	1		13014			
	2) Participants	8a(2)	22,6							
	3) Others (including rollovers)	8a(3)	22,0							
	Other income (loss)	8b	3	51		-	DATE N	77		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		10200					5.5	,092
	Benefits paid (including direct rollovers and insurance premiums						7,123			,032
	o provide benefits)		3	18						
	Certain deemed and/or corrective distributions (see instructions)	8e			24.5					
100000	Administrative service providers (salaries, fees, commissions)	8f								
-	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-					318
	Net income (loss) (subtract line 8h from line 8c)	8i							54	,774
	Transfers to (from) the plan (see instructions)	8j		_						
Par	f the plan provides welfare benefits, enter the applicable welfare fea	ture codes fr	om the List of Plan Characte	ristic (Codes	in the	instruction	ns:		
10	•							_		
a	During the plan year: Was there a failure to transmit to the plan any participant contribut	ione within th	so time period described in		Yes	No	_	Am	ount	
и	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Correcti	on Program)	10a	х					21,110
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not incl	ude transactions reported			х				
С	Was the plan covered by a fidelity bond?			10c	х					25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	fidelity bond,	that was caused by fraud	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other									
	insurance service, or other organization that provides some or all of	of the benefit	s under the plan? (See							
_	instructions.)			10e	х					1,576
f	Has the plan failed to provide any benefit when due under the plan			10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end	.)	10g		x				
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruction	ons and 29 CFR	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 2520.101			10i				18		
Par	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Yes	s," see instructions and comp	lete S	chedu	ile SB	(Form		TYE	s X No
11a	Enter the unpaid minimum required contribution for current year fro							1,		
12	Is this a defined contribution plan subject to the minimum funding r					2 of F	RISA?	1	T V	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							Т,		110
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	g amortized	in this plan year, see instructi	ons, a	and en	ter th	e date of th	ne le	tter ri	uling

Form 5500-SF 2014 Page 3-		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	ine 13.	
b Enter the minimum required contribution for this plan year	12b	
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 negative amount)		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	D	res 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 to of the PBGC?		Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), in which assets or liabilities were transferred. (See instructions.)	dentify the plan(s) to	
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)		
14a Name of trust	14b Tru	st's FIN
Reflections 401(k) Plan & Trust		0-0434897