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 section 6058(a) of the Internal Revenue Code (the Code).

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010
Α .	This return/report is for: X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		_
		short plar	year return/report (less than 12 mo	onths)	
C	Check box if filing under:	automatic	extension	,	DFVC program
	special extension (enter description		o exteriorer		
Do	<u>`</u>	,			
	Art II Basic Plan Information—enter all requested information Name of plan	ation		1h	Three-digit
	B IMPORTS INC 401(K) PLAN			10	nlan number
7.0.2					(PN) ▶ 001
				1c	Effective date of plan
					02/11/2005
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 33-1000814
A&E	B IMPORTS INC			20	(EIN) 33-1000814 Plan sponsor's telephone number
	SOUTH LUCILE ST			20	206-332-1995
SEA	TTLE, WA 98108			2d	Business code (see instructions)
					424800
3a A & F	Plan administrator's name and address (if same as Plan sponsor, en BIMPORTS INC 660 SOUTH L	nter "Same	e") T	3b	Administrator's EIN 33-1000814
	SEATTLE, W		•	30	Administrator's telephone number
					206-332-1995
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
I	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	DNI
52	Total number of participants at the haginning of the plan year				12
	Total number of participants at the beginning of the plan year				21
b	Total number of participants at the end of the plan year			5b	21
С	Total number of participants with account balances as of the end of complete this item)			. 5c	21
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No
b	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	and condit	ions.)		Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.	
	rt III Financial Information		T		
7	Plan Assets and Liabilities		(a) Beginning of Year	74	(b) End of Year 280402
	Total plan assets	7a	17557	1	200402
b	Total plan liabilities	7b	4755		200402
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	17557	1	280402
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	1661	4	
	(2) Participants	8a(2)	2546	55	
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	6379	7	
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			105876
c d	Benefits paid (including direct rollovers and insurance premiums	80			
u	to provide benefits)	8d			
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f	104	5	
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1045
i	Net income (loss) (subtract line 8h from line 8c)	8i			104831
i	Transfers to (from) the plan (see instructions)	Ωi			

	F	orm 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
9a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2F 2G 2J 2K 3D	racteris	tic Co	des in	the instru	ıctions	S:	
		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Co	des in t	the instru	ctions	•	
	0	provided include 20.10116, cities applicable fields postale contains and all cities are all cities are all cities and all cities are all cities and all cities are all citi					000		
Part	: V	Compliance Questions							
0	Durir	ng the plan year:		Yes	No		Am	ount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported to 10a.)	10b		X				
С		the plan covered by a fidelity bond?	10c		X				
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e	X					2427
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		X				
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i		X				
art	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor					. [Yes	X No
12	Is thi	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	302 of	ERISA?.		Yes	X No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruing the waiver.							
lf :	-	ompleted 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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a		12d				
е	Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	I	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	X No
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?						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) to
	which assets or liabilities were transferred (See instructions)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/14/2011	SAMANTHA AGEE
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0089

2010

Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Department of Labor This Form is Open to Public Employee Benefits Security Administration Internal Revenue Code (the Code). Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** 01/01/2010 12/31/2010 For calendar plan year 2010 or fiscal plan year beginning and ending X single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report B This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan A & B Imports Inc 401(k) Plan plan number (PN) 001 1c Effective date of plan 02/11/2005 2a Plan sponsor's name and address (employer, if for single-employer plan) A & B Imports Inc 2b Employer Identification Number (EIN) 33-1000814 2c Plan sponsor's telephone number (206)332 - 1995660 South Lucile St Business code (see instructions) 424800 WA 98108 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") Administrator's EIN Same Administrator's telephone number 4b If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 12 5a **b** Total number of participants at the end of the plan year..... 21 5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 21 complete this item)..... Yes No Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (b) End of Year (a) Beginning of Year 280,402 175,571 Total plan assets..... 7a Total plan liabilities..... 7b 175,571 280,402 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (b) Total (a) Amount Contributions received or receivable from: 16,614 (1) Employers 8a(1) 25,465 8a(2) (3) Others (including rollovers)..... 8a(3) 63,797 8b Other income (loss)..... 105,876 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c

8d

8e

8f

8g

8h

8i

8i

1,045

Benefits paid (including direct rollovers and insurance premiums

Certain deemed and/or corrective distributions (see instructions)...

Administrative service providers (salaries, fees, commissions)......

Other expenses.....

Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

to provide benefits).....

f

1,045

104,831

Form	5500	-SF	2010

Page	2-	
raue		1 1

	Part	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:										
2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:						ons:					
İ	Part	v	Compliance Questions							New Section Control of	
,			ng the plan year:	·····			Yes	No		Amount	
		Was	there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	•		10a		Х			
	b		e there any nonexempt transactions with any party-in-interest? (Ine 10a.)			10b		Х			
	С	Was	s the plan covered by a fidelity bond?			10c		Х			
	d		he plan have a loss, whether or not reimbursed by the plan's fide shonesty?	-	•	10d		Х			
		insur	e any fees or commissions paid to any brokers, agents, or other rance service or other organization that provides some or all of thuctions.)	ne benefits under the	e plan? (See	10e	Х				2,427
	f	Has	the plan failed to provide any benefit when due under the plan?			10f		Х			
	g	Did t	he plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10g		Х			
	h		s is an individual account plan, was there a blackout period? (Se			10h		Х			
	i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i		X			
	Part \	VI	Pension Funding Compliance								
			s a defined benefit plan subject to minimum funding requirement))	•						Yes	X No
,	12	Is th	is a defined contribution plan subject to the minimum funding rec	quirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	X No
	а	lf a w grant	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicably aiver of the minimum funding standard for a prior year is being atting the waiver. Completed line 12a, complete lines 3, 9, and 10 of Schedule Marches	amortized in this plan	Mon	ith		Day			
	b	Ente	r the minimum required contribution for this plan year				-	12b			
			r the amount contributed by the employer to the plan for this plar	•				12c			
			ract the amount in line 12c from the amount in line 12b. Enter the tive amount)					12d			
1	е	Will t	he 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 during the plan y	ear or any prior yea	r?					Yes	X No
		If "Ye	es," enter the amount of any plan assets that reverted to the emp	loyer this year				13a			
		of the	e all the plan assets distributed to participants or beneficiaries, tra e PBGC?							Yes	X No
			ring this plan year, any assets or liabilities were transferred from hassets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify tl	he pla	n(s) to	!			
	1:	3c(1)	Name of plan(s):			ļ	13	13c(2) EIN(s)		13c(3) PN(s)

				-,,,		-				+	
٠	Cauti	on: A	penalty for the late or incomplete filing of this return/report	t will be assessed i	unless reasonab	le cau	ıse is	establ	ished.		
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowled belief, it is true, correct, and complete.											
	0:0:				E.Gill Age	6					
	SIGN		Signature of plan administrator	Date	Enter name/of in		ual cic	ning c	e nlan admi	injetrator	
		+3	orginature or pian auministrator	Date							Λ.
	SIGN	- 1			7		anth		Agee for		Mgee
	111E1/E	- 1 9	Signature of employer/plan sponsor	Date	Foter name of in	ndividi	INI SIM	ning 29	semplover	or plan er	nnsor