Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
BUSINESS INTERIORS PROFIT SHARING AND 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1984

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
FACILITECH, INC. D.B.A. BUSINESS INTERIORS

1111 VALLEY VIEW LANE
IRVING, TX 75061

1111 VALLEY VIEW LANE
IRVING, TX 75061

2b Employer Identification Number (EIN)
75-2253859

2c Sponsor's telephone number
817-858-2089

2d Business code (see instructions)
442110

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 accompanying schedules, statements and attachments, 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	Filed with authorized/valid electronic signature.	04/05/2012	MARY ARNETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
FACILITECH, INC. D.B.A. BUSINESS INTERIORS

1111 VALLEY VIEW LANE
IRVING, TX 75061

3b Administrator's EIN
75-2253859

3c Administrator's telephone number
817-858-2089

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	169
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	150
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	170
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	170
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	83
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a 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 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
BUSINESS INTERIORS PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FACILITECH, INC. D.B.A. BUSINESS INTERIORS

D Employer Identification Number (EIN)
75-2253859

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FID.INV.INST.OPS.CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 60	RECORDKEEPER	2780	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

AMEGY BANK OF TEXAS

76-0028668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61	ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ABF SM CAP VAL ADV - STATE STREET B 04-1867445	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALL/BERN BALANCED A - ALLIANCEBERNS 13-3211780	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMCENT INFL ADJ BD A - AMERICAN CEN 44-0619208	0.25%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLKRK EQUITY DIV A - BNY MELLON INV P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL VALUE & RSTRG R - COLUMBIA MGT 04-2838628	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA INTL VAL A - COLUMBIA MGT 04-2838628	0.25%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREYFUS S&P 500 INDX - DREYFUS TRAN 13-5673135	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS BASIC VALUE A - INVESCO INVEST 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM PRIME MM MORGAN - BOSTON FINANC 04-2526037	0.25%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LM CBA AGG GR A - BOSTON FINANCIAL 04-2526037	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG INT VAL R4 - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY ESTB VALUE A - CITI FUND SE 31-1249295	0.25%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMEGY BANK OF TEXAS	61	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL VALUE & RSTRG R - COLUMBIA MGT 04-3156901	$0-<$3M=1.00% $3M-<$50M=0.50% $50M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMEGY BANK OF TEXAS	61	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA INTL VAL A - COLUMBIA MGT 04-3156901	$0-<$3M=1.00% $3M-<$50M=0.50% $50M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name: BILAS UPADHYAY, CPA	**b** EIN:	50-6297215
c	Position: ACCOUNTANT		
d	Address: 475 FENWICK DR SUNNYVALE, TX 75182	**e** Telephone:	469-363-1941

Explanation: DAN PETERSON WAS ON MEDICAL LEAVE

a	Name:	**b** EIN:	
c	Position:		
d	Address:	**e** Telephone:	

Explanation:

a	Name:	**b** EIN:	
c	Position:		
d	Address:	**e** Telephone:	

Explanation:

a	Name:	**b** EIN;	
c	Position:		
d	Address:	**e** Telephone:	

Explanation:

a	Name:	**b** EIN;	
c	Position:		
d	Address:	**e** Telephone:	

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
BUSINESS INTERIORS PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FACILITECH, INC. D.B.A. BUSINESS INTERIORS

D Employer Identification Number (EIN)
75-2253859

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FA STABLE VALUE

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-026	C	698843

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
BUSINESS INTERIORS PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FACILITECH, INC. D.B.A. BUSINESS INTERIORS

D Employer Identification Number (EIN)
75-2253859

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	176652	193863
(9) Value of interest in common/collective trusts	1c(9)	639316	698843
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2511165	2726024
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3327133	3618730
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3327133	3618730

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	166528	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		166528
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	9656	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9656
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	64910	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		64910
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		22916
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		226695
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		490705
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	196327	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		196327
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2781	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2781
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		199108
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		291597
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PETERSON AND COMPANY (2) EIN: 35-2265116

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		700000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
BUSINESS INTERIORS PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FACILITECH, INC. D.B.A. BUSINESS INTERIORS

D Employer Identification Number (EIN)
75-2253859

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

DANIEL PETERSON, P.C.

CERTIFIED PUBLIC ACCOUNTANTING FIRM

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COMPLETE, PROMPT & ACCURATE ™

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DALLAS, TEXAS 75240

TELEPHONE: (972) 503-2000
TELEFAX: (972) 503-2300

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TEXAS SOCIETY OF CERTIFIED
PUBLIC ACCOUNTANTS

October 10, 2011

Ms. Mary Arnett
Business Interiors
1111 Valley View Lane
Irving, Texas, 75061

Re: Facilitech Employee Stock Ownership Plan

Dear Ms. Arnett:

Enclosed please find the audit reports for the above referenced entity for the year ended 2010. Please attach your report to your 5500 before filing.

Please call with any questions.

Sincerely,

Daniel A. Peterson,
CPA

Facilitech Employee Stock Ownership Plan

Audited Financial Statements & Supplemental Information

December 31, 2010 & 2009

Daniel Peterson, P.C.
certified public accountantingfirm
www.petersonandcompany.net
CPA™ complete prompt & accurate™
13455 Noel Road, Suite 1475
Galleria Tower Two
Dallas, Texas 75240
(972) 503-2000 Telephone
(972) 503-2300 Telefax

Facilitech Employee Stock Ownership Plan
Audited Financial Statements & Supplemental Schedules
December 31, 2010

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Financial Statements

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- Statement of Changes in Net Assets Available for Plan Benefits 4
- Notes to Financial Statements 5
- Supplemental Schedule 11

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TEXAS SOCIETY OF CERTIFIED
PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Trustees
Facilitech Employee Stock Ownership Plan

We have audited the accompanying statements of net assets available for benefits of the Facilitech Employee Stock Ownership Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audit. Accompanying financial statements as of December 31, 2009 was audited by other auditors whose report dated September 7, 2010 expressed an unqualified opinion on those statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Facilitech Employee Stock Ownership Plan at December 31, 2010 and 2009, and the changes in net assets available for benefits for the year ended December 31, 2010, in conformity with accounting principles generally accepted in the United States of America.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held for investment purposes is presented for purposes of additional analysis and is not a required part of the basic financial statements, but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule has bee subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to e basic financial statements taken as a whole.

DANIEL PETERSON, P.C.

Dallas, Texas
October 10, 2011

Facilitech Employee Stock Ownership Plan
Statement of Net Assets Available for Plan Benefits

	December 31, 2010	December 31, 2009
Assets		
Investments :		
Cash	$ 97	$ 97
Investments in Facilitech, Inc; preferred stock, at fair value	628,340	654,836
Total Investments	$ 628,437	$ 654,933
Receivables		
Employer Contributions	-	-
Dividends and interest	-	-
Total Receivables	-	-
Total Assets	$ 628,437	$ 654,933
Liabilities		
Interest Payable	-	-
Loan payable	-	-
Total Liabilities	-	-
Net assets available for benefits	$ 628,437	$ 654,933

The accompanying notes are an integral part of these financial statements.

Facilitech Employee Stock Ownership Plan
Statement of Changes in Net Assets Available for Plan Benefits

	Year Ended December 31,	
	2010	**2009**
Investment income:		
Net unrealized appreciation/depreciation in fair value of investments in Facilitech, Inc. preferred stock	$ (26,496)	$ 49,207
Employer contributions	89,562	17,700
Realized Gain	-	-
Total Contributions	63,066	66,907
Deductions from net assets attributed to:		
Distributions to participants	89,562	100,899
Expenses		
Total Distributions	89,562	100,899
Net increase (decrease) in Net Assets	(26,496)	33,992
Net Assets Available for Plan Benefits:		
Beginning of year	654,933	688,925
End of year	$ 628,437	$ 654,933

The accompanying notes are an integral part of these financial statements.

Facilitech Employee Stock Ownership Plan
Notes to the Financial Statements
December 31, 2010

1. Plan Description

General

The following brief description of the Facilitech Employee Stock Ownership Plan (the Plan) provides only general information. Participants should refer to the Plan agreement or Summary Plan Description (SPD) for a more complete description of the Plan's provisions.

Facilitech (the Company) established the Plan effective as of January 1, 1992. The plan was been amended several times to take into consideration various tax legislation and other Plan provisions. The Company amended and restated the Plan as of January 1, 2010 to incorporate certain amendments made since the January 1, 1997 GUST amendment and restatement. As of the effective date, the Plan is designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986, as amended (the Code) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by an administrative committee appointed by the Board of Directors of the Company. The assets of the Plan are maintained in the custody of Facilitech Employee Stock Ownership Plan Trust (Trust).

The Plan purchased Company Series A Cumulative Convertible Preferred Stock using the proceeds of a loan from the Company funded directly through a Company loan with a bank and shareholder borrowings, which were guaranteed by the Company. The borrowings were collateralized by the unallocated preferred shares and were repaid by fully deductible Company contributions to the trust fund. As the Plan made each payment of principal, an appropriate percentage of stock was allocated to the eligible employees' account in accordance with applicable regulations under the Code. At December 31, 2010 the loans were fully paid off.

Eligibility

Employees become eligible for participation after attaining age 21 and completing one year of service. However, the plan was frozen to new participants effective September 1, 2005.

Payment of Benefits

No distributions from the Plan will be made until a participant retires, dies (in which case, payment shall be made to his or her beneficiary or, if none, his or her legal representatives), or otherwise terminates employment with the Company. Distributions are made in cash in either a lump-sum amount equal to the participant's account if the vested account is $1,000 or less or in the substantially equal annual, semiannual, quarterly or monthly installments over a five year period which may be extended one additional year (but not more than five additional years) for every $100,000 exceeding $500,000 of a participant's account. In 1996, the Plan was amended to allow for benefit payments to be made to terminated participants at the Company's discretion prior to the repayment of the debt.

Voting Rights

Each participant is entitle to exercise voting rights attributable to the shares allocated to his or her account and is notified by the Trustee prior to the time that such rights are to be exercised. The Trustee is not permitted to vote an allocated share for which instructions have not been given by a participant. The Trustee is required, however, to vote any unallocated shares on behalf of the collective best interest of the plan participants and beneficiaries.

Plan Termination

Although it has not expressed any intention to do so, the Board of Directors may terminate the Plan at any time. Upon termination of the Plan, the net assets of the Plan will be distributed to the participants of the Plan in accordance with the provisions of ERISA.

Participant Accounts

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited as of the last day of each plan year with an allocation of shares released by the Trustee from the unallocated account, employer contributions or forfeitures. Participants are eligible if actively employed by the Company on the last day of the plan year, completed a year of service during such year and were hired before September 1, 2005. Allocations are based on a participant's eligible compensation, relative to total eligible compensation.

Vesting

If a participant's employment with the Company ends for any reason other than retirement, permanent disability or death, he or she will vest in the balances in his or her account based on total years of continuous service. A participant is fully vested on the fifth anniversary of credited service or at the time of the participant's normal retirement, death or disability. Effective as of September 1, 2005 each eligible participant's interest in his or her account as of that date became 100% vested and non-forfeitable without regard to years of service.

Put Option

Under Federal income tax regulations, the employer stock that is held by the plan and its participants and is not readily tradable on an established market, or is subject to trading limitations includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in company stock into investments which are more diversified. Participants who are at least age 55 with at least 10 years of participation in the plan may elect to diversity a portion of their account. Diversification is offered to each eligible participant over a six year period. In each of the first five years, a participant may diversify up to 25 percent of the number

of post-1986 shares allocated to her or her account, less any shares previously diversified. In the sixth year, the percentages changes to 50 percent. Participants who elect to diversify receive a cash distribution.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation

Investments are stated at fair value as estimated by an independent appraiser. Because the Company's stock is not publicly traded, there is an absence of readily ascertainable market values. The appraiser arrived at the estimated fair value after considering, among other evidence, market prices of publicly traded companies of comparable size and similar characteristics. Because of the inherent uncertainty of valuation, the estimated fair value may differ significantly from the value of what would have resulted had a ready market of the securities existed.

Operating Expenses

All expenses of maintaining the plan are paid by the Company.

Subsequent Events

The Plan has evaluated subsequent events through October 10, 2011, the date the financial statements were available to be issued.

3. Tax Status

The Internal Revenue Service has issued and informed the Company by letter dated June 23, 2003, that the Plan is qualified and the trust established under the Plan is tax-exempt, under the appropriate sections of the Code. The Plan has been amended and restated since receiving the determination letter, and a request for a new determination letter has been filed. However, the Plan administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

4. Administration of Plan Assets

The Plan's assets, which consist principally of Facilitech, Inc. preferred stock is held by the Trustee of the Plan. Company contributions are held and managed by the Trustee, which is responsible for investing, managing and controlling the Plan assets. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

5. Investments

The Plan's investments, at December 31, 2010 and 2009 are presented in the following table:

	2010	2009
Facilitech, Inc. Preferred Stock		
Number of shares	75,704	75,704
Cost	1,758,595	1,758,595
Market	628,340	654,836

The preferred stock is convertible, at any time, into an equal number of shares of the Company's common stock. The preferred stock held by the plan has dividend in arrears of $1,934,212 and $1,828,277 at December 31, 2010 and 2009 respectively.

6. Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures,* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The fair value of the preferred stock held by the Plan is valued at fair value based upon an independent appraisal. This appraisal was based upon a combination of the market and income valuation techniques consistent with prior years. The appraiser took into account historical and projected cash flow and net income, return on assets, return on equity, market comparables and estimate fair value of company assets and liabilities.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	Assets at Fair Value as of December 31,					
	2010			2009		
	Level 1	Level 3	Total	Level 1	Level 3	Total
Cash	97		97	97		97
Preferred Stock		628,340	628,340		654,836	654,836
Total Assets at Fair Value	97	628,340	628,437	97	654,836	654,933

	Level 3 Assets Year ended December 31, 2010 Preferred Stock
Balance, beginning of year	654,836
Realized Gains/(Losses)	-0-
Unrealized Gains/(Losses) relating to assets still held at reporting date	(26,496)
Purchase, sales, issuances and settlements (net)	-0-
Balance, end of year	628,340

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

7. Employer Contributions

Contributions are determined by the Board of Directors of the Company for each Plan year in a discretionary amount not less than the amount required to enable the Plan to discharge its current obligations. The Company may fund the Plan through contributions of stock or cash or any combination of the foregoing. The Company contributed $89,562 and $17,700 to the Plan during the year ended December 31, 2010 and 2009 respectively.

8. Schedule of Assets Held for Investment Purposes - Supplemental Schedule

The following is the Schedule of Assets Held for Investment Purposes found on Schedule H, Line 4i and is presented herewith in accordance with ERISA requirements.

(a)		(b)	(c)	(d)		(e)
		Identity of issuer, borrower	Description of investments including maturity date, rate of interest, collarteral, par or maturity value	Cost		Fair Value
		lesser or similar party				
**		Facilitech, Inc.	Series A cumulative Convertible Preferred Stock; 75,704 shares	$1,758,595		$628,437
		Total		$1,758,595		$628,437
*		From information certified as complete and accurate by the Trustee.				
**		A party-in-interest as defined by ERISA.				

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October 10, 2011

Ms. Mary Arnett
Business Interiors
1111 Valley View Lane
Irving, Texas 75061

Re: Business Interiors Profit Sharing and 401 (k) Plan

Dear Ms. Arnett:

Enclosed please find the audit reports for the above referenced entity for the year ended 2010. Please be sure to attach a signed copy of the report to your Form 5500 filing.

Please call with any questions

Sincerely,

Daniel A. Peterson,
CPA

Business Interiors Profit Sharing & 401(k) Plan

Audited Financial Statements & Supplemental Information

December 31, 2010 & 2009

Daniel Peterson, P.C.

certified public accounting firm

13455 Noel Road, Suite 1475

Two Galleria Tower

Dallas, Texas 75240

(972) 503-2000 Telephone

(972) 503-2800 Telefax

Business Interiors Profit Sharing and 401(k) Plan
Audited Financial Statements & Supplemental Schedules
December 31, 2010 & 2009

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INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants
Business Interiors Profit Sharing and 401(k) Plan

We were engaged to audit the accompanying statement of net assets available for benefits of Business Interiors Profit Sharing and 401(k) Plan ("Plan") as of December 31, 2010 and the related statement of changes in net assets available for benefits for the year ended December 31, 2010 and the supplemental Schedule H, line 4i−Schedule of Assets (Held at End of Year) as of December 31, 2010. These financial statements and schedules are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements of the Plan as of December 2009 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed the other auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the Trustee. Their report, dated September 7, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than the derived information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Fidelity Investments (the "Trustee"), except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee or custodian have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

DANIEL PETERSON, P.C.

Dallas, Texas
October 10, 2011

BUSINESS INTERIORS PROFIT SHARING AND 401(k) PLAN
Statement of Net Assets Available for Plan Benefits

	December, 31	
	2010	**2009**
Assets		
Investments :		
Investments at market value	$ 3,411,798	$ 3,151,318
Investments in common/collective trust	-	-
Investments in Loan Security Accounts	190,310	176,652
Total Investments	$ 3,602,108	$ 3,327,970
Receivables		
Contributions receivable	$ 6,103	$ -
Employer matching	-	-
Loan Repayment	3,553	-
Total Receivables	9,656	-
Total Assets	$ 3,611,764	$ 3,327,970
Liabilities		
Distribution payable	-	-
Excess contributions payable	-	-
Total Liabilities	-	-
Net assets available for benefits	$ 3,611,764	$ 3,327,970

The accompanying notes are an integral part of these financial statements.

BUSINESS INTERIORS PROFIT SHARING AND 401(k) PLAN
Statement of Changes in Net Assets Available for Plan Benefits

	Year Ended December 31, 2010	Year Ended December 31, 2009
Additions:		
Contributions:		
Participant contributions	$ 172,631	$ 191,170
Employer, net of forfeitures	-	9,748
Total Contributions	172,631	200,918
Other		
Other income (including rollover)	-	555
Investment income:		
Net appreciation in fair value of investments:		
Gain / (Loss) from market value fluctuations	226,693	474,666
Dividends and interest	73,922	50,678
Loan interest	9,656	11,976
Total Investment Income	310,271	537,320
Total Additions	$ 482,902	$ 738,793
Deductions from net assets attributed to:		
Benefits paid to participants (net of forfeitures)	196,327	215,748
Administrative expenses	2,781	3,861
Total Distributions	199,108	219,609
Net increase in Net Assets	283,794	519,184
Net Assets Available for Plan Benefits:		
Beginning of year	3,327,970	2,808,786
End of year	$ 3,611,764	$ 3,327,970

The accompanying notes are an integral part of these financial statements.

BUSINESS INTERIORS PROFIT SHARING AND 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010

1. Plan Description

The following description of the Business Interiors Profit Sharing and 401(k) Plan provides only general information. Participants should refer to the Plan agreement or Summary Plan Description (SPD) for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement plan whereby eligible employees of Facilitech, Inc. d.b.a. Business Interiors (the "Company" or "Employer") are permitted to make tax-deferred contributions. Employees (the "Employee") become eligible for participation after attaining age 21 and completing six months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Contributions

The Plan permits participants to defer a maximum of 25% of their annual pretax eligible compensation, not to exceed $16,500 ($22,000 for employee age 50 or older) in 2010 (as adjusted by the Secretary of Treasury annually), through payroll deductions. Participants direct their investment of their contributions into various investment options offered by the Plan. The Employer may make a matching contribution equal to 50% of employee's contribution of up to 3% of employee gross earnings. However, effective February 22, 2009, the Employer elected to reduce the matching contribution to zero percent. The Company may make discretionary contributions in addition to matching contributions to the Plan each year as designated by the Board of Directors of the Company. Participants who are employed on the last day of the year and worked 1,000 hours during the plan year share in the employer discretionary contributions. The Company made no discretionary contributions to the Plan in 2010.

Participants Accounts

Participant's accounts are credited with the participant's contribution and allocations of (a) the Company's contribution and (b) plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

All participant contributions and related earnings are fully vested. A participant becomes 20% vested in the participant's portion of the Company contributions upon completion of his or her second year of service, then 20% per year until 100% is reached after six years of service.

Participant Loans

Participants may borrow from their fund accounts a minimum of $500 and a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Up to two loans are permitted at a time. Loan transactions are treated as a transfer to/(from) the investment fund from/(to) the Participant Loan fund. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Interest rates in 2010 were between 4.25% and 9.25%. Principal and interest are paid through periodic payroll deductions.

Payment of Benefits

Benefits may be paid in a lump-sum distribution. Participants may withdraw all or a portion of the vested account upon reaching age 65, disability, termination of employment, or death

Forfeited Accounts

At December 21, 2010 and 2009 forfeited non-vested accounts totaled $1,217 and $1,394 respectively. These accounts can be used to reduce future Employer contributions or to pay Employer's administrative expenses related to the plan. In 2010 $1,076 of Employer administrative expense were paid from forfeited non-vested accounts.

Plan Administration

The assets of the Plan are held and the related investment transactions are executed by Fidelity Investments (the "Trustee"). The Plan administrator is Facilitech, Inc.

Investments

ERISA imposes certain duties on the parties who are responsible for the operation of the Plan. These parties, called fiduciaries, have a duty to invest plan assets in a prudent manner. However, an exception exists for plans which comply with ERISA Section 404(c) and permit a participant to exercise control over the assets in his or her account and choose from a broad range of investment alternatives. This Plan is intended to be a Section 404(c) plan. This means the employee, and not the fiduciary, is responsible for the investment decisions relating to the assets in their individual accounts under the Plan.

Dreyfus S&P 500 Index : Seeks to match the performance of the Standard & Poors 500 Composite Stock Price index. The fund generally invests in all 500 stocks in the S&P 500 in proportion to their weighting in the index.

Columbia International Value A : seeks long-term capital appreciation. The fund normally invests at least 65% of its assets in foreign companies with a market capitalization of more than $1 billion at the time of investment.

Alliance Bernstein Balance A : seeks total return consistent with reasonable risks through a combination of income and long-term growth of capital. The fund invests in a diversified portfolio of equity and fixed-income securities. The percentage of the Fund's assets invested in each type of security will vary.

Alliance Bernstein Small Cap Value Share : seeks long-term growth of capital. The fund invests primarily in a diversified portfolio of equity securities of small- to mid-capitalization U.S. companies, generally representing 60 to 110 companies.

Fidelity Advisor Small Cap T : seeks long-term growth of capital. The fund normally invests at least 80% of assets in equity securities issued by companies with small market capitalizations.

Fidelity Advisor Strategic Income T: seeks a high level of current income and capital appreciation. The fund invests primarily in debt securities, including lower-quality debt securities. It uses a neutral mix of approximately 40% high yield securities, 30% U.S. Government and investment-grade securities, 15% emerging markets securities, and 15% foreign developed market securities.

Fidelity Advisor Diversified Intl T: seeks capital growth. The fund primarily invests in common stocks of companies outside the United States. It invests across countries and regions considering the size of the market in each country and region relative to the size of the international market as a whole.

Fidelity Advisor Stable Value Fund: seeks capital appreciation. The fund invests primarily in common stocks. It invests in securities of companies that possess valuable fixed assets or that it believes are undervalued in the marketplace in relation to factors such as assets, earnings, or growth potential.

Fidelity Advisor Freedom IncomeT: seeks to provide high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond.

Fidelity Advisor Freedom 2010 T: seeks high total return; capital appreciation is a secondary objective. The fund uses a moderate asset allocation strategy designed for investors expecting to retire around the year 2010. It normally invests in combination of Fidelity equity, fixed-income, and money market/short-term funds.

Fidelity Advisor Freedom 2015 T: seeks high total return; capital appreciation is a secondary objective. The fund uses a moderate asset allocation strategy designed for investors expecting to retire around the year 2015. It normally invests in combination of Fidelity equity, fixed-income, and money market/short-term funds.

Fidelity Advisor Freedom 2020 T: seeks high total return; capital appreciation is a secondary objective. The fund uses a moderate asset allocation strategy designed for investors expecting to retire around the year 2020. It normally invests in combination of Fidelity equity, fixed-income, and money market/short-term funds.

Fidelity Advisor Freedom 2025 T: seeks high total return; capital appreciation is a secondary objective. The fund uses a moderate asset allocation strategy designed for investors expecting to retire around the year 2025. It normally invests in combination of Fidelity equity, fixed-income, and money market/short-term funds.

Fidelity Advisor Freedom 2030 T: seeks high total return; capital appreciation is a secondary objective. The fund uses a moderate asset allocation strategy designed for investors expecting to retire around the year 2030. It normally invests in combination of Fidelity equity, fixed-income, and money market/short-term funds.

Fidelity Advisor Freedom 2035 T: seeks high total return; capital appreciation is a secondary objective. The fund uses a moderate asset allocation strategy designed for investors expecting to retire around the year 2035. It normally invests in combination Fidelity equity, fixed income, and money market/short-term funds.

Fidelity Advisor Freedom 2040 T: seeks high total return; capital appreciation is a secondary objective. The fund uses a moderate asset allocation strategy designed for investors expecting to retire around the year 2040. It normally invests in combination of Fidelity equity, fixed-income, and money market/short-term funds.

Fidelity Advisor Freedom 2045 T: seeks high total return; capital appreciation is a secondary objective. The fund uses a moderate asset allocation strategy designed for investors expecting to retire around the year 2045. It normally invests in combination Fidelity equity, fixed-income, and money market/short-term funds.

Fidelity Advisor Freedom 2050 T: Seeks high total return; capital appreciation is a secondary objective. The fund uses a moderate asset allocation strategy for investors expecting to retire around the year 2050. It normally invests in a combination of Fidelity equity, fixed-income, and money market/short-term funds.

Columbia Value and Restructuring R: seeks long-term capital appreciation by investing in companies that the manager believes will benefit from restructuring or redeployment of assets and operations in order to become more competitive or profitable

Fidelity Advisor Total Bond T: seeks a high level of current income, The fund normally invests at least 80% of assets in debt securities of all types and repurchase agreements for those securities. FMR allocates the fund's assets across investment-grade, high yield, and emerging-market debt securities. It may invest up to 20% of the fund's assets in high yield and emerging debt securities.

Fidelity Advisors New Insights Fund Class T: Invests the fund's assets in securities of companies whose value it believes is not fully recognized by the public. Types of companies in which the fund may invest include companies experiencing positive fundamental change, such as a new management team or product launch companies that are undervalued in relation to securities of other companies in the same industry.

Fidelity Advisor Emerging Markets Class T: Normally invests at least 80% of assets in securities of issuers in emerging markets and other investments that are tied economically tied to emerging markets. Normally invests in common stocks.

Fidelity Advisor Mid Cap II Fund Class T: Primarily invests in common stocks. Normally invests at least 80% of assets in securities of companies with medium capitalization, which for the purpose of this fund, are those with market capitalizations similar to companies in the Russell Midcap Index or the Standard & Poor's Midcap 400 Index (S&P Midcap 400).

Fidelity Advisor Government Income Fund Class T: Normally invests in U.S. Government securities and instruments related to U.S. Government securities. Normally invests at least 80% of the fund assets in U.S. Government securities and repurchase agreements for those securities. It does not currently intend to invest more than 40% in mortgage securities.

Black Rock Equity Dividend Fund Investor Class A: Primarily invests in equity securities. It seeks to choose investments that will increase in value over the long term as well as provide current income. The Fund's investments emphasize long-term total return more than current income.

Fidelity Advisor Balanced T: The investment seeks income and capital growth. The fund normally invests at least 60% of assets in equities including the lower-quality debt securities, and the remaining assets in fixed-income securities. It usually invests at least 25% of assets in fixed-income senior securities. The fund may invest in foreign securities.

Thornburg International Value R4: The investment seeks long-term capital appreciation. The fund normally invests at least 75% of assets in foreign securities or depository receipts of foreign securities. It may invest in developing countries. The fund typically makes equity investments in the following three types of companies: basic value companies with well-established businesses whose stock is under valued; consistent earner companies when they are selling at valuations below historic norms; and emerging franchises that are in the process of establishing a leading position in a product, service or market expecting growth at an above average rate.

2. SUMMARY OF SIGNIFICANT ACCOUNTING

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of the financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimate

Investment Valuation and Income Recognition

Investments are stated at fair value on quoted market prices and net appreciation (depreciation) for the year as reflected in the Plan's statement of changes in net assets available for benefits. The net appreciation (depreciation) in the fair value of the investments consists of realized gains or losses and unrealized appreciation or depreciation on the investments. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the plan at year end. Investment income is recognized when earned.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

Audit fees and other miscellaneous fees are paid by the Employer. Costs of administering the Plan are paid by the Employer.

Subsequent Events

The Plan has evaluated subsequent events through October 7, 2011, the date the financial statements are available to be issued.

3. Investments

The following presents investments that represent 5 percent or more of the Plan's net assets:

	Fair Value December 31,	
Fund	2010	2009
Dreyfus S&P 500 Index Fund	$ 691,191	$ 554,799
Columbia International Value Fund A	560,642	556,941
Fidelity Advisor Balanced Fund T	216,240	-
Fidelity Advisor Stable Value Fund	685,774	640,152
Fidelity Advisor Mid Cap II	216,347	168,160
Alliance Bernstein Balanced A	-	197,252
Fidelity Advisor Freedom 2020	99,746	163,227
Other Investments	941,858	870,787
Total	$ 3,411,798	$ 3,151,318

During 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated as reported and certified by the Trustee as complete and accurate, but not audited by the Plan's independent auditors as follows:

	December 31,	
	2010	2009
Net Unrealized Gain/(Loss) in fair value of investments	$ 300,615	$ 525,344

4. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the assets or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs.

The following table sets by level, within the fair value hierarchy, the Plan's assets at fair values as of December 31, 2010 & 2009:

Assets at Fair Value as of December 31, 2010

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 3,411,798	$ -	$ -	$ 3,411,798
Participant Loans	-	-	190,310	190,310
Total Assets at fair value	$ 3,411,798	$ -	$ 190,310	$ 3,602,108

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 3,151,318	$ -	$ -	$ 3,151,318
Participant Loans	-	-	176,652	176,652
Total Assets at fair value	$ 3,151,318	$ -	$ 176,652	$ 3,327,970

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2010.

	Level 3 Assets Year Ended December 31, 2010 Participant Loans
Balance, Beginning of year	$ 176,652
Realized Gains/ (losses)	-
Unrealized gains/ (losses) relating to instruments still held at the reporting date	-
Purchases, sales, issuances and settlements (net)	13,658
Balance, end of year	$ 190,310

5. Related-Party Transactions

Certain Plan investments are share of mutual funds managed by Fidelity Investments. Fidelity Investments is the custodian of the investments.

6. Plan Termination

Although it has not expressed any intention to do so, the Board of Directors may terminate the Plan at any time. Upon termination of the Plan, the net assets of the Plan will be distributed to the participants of the Plan in accordance with the provisions of ERISA.

7. Tax Status

On December 10, 2001 the Internal Revenue Service issued a determination letter as to the qualified status of the Plan. The Plan is qualified under Section 401(a)(4)-1(b) of the Internal Revenue Code (the "Code") on the basis of a design based safe harbor described in the regulations. The financial statements are prepared with the assumption that the Plan has maintained its exemption under the Code.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants account balances and the amounts reported in the statement of net assets available for benefits.

9. INFORMATION CERTIFIED BY THE TRUSTEE

The following information was completed from data certified by the Trustee as complete and accurate, but has not been audited by the Plan's independent accountants.

	December 31,	
	2010	2009
Alliance Bernstein Balanced A		
Fair Value	-	197,252
ABF Small Cap Value		
Fair Value	136,233	131,536
Black Rock Equity Div Fund Inv Class A		
Fair Value	46,382	36,997
Columbia International Fund A		
Fair Value	560,642	556,941
Columbia Value & Restructuring		
Fair Value	61,456	48,988
Dreyfus S&P 500 Index Fund		
Fair Value	691,191	554,799
Fidelity Advisor Freedom 2010 T		
Fair Value	69,692	52,631
Fidelity Advisor Freedom 2015 T		
Fair Value	15,574	12,934
Fidelity Advisor Freedom 2025 T		
Fair Value	37,541	28,836
Fidelity Advisor Freedom 2035 T		
Fair Value	742	508

9. INFORMATION CERTIFIED BY THE TRUSTEE (Continued)

	December 31, 2010	December 31, 2009
Fidelity Advisor Freedom 2045 T		
Fair Value	7,096	4,324
Fidelity Advisor Freedom 2050 T		
Fair Value	2,913	1,070
Fidelity Advisor Freedom 2020 Fund		
Fair Value	99,746	163,227
Fidelity Advisor Freedom 2030 Fund		
Fair Value	10,218	24,514
Fidelity Advisor Freedom 2040 Fund		
Fair Value	92,061	153,440
Fidelity Advisor Small Cap T		
Fair Value	56,790	41,180
Fidelity Advisor Balanced Fund T		
Fair Value	216,240	-
Fidelity Advisor Total Bond T		
Fair Value	167,323	147,248
Fidelity Advisor Diver International T		
Fair Value	-	56,953
Fidelity Advisor Freedom Inc. T		
Fair Value	41	38
Fidelity Advisor Gov Income T		
Fair Value	1,848	1,047
Fidelity Advisor New Insights T		
Fair Value	135,998	101,189

9. INFORMATION CERTIFIED BY THE TRUSTEE (Continued)

	December 31, 2010	December 31, 2009
Fidelity Advisor Strategic Income		
Fair Value	36,486	21,929
Fidelity Advisor Emerging Markets Class T		
Fair Value	12,357	5,425
Fidelity Advisor Stable Value		
Fair Value	685,774	640,152
Fidelity Advisor Mid Cap II T		
Fair Value	216,347	168,160
Thornburg Int Val R4		
Fair Value	51,107	-
Total	$ 3,411,798	$ 3,151,318

BUSINESS INTERIORS PROFIT SHARING AND 401(K) PLAN
SUPPLEMENTAL SCHEDULES
NOTE 10: SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES*

(a)	(b) Identity of issuer, borrower lesser or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(e) Fair Value
**	Fidelity Investments	ABF Small Cap Value	$ 136,233
**	Fidelity Investments	Black Rock Equity Div Fund Inv Class A	46,382
**	Fidelity Investments	Columbia International Fund A	560,642
**	Fidelity Investments	Columbia Value & Restructuring	61,456
**	Fidelity Investments	Dreyfus S&P 500 Index Fund	691,191
**	Fidelity Investments	FA Freedom 2010 T	69,692
**	Fidelity Investments	FA Freedom 2015 T	15,574
**	Fidelity Investments	FA Freedom 2020 T	99,746
**	Fidelity Investments	FA Freedom 2025 T	37,541
**	Fidelity Investments	FA Freedom 2030 T	10,218
**	Fidelity Investments	FA Freedom 2035 T	742
**	Fidelity Investments	FA Freedom 2040 T	92,061
**	Fidelity Investments	FA Freedom 2045 T	7,096
**	Fidelity Investments	FA Freedom 2050 T	2,913
**	Fidelity Investments	FA Small Cap T	56,790
**	Fidelity Investments	FA Balanced Fund T	216,240
**	Fidelity Investments	FA Total Bond T	167,323
**	Fidelity Investments	FA Gov Income T	1,848
**	Fidelity Investments	FA New Insights T	135,998
**	Fidelity Investments	FA Strategic Income T	36,486
**	Fidelity Investments	FA Emerging Markets Class T	12,357
**	Fidelity Investments	FA Stable Value	685,774
**	Fidelity Investments	FA Freedom Inc T	41
**	Fidelity Investments	FA Mid Cap II T	216,347
**	Fidelity Investments	Thornburg Int Val R4	51,107
	Loan Balance		190,310
	Total		$ 3,602,108
	Participant Loans	6.00%-8.25% with various maturity dates and collateralized by the participants' vested portion in the plan.	

* From information certified as complete and accurate by the Trustee.

** A party-in-interest as defined by ERISA.

Note: Column "(d) Cost" was not included since the information is not applicable

BUSINESS INTERIORS PROFIT SHARING AND 401(k) PLAN
SUPPLEMENTAL SCHEDULES
NOTE 11: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The Plan's Form 5500 as of December 31, 2010, and for the year then ended was prepared based on information provided by Fidelity Investments as of December 31, 2010. The financial statements of the Plan were prepared on the accrual basis of accounting as of and for the year ended December 31, 2010.

The following is a reconciliation of the increase in net assets available for benefits reflected in the financial statements at December 31, 2010 and 2009 to Schedule H of the Form 5500:

	December 31,	
	2010	2,009
Investment in market value per financial statements	$ 3,602,108	$ 3,327,970
Less: Market valuation difference	13,069	(837)
In Transit loan repayment	3,553	-
Net value of interest in investment companies and pooled separate account pre Schedule H of Form 5500	$ 3,618,730	$ 3,327,133

The following is a reconciliation of increase in Statements of changes in Net Assets Available for Plan Benefits per financial statements for the year ended December 31, 2010 to Schedule H of the Form 5500:

Total gain (loss) from market value fluctuations per financial statements	$ 310,271
Less: Market valuation difference at December 31, 2010	13,069
Plus: Reversal of Market Valuation difference at 12/31/09	837
Plus: Other	
Total gain (loss) from market value fluctuations per Schedule H of form 5500	$ 324,177