Description         2012           Description         This form is required to be that under sections tota and 2005 of the Endpoint         The Terminal Control Control (Control (Contro)))))	Fo	rm 5500-SF	Short Form Annual R	•	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089			
Upgeneration         Upgeneration         Determination         Source A cell data discher SOUT() And discher SOUT(		Internal Devices Over inc					2012			
A this require control of the part is a complete all entries in accordance with the instructions to the Form 5500-5F.     Part I Annual Report Identification Information     For elendar plan year 2012 of fincal plan year beginning     O(1)2012 and ending 12012012     A This require/report is     B a single-employer plan     B annutgle-employer plan (not multiemployer)     B a one-participant plan     B a single-employer plan     B annutgle-employer plan     B annutgle-em	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605						f This Form is Open to Public			
For catendar plan year 2012 or final plan year beginning       0.1012012       an ending       12012012         A This returningport is for:       a single-employer plan (in tot multiomplayer)       a one-participant plan       a one-participant plan         B This returningport is:       a single-employer plan (inst multiomplayer)       a one-participant plan       a one-participant plan         C Check box if filing under:       from 5558       a both plan year returningport (less than 12 months)       DPVC program         Part II       Basic Plan Information—onter al reguested information       1       Three-digit plan number       001         12 Atome of plan       (months)       DPVC program       001       (C E Effective date of plan         DECOR & RESTORE ADINK PLAN       1       Drive-digit plan number       001       (months)       001         20 Ender Specify rating and address: include room or suite number (employer, if for a single-employer plan)       22 Enders date date date set size set set set set set set set set set se	Pension B	enefit Guaranty Corporation	Complete all entries in accord	lance with the instru	ctions to the Form 550	0-SF.	Inspection			
A This return/report is tor: <ul> <li>a single-employer plan (not multiemployer)</li> <li>a one-participant plan</li> <li>b finit return/report</li> <li>b finit return/report</li> <li>c for a named of plan (not plan) year return/report (less than 12 months)</li> <li>gecal extension</li> <li>DFVC program</li> </ul> <li>Part II Basic Plan Information—enter al requested information</li> <li>1 A name of plan</li> <li>DFVC program</li> <li>Part II Basic Plan Information—enter al requested information</li> <li>1 A name of plan</li> <li>DECOR &amp; RESTORE 401(K) PLAN</li> <li>C Effective date of plan</li> <ul> <li>C Effective date of plan</li> <li>C Effecti</li></ul>					and and/an		204.0			
A This returning on its include the first returning on the f						12/31/2				
C       Check box if filing under:       an annended return/report       a short plan year return/report (less than 12 months)       DFVC program         Pert II       Basic Plan Informationenter all requested information       1b       Three-digit plan number (mployer, if for a single-employer plan)       001         Pert II       Basic Plan Informationenter all requested information       1b       Three-digit plan number (mployer, if for a single-employer plan)       001         Pert II       Basic Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number (ENN * 50-8536-608)         PECOR & RESTORE, INC.       2c       Sponsor's telephone number 50-95-50-908       2c       Sponsor's telephone number 50-95-50-908         30       Administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's telephone number 50-95-50-908         313       Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan sponsor Address       3b       Administrator's telephone number 50-95-80-968         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, ENN, and the plan number form the last return/report.       3a       Administrator's telephone number 50-50-50-50-50-50-50-50-50-50-50-50-50-5		· .					a one-participant plan			
C       Check box if ling under:       Form 5568       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1b       Three-digit plan number       01         12       Pan spaned's name and address: include room or suite number (employer, if for a single-employer plan)       1c       Effective date of plan         22.6       Pan spaned's name and address: include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number (EN)       2c         23.7       Plan spaned's name and address: include room or suite number (employer, if for a single-employer plan)       2c       Sponsor's telephone number 500-535-508         24.6       Buildess and address:       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's ElN 75-2882-46         25.0       Statistic       Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's ElN 75-2882-46         26.0       RestORE, INO.       Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's telephone number 509-53-508         26.0       Employee Induction in the last return/report.       Sa       Sb       Sc       Sa         37.0       Administrator's stelephone number 509-53-508       Sc       Sa       Sb       Sc       Sa <td><b>B</b> This re</td> <td>turn/report is:</td> <td></td> <td>•</td> <td></td> <td> (  )</td> <td></td>	<b>B</b> This re	turn/report is:		•		(  )				
Part II         Basic Plan Information—enter all requested information         10 Three-digit         plan number         001         10 ECOR & RESTORE 401(K) PLAN         10         Three-digit         plan number         001         10         Effective date or plan         001         10         C         Effective date or plan         01017200         20         Ergiption         Ergiption         20         Ergiption         Ergiption         Ergiption         Ergiption         Ergiption         Ergiption         Ergiption         Ergiption	0				rn/report (less than 12 m	onths	-			
Part II       Basic Plan Information—enter all requested information       1b       Three-digit plan number (PN)       001         1a Name of plan       1b       Three-digit plan number (PN)       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-amployer plan)       2b       Employer identification Number (EN)         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-amployer plan)       2b       Employer identification Number (EN)         2d5 E. 2011, 10.8 #443       StrOKAKE, WA \$9223       2c       Sponsor's telephone number (SoB-435-508)         3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address]       3b       Administrator's telephone number 508-535-5098         2d6 Displayed identification Number (SoB-535-5098       3c       Administrator's telephone number 508-535-5098         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.       3a         3a Total number of participants at the end of the plan year.       5a       5b         5a       5b       5c       5c         6a Were all of the plan sasets during the plan queri invested in eligible assets? (See instructions).       5c       5c         6a Were all of the plan sassets during the plan year invested in eligible asset? (See instruc	C Check	box if filing under:					DFVC program			
1a Name of plan       Ib Three-digt processing p	Dort II	Regio Dian Inform		,						
DECOR & RESTORE 401(K) PLAN       plan number         23       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       25         24       Effective date of plan       01/01/2008         255       2.307L: 10-8 #343       26         SPOKANE, WA 99223       2d       Business code (see instructions)         35       Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         26COR & RESTORE, INC.       2252 E_20TH: 10-8 #343       3d       Administrator's EIN         36       Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         27       Saporsor's family       3d       Administrator's EIN       75-2352049         37       C andministrator's EIN       75-2352049       76         38       Plan aumber of participants at the beginning of the plan year       3d       2d         36       Total number of participants at the end of the plan year       5d       5d         36       Administrator's Elly of the analy exercives of an independent qualified public accountant (QPA)       Qres       Nres         36       Administrator's Elly of the plan year invested in eligible assets? (See instructions.)       Se       Se         37       Din	-		<b>nation</b> —enter all requested informa	ation		1b	Three-digit			
24. Plan sponsofs name and address; include room or suite number (employer, if for a single-employer plan)       20 Employer Identification Number (EIN)         2252 E . 23TH, 10-6 #343       20 Employer Identification Number (EIN)       22 Sponsof's telephone number (Sonsof's name and address; SPOKANE, WA 99223       23 Diama administrator's name and address; Same as Plan Sponsor Name Same as Plan Sponsor Address       24 Business code (see instructions) 454110         33 Plan administrator's name and address; Same as Plan Sponsor Name Same as Plan Sponsor Address       3b Administrator's EIN 75-288249         ECOR & RESTORE, INC.       2252 E . 20TH, 10-6 #343       3c Administrator's telephone number 509-535-5098         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the sons as a of the end of the plan year.       4b EIN         a Sponsor's name       5a       5b       5c         5a       5b       5c       5c         6a       Were all of the plan saceunt balances as of the end of the plan year (defined benefit plans do not complete this item), under 20 CFR 2520 104-46? (See instructions on waiver eligibility and conditions).       Y Yes N         7b A regou claiming a waiver of the annual examination and report of an independent qualified public accountant (IGPA)       Y Yes N         10 A regou claiming a waiver of the annual examination and report of an independent qualified public accountant (IGPA)       Y Yes N         10 A regou claiming a waiver of the annual examinati							plan number			
DECOR & RESTORE, INC.       (EN)       75-2982649         22C Sponsor's telephone number       20 Sponsor's telephone number         33a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         24d Business code (see instructions)       454110         3a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         24d Business code (see instructions)       454110         3a Plan administrator's INC.       2225 E - 29TH, 10-6 8343         SPOKANE, WA 99223       3b Administrator's EleN         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the as ponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a         5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions), where all of the plan's assets during the plan year invested in eligible assets? (See instructions), where all of the plan's assets during the plan es incombel eligibility and conditions), where all of the plan's assets during the plan the flan cannot use Form 5500-526 and use insets is established.         Under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions), where is establined asset is established.						1c	•			
2252 E. 23TH, 10-B 3933       500-535-5098         3a Plan administrator's name and address       Same as Plan Sponsor Name       Bame as Plan Sponsor Address       3b Administrator's EIN         75-2982649       3c Administrator's LIN       75-2982649       3c Administrator's LIN         800-535-5098       3b Administrator's LIN       75-2982649       3c Administrator's LIN         800-535-5098       3c Administrator's LIN       75-2982649       3c Administrator's LIN         810       3ponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN       4c PN         8200-535-5098       5b       5c       5b       5c         9       Total number of participants at the beginning of the plan year       5a       5b       5c         6       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       C Yes   NC       Nc         9       A deriver of the annual examination and report of an independent qualified public accountant (IQPA)       Ves   NC       Nc         9       A were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Ves   NC       Ves   NC         9       A ver all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Ves   NC       Nc <td></td> <td></td> <td>ess; include room or suite number (er</td> <td>nployer, if for a single</td> <td>e-employer plan)</td> <td>2b</td> <td></td>			ess; include room or suite number (er	nployer, if for a single	e-employer plan)	2b				
SPOKANE, WA 99223       2d Business code (see instructions) 454110         3a Plan administrator's name and address ECOR & RESTORE, INC.       255 E, 2011, 10.6 #343 SPOKANE, WA 99223       3b Administrator's EIN 75-2982649         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.       4b EIN         5a       5a       5a         5a Total number of participants at the beginning of the plan year       5a         5b Total number of participants at the end of the plan year.       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Vere    Nc         6a       Were all of the plan's assets during the plan on waiver eligibility and conditions.)       Vere    Nc         1f you answered "No" to latter in the instructions on waiver eligibility and conditions.)       Vere    Nc         1g under 29 CFR yand other penalties set forth in the instructions, i dealer that thave examinated use Form 5500.       Vere    Nc         1g under 29 CFR yand other penalties set of this fit for the instructions, i dealer that thave examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is	2525 E. 29T	<sup>-</sup> H, 10-B #343				2c				
ECOR & RESTORE, INC.       2525 E: 29TH: 10-B #243 SPOKANE, WA 99223       75-2982649         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.       4b EIN         a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a Status         c Number of participants at the end of the plan year       5a Status         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       Status         c Number of participants with account balances as of the end of the plan year invested in eligible assets? (See instructions)       Status         b Are you claiming a waiver of the annue examination and report of an independent qualified public accountant (IQPA)       Yes Net	SPOKANE,	WA 99223				2d				
ECOR & RESTORE, INC.       2020 E 201H, 104 # 343 SPOKANE, WA 99223       3C Administrator's telephone number 509-535-5088         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 of moment to the plan year.       4b EIN         a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year.       5a         5 Total number of participants at the end of the plan year.       5b         c Number of participants at the end of the plan year.       5b         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes No         Indva participants of the fate or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Yes No         Under yenallise of perity and other penalities set forth in the instructions, ledelare that have examined this return/report, and to the best of my knowledge and bellef, it is true, correct, and complete.       Signature of plan administrator         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date	3a Plan a	administrator's name and	address Same as Plan Sponsor N	ame Same as Pla	n Sponsor Address	3b				
name, EIN, and the plan number from the last return/report.       4C       PN         a Sponsor's name       4C       PN         5a       Total number of participants at the beginning of the plan year	<b>4</b> If the	name and/or EIN of the n	lan sponsor has changed since the la	ast return/report filed	for this plan, enter the	46				
5a       Total number of participants at the beginning of the plan year       5a         b       Total number of participants at the end of the plan year       5b         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sc         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       Not         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       Not         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       Not         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       Not         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       Not         f you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       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 instru	name	, EIN, and the plan numb								
b       Total number of participants at the end of the plan year       5b         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       Not			the beginning of the plan year				4			
C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	<b>b</b> Total	number of participants at	the end of the plan year				4			
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Image: Construction of the construction of t				• •		_	4			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Yes       No         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       08/29/2013       JOHN ROBISON         HERE       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         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	6a Were	all of the plan's assets d	uring the plan year invested in eligibl	e assets? (See instru	ctions.)		X Yes No			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       08/29/2013       JOHN ROBISON         SIGN HERE       Filed with authorized/valid electronic signature.       08/29/2013       JOHN ROBISON         SIGN HERE       Filed with authorized/valid electronic signature.       08/29/2013       JOHN ROBISON         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)         Preparer's telephone number (optional)       Preparer's telephone number (optional)       Preparer's telephone number (optional)	under	r 29 CFR 2520.104-46? (	See instructions on waiver eligibility a	ind conditions.)	•	·····				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.          SIGN       Filed with authorized/valid electronic signature.       08/29/2013       JOHN ROBISON         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         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)										
HERE         Signature of plan administrator         Date         Enter name of individual signing as plan administrator           SIGN HERE         Image: Comparison of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)         Preparer's telephone number (optional)	Under pen SB or Sche	alties of perjury and othe edule MB completed and	r penalties set forth in the instructions signed by an enrolled actuary, as we	s, I declare that I have	e examined this return/re	port, ir	ncluding, if applicable, a Schedule			
Signature of plan administrator         Date         Enter name of individual signing as plan administrator           Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)         Preparer's telephone number (optional)		Filed with authorized/va	lid electronic signature.	08/29/2013	JOHN ROBISON					
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)         Preparer's telephone number (optional)	HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	ual sig	ning as plan administrator			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)		Cimeture of employe		Dete						
	Preparer's					-				
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2012					05		Form 5500-SF (2012)			

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
a Total plan assets	7a	24926				345881		
<b>b</b> Total plan liabilities	7b	6	5					
C Net plan assets (subtract line 7b from line 7a)	7c	24919	8		345881			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
a Contributions received or receivable from:								
(1) Employers	8a(1)	529		_				
(2) Participants	8a(2)	4766	8					
(3) Others (including rollovers)	8a(3)	5504						
<b>b</b> Other income (loss)	8b	55043			100005			
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c			_		108005		
to provide benefits)	8d	1132	2					
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					11322		
i Net income (loss) (subtract line 8h from line 8c)	8i					96683		
<b>j</b> Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension in 2F 2G 2J 2K 3D 2E 2R</li> <li>b If the plan provides welfare benefits, enter the applicable welfare ferror for the plan provides welfare benefits.</li> </ul>								
Part V Compliance Questions				Vee	Na	<u> </u>		
<ul><li>10 During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribut</li></ul>	tiono within th	as time period described in		Yes	No	Amount		
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х			
	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
C Was the plan covered by a fidelity bond?			10c	Х		50000		
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x			
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	of the benefits	s under the plan? (See	10e		x			
f Has the plan failed to provide any benefit when due under the plan	Has the plan failed to provide any benefit when due under the plan?							
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)							
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h							
If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Yes	s," see instructions and com	plete	Scheo	lule SB	(Form		
a Enter the amount from Schedule SB line 39 11a								
12 Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	or se	ction	302 of E	ERISA? Yes 🗙 No		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicabl	e.)						
<b>a</b> If a waiver of the minimum funding standard for a prior year is beir		in this plan year, see instruc		, and e		-		
granting the waiver.			th		Day_	Year		
granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule			th		Day_	Year		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Form 5500-SF		Short Form Annual Re	yee	OMB Nos. 1210-0110 1210-0089					
Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employ			ee	2012			
Employee	Department of Labor Benefits Security Administration	the Internal	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code).						
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I	Annual Report Ic	dentification Information							
For calen	dar plan year 2012 or fisc		/01/2012	and ending		12/31/2012			
A This r	eturn/report is for:								
	his return/report is for: A a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan his return/report is: the first return/report the final return/report a multiple-employer plan (not multiemployer)								
		an amended return/report	i short plan vear retu	rn/report (less than 12 m	onths	)			
C Check	box if filing under:		DFVC program						
		□ special extension (enter descriptior	m 5558 automatic extension						
Part II	Basic Plan Infor	mation—enter all requested informa							
1a Name		mation-enter all requested informa	lion						
	& RESTORE 401()	K) PLAN			1b	Three-digit plan number			
					10	(FIN) V			
					IC	Effective date of plan 01/01/2008			
<b>2a</b> Plan DECOR	sponsor's name and addr & RESTORE, INC.	ess; include room or suite number (em	ployer, if for a single	-employer plan)	2b	Employer Identification Number			
2525 5	5. 29TH, 10-B #3				2c	(EIN) 75-2982649 Sponsor's telephone number			
2323 1	5. 291A, 10-B #3	\$43			L	509-535-5098			
SPOKAN		WA 99223			20	Business code (see instructions) 454110			
Ja Plana	administrator's name and	address Same as Plan Sponsor Na	me Same as Pla	n Sponsor Address	3b	Administrator's EIN			
DECOR	& RESTORE, INC.					75-2982649			
2525 E. 29TH, 10-B #343						<b>3c</b> Administrator's telephone number 509-535-5098			
SPOKAN	IE	WA 99223							
name	e, Env, and the plan humb	lan sponsor has changed since the las er from the last return/report.	st return/report filed for	or this plan, enter the	4b EIN				
	sor's name				4c	PN			
Ja lotai	number of participants at	the beginning of the plan year			5a	4			
<b>b</b> Total	number of participants at	the end of the plan year			5b 4				
C Numb comp	per of participants with acc lete this item)	count balances as of the end of the pla	n year (defined bene	fit plans do not	5c	4			
6a Were	e all of the plan's assets di	uring the plan year invested in eligible	assets? (See instruc	tions )					
under	r 29 CFR 2520.104-46? (S	e annual examination and report of an See instructions on waiver eligibility an	independent qualifie d conditions.)	d public accountant (IQF	PA)	X Yes I No			
	answered "No" to eithe	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.			
Caution: A	A penalty for the late or i	incomplete filing of this return/repo	rt will be assessed i	unless reasonable cau	se is e	established			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN	Cola Rati		cleetia	JOHN ROBISON					
HERE	Signature of plan adm								
SIGN	Cola R d					ning as plan administrator			
HERE	Signature of employer	/nlan sponsor	8/28/13						
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)						ning as employer or plan sponsor			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			riepa	arer's telephone number (optional)			
For Paperwo	ork Reduction Act Notice ar	nd OMB Control Numbers, see the instru	ctions for Form 5500-S	F.		Form 5500-SF (2012)			

rm 5500-SF (2012) v. 120126 Form 5500-SF 2012

Page **2** 

Pa	art III Financial Information								
7	Plan Assets and Liabilities	1	(2) Poginning of V						
a	Total plan assets				62	·····	(b) End of		
b				2492	65		<del>~</del>	34588:	
C	Net plan assets (subtract line 7b from line 7a)			2491			<del></del>	24500	
8	Income. Expenses and Transfers for this Plan Yoor							34588:	
а	Contributions received or receivable from:	1	(a) Amount				(b) Tota	al	
	(1) Employers	8a(1)		52	94				
	(2) Participants			476	68			· · · · · · · · · · · · · · · · · · ·	
b	(3) Others (including rollovers)								
	Other income (loss)		······	5504	43				
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						108005	
	to provide benefits)	8d		1132	22				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						11200	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						11322	
j	Transfers to (from) the plan (see instructions)	8j				·		96683	
Pa	rt IV Plan Characteristics		······································						
9a	If the plan provides pension benefits, enter the applicable pension $2F$ 2G 2J 2K 3D 2E 2R	feature code:	s from the List of Plan Char	acteris	tic Co	des in th	e instruction	16.	
b									
Ň	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Chara	cteristi	ic Coc	es in the	instructions	:	
Par	V Compliance Questions		·····						
10	During the plan year:				Yes				
	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CEP 2510.2 1022 (Content of the plan any participant contributions within the time period described in					No	Am	ount	
		ciary Correct	ion Program)	10a		x			
b	were there any nonexempt transactions with any party-in-interest?	2 (Do not incl	ude transactions reported	1.00					
				10b		X			
	Was the plan covered by a fidelity bond?	•••••••••••••••••••••••••••••••••••••••		10c	Х			50000	
d	Did the plan have a loss, whether or not reimbursed by the plan's f	idelity bond,	that was caused by fraud			x			
e	or distributes ty :			10d					
•	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	f tha hanafite	under the plan? (Can						
				10e		х			
t	Has the plan failed to provide any benefit when due under the plan	?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.	)	10g		x			
h	If this is an individual account plan, was there a blackout period? (S	See instructio	ons and 29 CEP	TUY					
i	2020.101-3.)			10h		x			
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required no	tice or one of the						
Part	VI Pension Funding Compliance	-3		10i					
11	<u> </u>								
	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Yes,	" see instructions and com	plete S	ched	ile SB (F	mrc m	Yes 🗌 No	
<u>11a</u>	1a         Enter the amount from Schedule SB line 39         11a           2         11a         11a         11a							Yes No	
12	2 Is this a defined contribution plan subject to the minimum funding requirements of costion 412 of the Order with a second								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	as applicable	)					Yes X No	
а	If a waiver of the minimum funding standard for a prior year is being	amortized in	this plan year and instruct	tions, a	and er	ter the d	ate of the le	tter ruling	
	······································		Mont	h		Day	Year		
b	ou completed line 12a, complete lines 3, 9, and 10 of Schedule l Enter the minimum required contribution for this plan year	WB (Form 5	buu), and skip to line 13.						
					1 1	2b			