## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation  Con	nplete all entries in accordan	ce with the instruc	tions to the Form 550	0-SF.		<b>,</b>	
Part I	Annual Report Identifica							
For calenda	ar plan year 2012 or fiscal plan ye	ar beginning 01/01/2012		and ending 1	12/31/2	012		
		=	multiple-employer place e final return/report	an (not multiemployer)		a one-particip	oant plan	
D IIIISTEI		· H	•	n/report (less than 12 m	onths)			
C Check b	pox if filing under:	· H	tomatic extension	,,,opo., (,ooo a.a	[	DFVC progra	ım	
	special	extension (enter description)						
Part II	Basic Plan Information-	enter all requested informatio	n		1			
1a Name BANG OFFICE	of plan CE INTERIORS 401(K) PLAN					Three-digit plan number (PN) ▶	001	
						Effective date of	f plan	
	consor's name and address; include CE INTERIORS, INC.	de room or suite number (emp	loyer, if for a single-	employer plan)		Employer Identit		ber
	ERN AVENUE, SUITE 488				2c	Sponsor's telep 206-388		r
SEATTLE, V	VA 98121				2d	Business code ( 56179		ons)
	dministrator's name and address E INTERIORS, INC.		e Same as Plan	Sponsor Address	3b	Administrator's I 20-38	EIN 20997	
		SEATTLE, WA 98	121		3c	Administrator's t 206-388		mber
	name and/or EIN of the plan spons EIN, and the plan number from the		return/report filed fo	r this plan, enter the	4b	EIN		
<b>a</b> Sponse	or's name				4c	PN		
<b>5a</b> Total r	number of participants at the begin	nning of the plan year			5a			12
<b>b</b> Total r	number of participants at the end of	of the plan year			5b			13
	er of participants with account balaete this item)	•	•	•	5c			13
<b>b</b> Are yo	all of the plan's assets during the ou claiming a waiver of the annual	examination and report of an i	ndependent qualifie	d public accountant (IQ	PA)		X Yes	∐ No ∏ No
	29 CFR 2520.104-46? (See instruanswered "No" to either line 6a	• ,	,				<u> </u>	
	penalty for the late or incomple							
Under pena SB or Sche	alties of perjury and other penaltie edule MB completed and signed by true, correct, and complete.	s set forth in the instructions, I	declare that I have	examined this return/rep	port, in	cluding, if applica		
SIGN HERE	Filed with authorized/valid electron	onic signature.	09/26/2013	CHAD SMED				
HEKE	Signature of plan administrate	or	Date	Enter name of individ	ual sigi	ning as plan adn	ninistrator	
SIGN								
HERE	Signature of employer/plan sp		Date	Enter name of individ				
Preparer's	name (including firm name, if appl	licable) and address; include ro	oom or suite number	(optional)	Prepa	arer's telephone	number (opt	ional)

Form 5500-SF 2012 Page **2** 

Pa	rt III Financial Information															
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear							
a	Total plan assets	7a	20344				(5) =1.		29771	3						
	Total plan liabilities	7b		0	201				0							
-	Net plan assets (subtract line 7b from line 7a)	7c	20344		20			29771	3							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total								
	Contributions received or receivable from:		(a) Amount				(15)	Total								
	(1) Employers	8a(1)	2088	7												
	(2) Participants	8a(2)	4883	33												
	(3) Others (including rollovers)	8a(3)		0												
b	Other income (loss)	8b	2533	35												
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9505	5						
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	78	34												
е	Certain deemed and/or corrective distributions (see instructions)	8e		0												
f	Administrative service providers (salaries, fees, commissions)	8f		0												
q	Other expenses	8g		0												
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							78	84						
$\overline{}$	Net income (loss) (subtract line 8h from line 8c)	8i							9427							
Ť	Transfers to (from) the plan (see instructions)	8j							0 121	•						
Pai	t IV Plan Characteristics	0)														
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D 2T	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the instr	uction	S:							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions:								
Dor	t V Compliance Questions															
	Part V   Compliance Questions															
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tiono with:	in the time period described in	I	Yes	No		Am	ount							
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a	X					1	869					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X										
С	Was the plan covered by a fidelity bond?			10c		X										
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	·	10d		X										
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			X										
	instructions.)			10e												
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X										
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X										
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X										
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i												
Part	VI Pension Funding Compliance															
11																
11a						11a										
12								No								
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)															
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							<b>a</b> 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 letter ruling granting the waiver						
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	_	ne date o			uling						
a	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_	ne date o			uling						

	Form 5500-SF 2012 Page <b>3</b> - 1			
	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
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)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in	n accordance with the instru	ctions to the Form 550	0-SF.	mapaction			
Part I		Identification Informati							
For calend	lar plan year 2012 or fi	scal plan year beginning	01/01/2012	and ending	12/	31/2012			
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	] a (	one-participant plan			
B This re	turn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		☐ DF	VC program			
	Ü	special extension (enter d	escription)						
Part II	Basic Plan Info	rmation—enter all requested							
1a Name		Titter on one an improve	2 1110111101011		1b Three	e-digit			
	FFICE INTERIO		plan i	number					
					(PN)				
				)		ctive date of plan 01/2009			
20 Dlen		da ia aliuda uaik u	nahan (amalanan if fan a ainala	ompleves alam)					
	ponsors name and ad- FFICE INTERIO	dress; include room or suite nu RS. INC.	mber (employer, it for a single-	employer plan)		oyer Identification Number 20-3820997			
						nsor's telephone number			
2125 W	ESTERN AVENUE	, SUITE 488				-388-2599			
						ness code (see instructions)			
SEATTL	E	WA 9812	1		561	790			
3a Plan a	dministrator's name an	nd address Same as Plan Sp	onsor Name Same as Plar	Sponsor Address		nistrator's EIN			
BANG O	FFICE INTERIOR	RS, INC.	95		20-3820997				
					3c Administrator's telephone number 206-388-2599				
2125 W	ESTERN AVENUE,	SUITE 488			206-	-388-2599			
SEATTL	E	WA 98121							
4 If the r	name and/or EIN of the	plan sponsor has changed sin	ice the last return/report filed for	or this plan, enter the	4b EIN				
		nber from the last return/report							
	or's name				4c PN				
5a Total r	number of participants	at the beginning of the plan ye	ar		5a	12			
		at the end of the plan year			5b	13			
	CAN CAMPED BUILDING	account balances as of the end			5c	13			
6a Were	all of the plan's assets	during the plan year invested	in eligible assets? (See instruc	tions.)		X Yes No			
		the annual examination and re				X Yes No			
		' (See Instructions on waiver el ther line 6a or line 6b, the pla							
		or incomplete filing of this ret ner penalties set forth in the ins							
SB or Sche	anies of perjury and off edule MB completed an	ner penalties set forth in the lifs and signed by an enrolled actuar	y, as well as the electronic ver	sion of this return/report	, and to the	best of my knowledge and			
belief, it is t	rue, correct, and comp	llele.							
CICNI	1.//		07/29/2013	Chad Smed					
SIGN HERE	6//			f-					
	Signature of plan ac	dministrator	Date	Enter name of individu	ual signing a	as plan administrator			
SIGN									
HERE	Signature of employ		Date			as employer or plan sponsor			
Preparer's	name (including firm na	ame, if applicable) and address	s; include room or suite numbe	r (optional)	Preparer's	telephone number (optional)			
				Ì					

P:	ar	ıA	2

Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	г			(b) End of Year
а	Total plan assets	7a	20	0344	2		297713
b	Total plan liabilities	7b			0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	20	344	2		297713
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	8a(1)		2088	7		
	(1) Employers	8a(2)		1883	3		
	(2) Participants	8a(3)			0		
	Other income (loss)	8b		2533	5		
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					95055
	Benefits paid (including direct rollovers and insurance premiums				+		
	to provide benefits)	8d		78	4		
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f			0		
g	Other expenses	8g			0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		784
	Net income (loss) (subtract line 8h from line 8c)	8i			_		94271
j	Transfers to (from) the plan (see instructions)	8j					
b Part	2A 2E 2F 2G 2J 3D 2T  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature codes	from the List of Plan Charac	cteristi	c Cod	des in t	he instructions:
10	During the plan year:				Yes	No	Amount
а				10a	Х		1869
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
С	Was the plan covered by a fidelity bond?			10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	10d		х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the benefit	s under the plan? (See	10e		х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	l.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	s," see instructions and com	plete	Sche	dule SE	3 (Form Yes No
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code	orse	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicabl	le.)				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	*******	Mon	ctions, th	and	enter th Day	ne date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedule					4.01	
b	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2012	Page 3 -	_		
С	Enter the amount contributed by the employer to the plan for this plan	year	12c		
d	Subtract the amount In line 12c from the amount in line 12b. Enter the negative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	K(1764KH000)	Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes X No	)
	If "Yes," enter the amount of any plan assets that reverted to the empl	loyer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, tra		ne contro		Yes X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), identify the plan	s) to		
	13c(1) Name of plan(s):		13c(2)	EIN(s)	13c(3) PN(s)
-					
	12 789 P20				ļ
Part	t VIII Trust Information (optional)				
14a	Name of trust		14b	Trust's EIN	