

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007	
A	This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>
B	This return/report is: <div><div><input checked="" type="checkbox"/> the first return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>
D	Check box if filing under: <div><div><input type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan AUTHENTIC ORIENTAL RUGS DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/2004
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) AUTHENTIC ORIENTAL RUGS  200 VINCA CIRCLE MADISON, MS 39110	2b Employer Identification Number (EIN) 81-0612022 2c Sponsor's telephone number 601-473-9117 2d Business code (see instructions) 442299
	200 VINCA CIRCLE MADISON, MS 39110	

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.	05/14/2010	ANDREW HOFFECKER
	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

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  
<b>4</b> 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: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 4
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>a</b> Active participants.....	<b>6a</b> 4
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b> 0
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b> 0
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b> 4
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b> 0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b> 4
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b> 0
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b> 1
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G 3E	

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(1) <input type="checkbox"/> <b>H</b> (Financial Information) (2) <input checked="" type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

I mailed the following letter to the IRS to explain that Form 5500 was originally submitted 20/14/2008. Since the form was sent in a timely manner (the form must have been lost in the mail), I do not think that Authentic Oriental Rugs should be subject to a fine or late fee.

Pam Hoffeecker  
5/14/2020

March 15, 2010

Internal Revenue Service  
Ogden, UT 84201-0018

Dear Sir or Madam:

I received a notice #CP403, dated 3/8/2010 which stated that Authentic Oriental Rugs (EIN 81-0612022) had not submitted Form 5500, Plan 001 with EBSA for plan year ending 12/31/2007. After checking our records, I found that we had indeed filed a return, signed and dated 10/14/2008. Therefore Authentic Oriental Rugs complied in a timely manner. I am enclosing copies of the forms originally sent as evidence that the forms were filed correctly.

Thank you for your attention to this matter.

Pam Hoffeecker  
President  
Authentic Oriental Rugs, Inc  
200 Vinca Circle  
Madison, MS 39110



**SCHEDULE B  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

- Attach to Form 5500 or 5500-EZ if applicable.  
► See separate instructions.

Official Use Only

OMB No. 1210-0110

**2007**

This Form is Open to Public  
Inspection (except when  
attached to Form 5500-EZ).

For calendar plan year 2007 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan AUTHENTIC ORIENTAL RUGS DEFINED BENEFIT PLAN		<b>B</b> Three-digit plan number ... ► 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ AUTHENTIC ORIENTAL RUGS		<b>D</b> Employer Identification Number 81-0612022
<b>E</b> Type of plan: (1) <input type="checkbox"/> Multiemployer (2) <input checked="" type="checkbox"/> Single-employer (3) <input type="checkbox"/> Multiple-employer	<b>F</b> <input checked="" type="checkbox"/> 100 or fewer participants in prior plan year	

**Part I Basic Information** (To be completed by all plans)**1a** Enter the actuarial valuation date: Month 01 Day 01 Year 2007**b** Assets:

(1) Current value of assets .....	<b>b(1)</b>	421026
(2) Actuarial value of assets for funding standard account .....	<b>b(2)</b>	421026
<b>c</b> (1) Accrued liability for plans using immediate gain methods .....	<b>c(1)</b>	
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>c(2)(b)</b>	360126
(c) Normal cost under entry age normal method .....	<b>c(2)(c)</b>	61520

**Statement by Enrolled Actuary (see instructions before signing):**

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

**SIGN  
HERE***Alberto R. Campos*

Signature of actuary

ALBERTO CAMPOS

Type or print name of actuary

MARTIN MARTIN RANDALL &amp; ASSOC., INC

Firm name

4 RIVER BEND PLACE, SUITE 125

JACKSON

MS

39232

Address of the firm

*10/5/2008*

Date

**G** 08-04452

Most recent enrollment number

601-932-8500

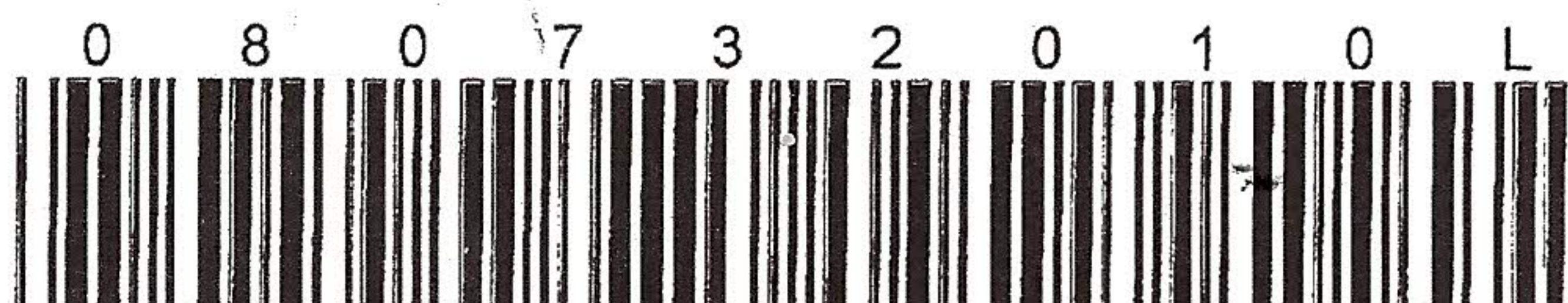
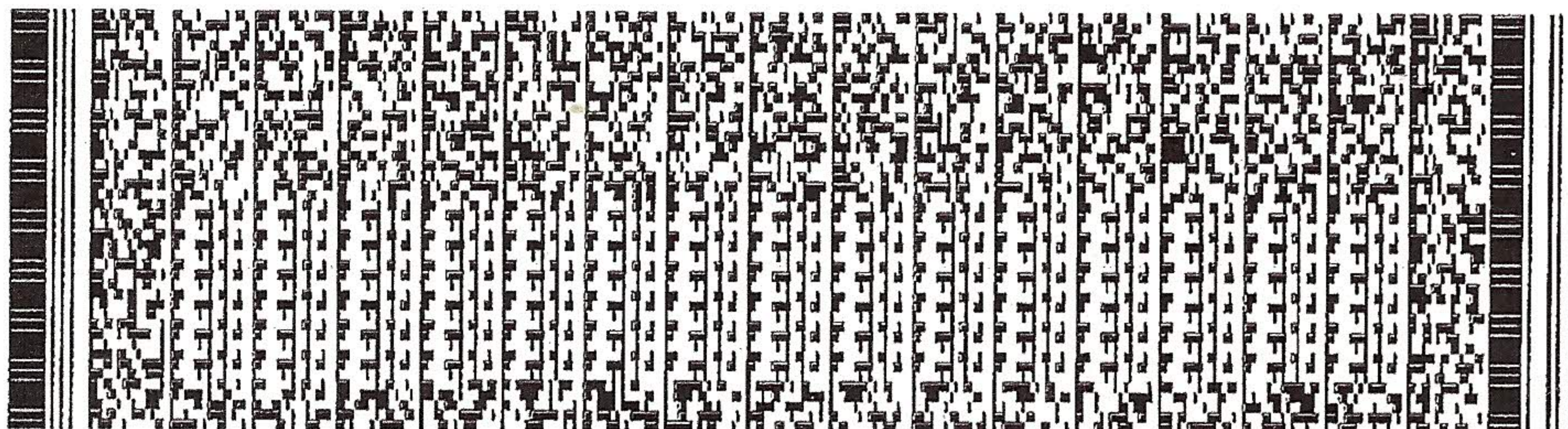
Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule,  
check the box and see instructions. .... ☐

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

v10.1

Schedule B (Form 5500) 2007





**1d** Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) . .	<b>d(1)</b>	0
(2) "RPA '94" information:		
(a) Current liability . . . . .	<b>d(2)(a)</b>	467487
(b) Expected increase in current liability due to benefits accruing during the plan year . . . . .	<b>d(2)(b)</b>	5577
(c) Current liability computed at highest allowable interest rate (see instructions) . . . . .	<b>d(2)(c)</b>	
(d) Expected release from "RPA '94" current liability for the plan year . . . . .	<b>d(2)(d)</b>	
(3) Expected plan disbursements for the plan year . . . . .	<b>d(3)</b>	0

**2** Operational information as of beginning of this plan year:

**a** Current value of the assets (see instructions) . . . . . **2a** 421026

**b** "RPA '94" current liability:

	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments . . . . .	0	0	0
(2) For terminated vested participants . . . . .	0	0	0
(3) For active participants . . . . .	4	184792	467487
(4) Total . . . . .	4	184792	467487

**c** If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage. . . . . **2c** %

**3** Contributions made to the plan for the plan year by employer(s) and employees:

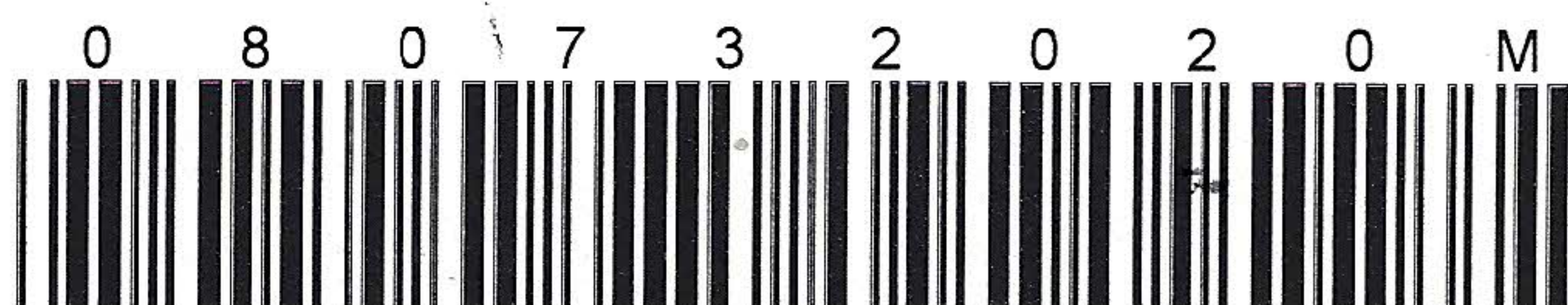
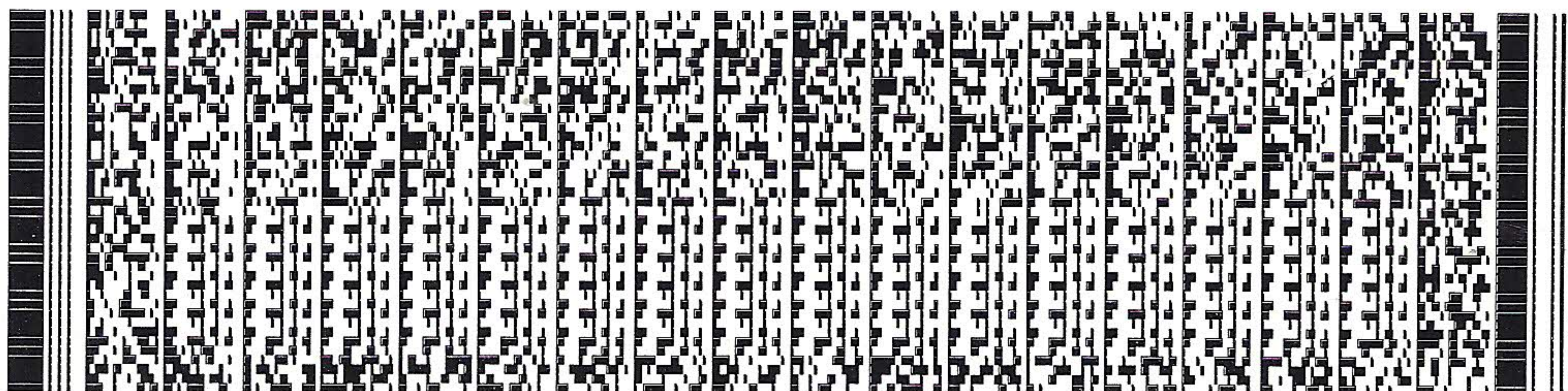
(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
06/21/2007	30000				
08/01/2007	15000				
11/11/2007	20000				
01/17/2008	20000				
02/05/2008	15000				
<b>3 Totals ▶ (b)</b>				100000	<b>(c)</b> 0

**4** Quarterly contributions and liquidity shortfall(s):

**a** Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions). . . . . **4a** 75.2 %

**b** If line 4a is less than 100%, see instructions, and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th





**5** Actuarial cost method used as the basis for this plan year's funding standard account computation:

- a** ☐ Attained age normal      **b** ☐ Entry age normal      **c** ☐ Accrued benefit (unit credit)
- d** ☐ Aggregate      **e** ☐ Frozen initial liability      **f** ☐ Individual level premium
- g** ☒ Individual aggregate      **h** ☐ Other (specify) ▶ \_\_\_\_\_

**i** Has a change been made in funding method for this plan year? ..... ☐ Yes ☒ No

**j** If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ..... ☐ Yes ☐ No

**k** If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or

class) approving the change in funding method ..... Month Day Year

**6** Checklist of certain actuarial assumptions:

<b>a</b> Interest rate for "RPA '94" current liability .....	<b>6a</b>	5.78 %	<input type="checkbox"/> N/A
<b>b</b> Weighted average retirement age .....	<b>6b</b>	65	<input type="checkbox"/> N/A
<b>c</b> Rates specified in insurance or annuity contracts .. <input type="checkbox"/> N/A	<b>6c</b>	Pre-retirement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Post-retirement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/> N/A
<b>d</b> Mortality table code for valuation purposes:			
(1) Males .....	<b>d(1)</b>	0 A	
(2) Females .....	<b>d(2)</b>	0 A	
<b>e</b> Valuation liability interest rate .....	<b>6e</b>	6.00 % 5.00 %	<input type="checkbox"/> N/A
<b>f</b> Expense loading .....	<b>6f</b>	0.0 % 0.0 %	<input type="checkbox"/> N/A
<b>g</b> Annual withdrawal rates:			
(1) Age 25 .....	<b>g(1)</b>	U 0.00 % U 0.00 %	
(2) Age 40 .....	<b>g(2)</b>	U 0.00 % U 0.00 %	
(3) Age 55 .....	<b>g(3)</b>	U 0.00 % U 0.00 %	
<b>h</b> Salary scale .....	<b>6h</b>	0.00 % 0.00 %	<input type="checkbox"/> N/A
<b>i</b> Estimated investment return on actuarial value of assets for year ending on the valuation date	<b>6i</b>	10.1 %	
<b>j</b> Estimated investment return on current value of assets for year ending on the valuation date ..	<b>6j</b>	10.1 %	

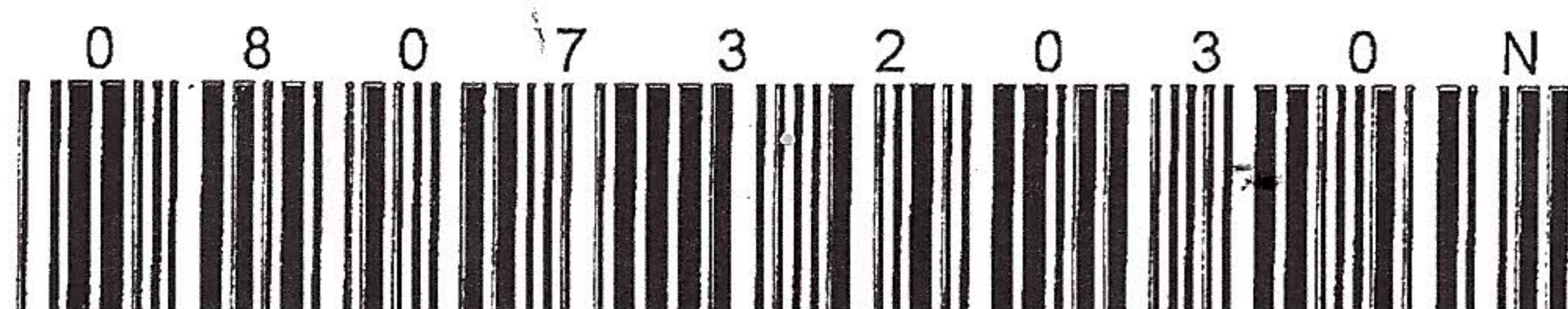
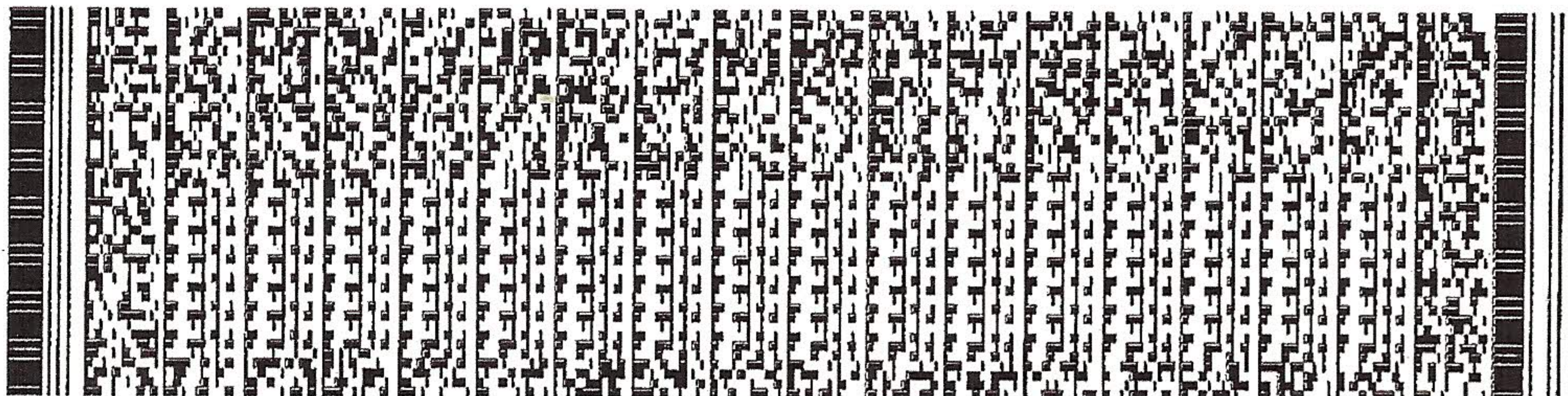
**7** New amortization bases established in the current plan year:

(1) Type of Base (2) Initial Balance (3) Amortization Charge/Credit

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**8** Miscellaneous information:

- a** If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval ..... Month Day Year





**8b** If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶

**c** Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule ..... ☒ Yes ☐ No

**9** Funding standard account statement for this plan year:

**Charges to funding standard account:**

<b>a</b>	Prior year funding deficiency, if any .....	<b>9a</b>	0
<b>b</b>	Employer's normal cost for plan year as of valuation date .....	<b>9b</b>	83391
<b>c</b>	Amortization charges as of valuation date:		
(1)	All bases except funding waivers .....	Outstanding Balance <b>c(1)</b>	0
(2)	Funding waivers .....	<b>c(2)</b>	0
<b>d</b>	Interest as applicable on lines 9a, 9b, and 9c .....	<b>9d</b>	5003
<b>e</b>	Additional interest charge due to late quarterly contributions, if applicable .....	<b>9e</b>	0
<b>f</b>	Adjusted additional funding charge from Part II, line 12q, if applicable ..... <input checked="" type="checkbox"/> N/A	<b>9f</b>	
<b>g</b>	Total charges. Add lines 9a through 9f .....	<b>9g</b>	88394
<b>Credits to funding standard account:</b>			
<b>h</b>	Prior year credit balance, if any .....	<b>9h</b>	107463
<b>i</b>	Employer contributions. Total from column (b) of line 3. ....	<b>9i</b>	100000
<b>j</b>	Amortization credits as of valuation date .....	Outstanding Balance <b>9j</b>	0
<b>k</b>	Interest as applicable to end of plan year on lines 9h, 9i, and 9j .....	<b>9k</b>	8026
<b>l</b>	Full funding limitation (FFL) and credits		
(1)	ERISA FFL (accrued liability FFL) .....	<b>l(1)</b>	114568
(2)	"RPA '94" override (90% current liability FFL) .....	<b>l(2)</b>	4079
(3)	FFL credit .....	<b>l(3)</b>	0
<b>m</b>	(1) Waived funding deficiency .....	<b>m(1)</b>	0
	(2) Other credits .....	<b>m(2)</b>	0
<b>n</b>	Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2) .....	<b>9n</b>	215489
<b>o</b>	Credit balance: If line 9n is greater than line 9g, enter the difference .....	<b>9o</b>	127095
<b>p</b>	Funding deficiency: If line 9g is greater than line 9n, enter the difference. ....	<b>9p</b>	0
<b>Reconciliation account:</b>			
<b>q</b>	Current year's accumulated reconciliation account:		
(1)	Due to additional funding charges as of the beginning of the plan year .....	<b>q(1)</b>	0
(2)	Due to additional interest charges as of the beginning of the plan year .....	<b>q(2)</b>	0
(3)	Due to waived funding deficiencies:		
(a)	Reconciliation outstanding balance as of valuation date .....	<b>q(3)(a)</b>	0
(b)	Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a) .....	<b>q(3)(b)</b>	0
(4)	Total as of valuation date .....	<b>q(4)</b>	0
<b>10</b>	Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable .....	<b>10</b>	0

**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... ☒ Yes ☐ No

