## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Ben	nefit Guaranty Corporation		▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	mopeonon
	art I			entification Information				
For	calenda	r plan year 2009 or f	iscal	plan year beginning 01/01/200	9	and ending 1	2/31/2	2009
Α -	This retu	ırn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
		ırn/report is for:	П	first return/report	final retur	n/report		
_	rriio rota	in report to for.	H	an amended return/report		n year return/report (less than 12 mo	nths)	
_	o		X	·		• •	111110)	
C	Check bo	ox if filing under:		Form 5558		cextension		DFVC program
				special extension (enter description	•			
Pa	rt II	Basic Plan Info	orm	ation—enter all requested inform	ation			
	Name o						1b	Three-digit
NATU	JRAL DE	ECORATIONS, INC.	401	(K) RETIREMENT PLAN				plan number 001
							10	(PN) • OOT
							10	Effective date of plan 01/01/1993
22	Plan sn	oncor's name and a	ddrod	ss (employer, if for single-employer	· nlan)		2h	Employer Identification Number
		ECORATIONS, INC.		ss (employer, ii for single-employer	piai i)		20	(EIN) 63-0476225
		, ,					2c	Plan sponsor's telephone number
P O BOX 847								334-867-7077
					2d			
	334-867-7077  2d Business code (see instructions) 339900  3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")  NATURAL DECORATIONS, INC.  P O BOX 847 BREWTON, AL 36427-0847  3d Administrator's EIN 63-0476225  3c Administrator's telephone number							
						e")	3D	
IVAIC	JIVAL DE	200104110110, 1110.				0847	30	
							00	334-867-7077
<b>4</b> II	f the nan	me and/or EIN of the	plan	sponsor has changed since the la	st return/re	eport filed for this plan, enter the	4b	EIN
ı	name, El	IN, and the plan nun	nber	from the last return/report. Sponso	or's name		4.	
							4c	PN
5a	Total nu	umber of participants	s at t	he beginning of the plan year			5a	66
b	Total nu	umber of participants	s at t	he end of the plan year			5b	72
С				account balances as of the end o		•	F	F2
							5c	53
						(See instructions.)		X Yes No
b						ndent qualified public accountant (IQ ions.)		X Yes ☐ No
						SF and must instead use Form 55		
Pa	rt III	Financial Infor						
7		ssets and Liabilities		-		(a) Beginning of Year		(b) End of Year
		lan assets			. 7a	1958507	7	2028204
b								
C	•			from line 7a)		1958507	7	2028204
				·	. 7с			
8		e, Expenses, and Tra				(a) Amount		(b) Total
а		utions received or re		able Itom.	. 8a(1)	2265	5	
						23906	3	
	` '	•				2000	_	
b	. ,	,	,			424954	1	
		` ,				424934	+	4E112E
G C				a(2), 8a(3), and 8b)	. 8c			451125
d				llovers and insurance premiums	8d	380380		
е		,		e distributions (see instructions)			$\dashv$	
f				(salaries, fees, commissions)		1048	3	
		·		,		1040	$\dashv$	
g		•		o Of and Oa)				381428
h :				e, 8f, and 8g)				
I :				Sh from line 8c)				69697
J	ıranste	ers to (trom) the plan	(see	instructions)	· 8j			

Part IV	Plan	Charac	teristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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 2K 3E

D .	11 1110	plan provides wellare beliefits, effer the applicable wellare feat	ure codes from the	List of Flatt Chara	ICICIIS	iic Coi	ics III	uie iiisuud	MONS.	
Part	٧	Compliance Questions								
10	Dur	ng the plan year:				Yes	No		Amount	t .
а		there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	•		10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Ine 10a.)			10b		X			
С	Wa	s the plan covered by a fidelity bond?			10c	X				100000
d		the plan have a loss, whether or not reimbursed by the plan's fide shonesty?	•	•	10d		X			
	insu	dere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)								
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X			_
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10g		X			
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)								
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part '	VI	Pension Funding Compliance								
11	ls th 550	s a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see ins	tructions and com	plete	Schec	lule SE	3 (Form	Ye	es X No
12	ls t	is a defined contribution plan subject to the minimum funding rec	quirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	es X No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl	,							
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.								
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		rear	
		r the minimum required contribution for this plan year		-			12b			
		r the amount contributed by the employer to the plan for this plan					12c			
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left	of a		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 during the plan y	ear or any prior yea	r?					Ye	s X No
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover this year				13a		1	
	Wer	e all the plan assets distributed to participants or beneficiaries, trae					ntrol		Ye	es X No
		ring this plan year, any assets or liabilities were transferred from h assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	ne pla	n(s) to			r	
13	3c(1	Name of plan(s):			13c(2			<b>(2)</b> EIN(s)		(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	t will be assessed	unless reasonab	le cau	ıse is	establ	ished.		
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.								
SIGN	F	led with authorized/valid electronic signature.	10/12/2010	TAMMY KERVIN	, CFO	)				
HERE	- Г	Signature of plan administrator	Date	Enter name of ir	ndividi	ıal sig	ning as	s plan adn	ninistrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury internal Revenue Service

Department of Labor Employee Banefits Security Administration Pension Benefit Gueranty Corporation

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

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

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2009

OMS Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Γ		cordance	with the instructions to the Form 55	00-SF	ž1 <b>n</b>	spection			
F	For calendar plan year 2009 or fiscal plan year beginning								
-	A This return/report is for: X single-employer plan								
	This return/report is for:   first return/report		return/report	one-participant plan					
	an amended return/report	• *							
C	Check box if filling under: X Form 5558		plan year return/report (less than 12 m	onths)	_				
	tamal promp		natic extension		DFVC progra	am			
	special extension (enter descri	ption)							
_	Part II Basic Plan Information—enter all requested info	rmation							
	NATURAL DECORATIONS, INC.			1b	Three-digit				
	401(K) RETIREMENT PLAN	-			plan number (PN) ▶	007			
		•		10	Effective date of	001			
2:	Plan sponsor's pamo and address ()				01/01/1993				
	Plan sponsor's name and address (employer, if for single-employ NATURAL DECORATIONS, INC.	er plan)		2b	Employer Identif	ication Number			
	•		•		(EIN) 63-047	6225			
	P O Box 847			2C	Plan sponsor's to (334) 867 - 7	elephone number			
	BREWTON	,	•	2d	Business code (s				
38	Plan administrator's name and address (if same as Plan sponsor,	onias *Ca	AL 36427-0847		339900				
	SAME	CHING OF	ine)	3b	Administrator's E	IN			
	•			30	Administrator's te	Ja-la-			
4	If the name and/or FIN of the plan sagges has absent in			-	- Addininatiatol 2 fe	septione number			
	If the name and/or EIN of the plan sponsor has changed since the language and the plan number from the last return/report. Spons	ast return. or's name	report filed for this plan, enter the	4b	EIN				
-		•		4c PN					
oa '	Total number of participants at the beginning of the plan year			5a	1 14				
	otal hamber of participants at the end of the plan year		·	5b	6				
С	Visi iluitiber of carricinants with account balancon as actually		t.	30		72			
		•		5c		. 53			
b	Were all of the plan's assets during the plan year invested in eligit 'Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility.	ole assets	? (See Instructions.)			X Yes No			
	under 29 CFR 2520.104-46? (See instructions on waiver elimination	all maeb	endent qualified public accountant (IQF	PA)-		_			
0.		orm 5500	I-SF and must instead use Form 550	 D	***************************************	X Yes No			
7		,		<u> </u>	111111111111111111111111111111111111111				
-	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of	Vear			
h	Total plan assets	7a	1,958,507	1	(2) 2114 01	2,028,204			
	Total plan liabilities	7b		1 -		2,020,204			
<u>~</u> 8	Net plan assets (subtract line 7b from line 7a)	7c ·	1,958,507			2,028,204			
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Tot				
<b>u</b>	(1) Employers	Daries.		<u> </u>	(2) 701	<u>ar</u>			
	(2) Participants	8a(1)	2,265						
	(3) Others (including rollovers)	8a(2)	23,906			••			
b	Other income (loss)	8a(3)			State of the same				
¢ ·	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	424,954			<u> </u>			
u ·	benefits paid (including direct rollovers and insurance promises	8c				451,125			
	o bi aside peticille)	8d	380,380	1.					
e i	Certain deemed and/or corrective distributions (see instructions)	8e							
f /	Administrative service providers (salaries, fees, commissions)	8f	1,048						
g (	Other expenses	8g	1,030						
Π.	otal expenses (add lines &d, &e, &f, and &g)	8h		<del></del> :		7.5			
1 1	let income (loss) (subtract line 8h from line 8c)	81				381,428			
	ransfers to (from) the plan (see instructions)	,				69,697			
ir 28.	perwork Reduction Act Notice and OMB Control Numbers, see the instruction	or Form	6500-SF,						
	,				ron	n 5500-SF (2009) v.092308,1			

Form	550	ハーマモ	2000

Part IV

Page	2.	1

Pa	rt IV Plan Characteristics					·		
9a	If the plan provides pension benefits, enter the applicable pens 2E 2F 2G 2K 3E	ion feature codes fr	am the list of Dt. Of					
	2E 2F 2G 2K 3E	non replace codes in	on the List of Plan Cha	ıracteri	istic C	odes in	n the instruc	tions:
b	If the plan provides welfare benefits, enter the applicable welfa	re feature codes fro	m the List of Plan Char	acteris	stic Co	des in	the instruct	ions:
Par					<del></del>	_		
10	During the plan year:				Tv		T	
	Was there a failure to transmit to the plan any participant continue of CFR 2510.3-102? (See instructions and DOL's Voluntary F			!	Yes	No		Amount
b	Were there any nonexempt transactions with any party-in-inter on line 10a.)			10a		X		
С	Was the plan covered by a fidelity bond?			10b		<u> X</u>	-	
d	or dishonesty?	n's fidelity bond, that	was caused by fraud	-	Х		-	100,00
е	Were any fees or commissions paid to any brokers, agents, or insurance service or other organization that provides some or a instructions.)	other persons by an	insurance carrier,	10d		X		
f	Has the plan failed to provide any benefit when due under the	olan?	*****************************	10e		X		
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year and \		10f	$-\downarrow$	X		
h	is this is an individual account plan, was there a blackout period 2520.101-3.)	? (See instructions a	ind 29 CFR	10g	_	X		en e e e e e e e e e e e e e e e e e e
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10h	-			
Part	// Pension Funding Compliance	F		101			·	<u></u>
11	s this a defined benefit plan subject to minimum funding service	ments? (If "Yes," see	instructions and comp	olete S	chedu	e SB	(Form	
12	is this a defined contribution plan subject to the minimum funding if "Yes," complete 12a or 12b, 12c, 12d, and 12e balon, as one		***************************************				**********	Yes X No
	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as appl	a redinitements of se	ection 412 of the Code	or sect	tion 30	2 of E	RISA?	Yes X No
a	I a Walver of the minimum funding standard for a prior was to be		nian was and include	•				
l€ vo	granting the waiver		pian year, see instruct	ions, 2 1	ind ent	er the	date of the	letter ruling
						Day	Y 6	ar`
D ,	ther the minimum required contribution for this plan year				1:	2b	<del> </del>	
• •	ance the amount continued by the amployer to the alan for this	_1			1:	₹c		
ı	egative amount)	r the result (enter a i	minus sign to the left of	а	12	2d		
	viii the minumum randing amount reported on line 12d be met by	the funding deadline	?		L.,.	$\neg$	Yes	No   N/A
	Transfers of Assets						168	No NA
13a ⊦	as a resolution to terminate the plan been adopted during the plan	an year or any prior	(0.3.7)			·	·	7
1,6	TOO, CHICK HIS SHICKED OF SOM DISD SECONS that value is a second				,	_		Yes X No
٥	the PBGC?	ransferred to anot	her plan, or brought un	der the	contr	ol ol		
<u> </u>	ouring this plan year, any assets or liabilities were transferred fr hich assets or liabilities were transferred. (See instructions.)	om this plan to anoth	er plan(s), identify the	plan(s	) to			Yes X No
130	(1) Name of plan(s):	1		·	13c(2)	EING	.,	45 (6) 51
	·				100(2)	I III III I	2)	13c(3) PN(s)
							<u> </u>	
Caution	A penalty for the late or incomplete filing of this return/rep	ort will be assessed	d unlong and					
Under po SB or So belief, it	enalties of perjury and other penalties set forth in the instructions hedule MB completed and signed by an enrolled actuary, as we strue, correct, and complete.	declare that I have	e examined this return/ ersion of this return/rep	report, ort, an	included to the	iblish ling, if e best	ed. applicable, of my know	a Schedule
SIGN	January Kervi	10/7/10						•
HERE	Signature of plan administrator	Date	Tammy Kervin					
SIGN	Janney Kown	10/7/10	Entername of indivi			as pla	in administra	itor
HERE	Signature of employer/plan sponsor	Date				<del></del> ,	·.	
			Enter name of indivi	guai și	gning	as em	ployer or pia	in sponsor