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).

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010			
Α .	This return/report is for: single-employer plan	multiple-e	ole-employer plan (not multiemployer) one-participant plan					
В	This return/report is for: first return/report	final retur	n/report					
	an amended return/report	short plar	year return/report (less than 12 mo	onths)				
С	Check box if filing under: Form 5558	automatic	extension		DFVC program			
	special extension (enter description							
Pa	art II Basic Plan Information—enter all requested informa							
	Name of plan	ation		1b	Three-digit			
	F ATLANTIC FLOOR SYSTEMS 401(K) & PSP				plan number 001			
					(PN) •			
				1c	Effective date of plan 07/01/2005			
22	Plan sponsor's name and address (employer, if for single-employer p	nlan)		2h	Employer Identification Number			
	F ATLANTIC FLOOR SYSTEMS, INC.	piai i)		20	(EIN) 72-1262671			
				2c	Plan sponsor's telephone number			
	LONE WOLF DRIVE ISON, MS 39110			0-1	601-859-4710			
				2a	Business code (see instructions) 238300			
3a	Plan administrator's name and address (if same as Plan sponsor, en	nter "Same	e")	3b	Administrator's EIN			
GULI	F ATLANTIC FLOOR SYSTEMS, INC. 120 LONE WO	OLF DRIV	É		72-1262671			
				3c	Administrator's telephone number 601-859-4710			
4 1	f the name and/or EIN of the plan sponsor has changed since the last	t return/re	port filed for this plan, enter the	4h	EIN			
	name, EIN, and the plan number from the last return/report. Sponsor		pert med for and plant, error and					
				4c 5a	PN 9			
5a	Total number of participants at the beginning of the plan year	Total number of participants at the beginning of the plan year						
b	Total number of participants at the end of the plan year				9			
С	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				5			
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No			
b	Are you claiming a waiver of the annual examination and report of a		,					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		Yes No			
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.				
7			(a) Danieniu u a (Vana	(h) Further Ware				
-	Plan Assets and Liabilities	7-	(a) Beginning of Year	7	(b) End of Year 385105			
	Total plan assets	7a 7b						
C	Net plan assets (subtract line 7b from line 7a)	7 C	32741	7	385105			
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total			
а	Contributions received or receivable from:		` ,		(b) Total			
	(1) Employers	8a(1)	815	2				
	(2) Participants	Participants		91				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	3284	5				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			57688			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	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			0			
i	Net income (loss) (subtract line 8h from line 8c)	8i			57688			
i	Transfers to (from) the plan (see instructions)	Ωi						

	Form 5500-SF 2010 Pa	ge 2- 1			
Par	art IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the l	ist of Plan Character	istic C	odes in	the instructions:
L	2J 2E 2G 3D	:	-1:- 0		the Continue Cons
D	If the plan provides welfare benefits, enter the applicable welfare feature codes from the L	ist of Plan Character	Stic Co	aes in	tne instructions:
art	art V Compliance Questions				
0	During the plan year:		Yes	No	Amount
а	a Was there a failure to transmit to the plan any participant contributions within the time per 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Progra		1	X	
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transa on line 10a.)	·	_	X	
С	C Was the plan covered by a fidelity bond?	100	X		50000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was c or dishonesty?		I	Х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insural insurance service or other organization that provides some or all of the benefits under the instructions.)	plan? (See	X		653
f	f Has the plan failed to provide any benefit when due under the plan?	101		X	
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	100		X	
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 2520.101-3.)	CFR		X	
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3				
art	rt VI Pension Funding Compliance				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction 5500))				
2	2 Is this a defined contribution plan subject to the minimum funding requirements of section	412 of the Code or s	ection	302 of	ERISA? Yes No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan granting the waiver	Month	s, and	enter th Day	ne date of the letter ruling Year
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	skip to line 13.	Т		T
b	b Enter the minimum required contribution for this plan year			12b	
С	c Enter the amount contributed by the employer to the plan for this plan year			12c	

Part VII Plan Terminations and Transfers of Assets

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?....

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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.)

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

 13c(1) Name of plan(s):
 13c(2) EIN(s)
 13c(3) PN(s)

12d

Yes

N/A

No

No

Yes

Yes X 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	Filed with authorized/valid electronic signature.	06/14/2011	JULIE BOSS
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

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110

1210-0089

2010

This Form is Open to Public Inspection

P	Part I │ Annual Report	Identification Information	1				
For	the calendar plan year 2010 (or fiscal plan year beginning	01/0	1/2010	and ending	12/31/2010	
Α	This return/report is for:	x single-employer plan	multiple-e	employer plan (ı	not multiemployer)	one-participa	nt plan
В	This return/report is for:	first return/report	final retur	n/report			
	•	an amended return/report	꿈	,	oort (less than 12 month	o)	
<u>_</u>	Check box if filing under:	Form 5558		extension	oor (1033 than 12 mores	´ _	
Ť	Officer box if filling dilider,	special extension (enter descrip	\Box	CYTCHOTOLL		□ DFVC progra	([1]
lo and	0.0000.000.000	<u> </u>					
	art II Basic Plan Info Name of plan	ormation enter all requested	information.			41	1
ıa	•					1b Three-digit plan number	
	GULF ATLANTIC FLOOR	SYSTEMS 401(k) & PSP				(PN) ▶	001
						1c Effective date of	f plan
2a	Plan sponsor's name and add	dress (employer, if for single-employer	er plan)			07/01/2005 2b Employer Identi	fication Number
	GULF ATLANTIC FLOOR	SYSTEMS, INC.	51 P.W.1)			(EIN) 72-12	
	120 LONE WOLF DRIVE					2c Plan sponsor's t	
	120 DONE WOLL DEIVE				-	(601) 859-4 2d Business code (
	MADISON	MS 39110				238300	see instructions)
3a	Plan administrator's name and Same	d address (If same as plan employe	r, enter "Same	")		3b Administrator's	EIN
						3c Administrator's t	telephone number
4	If the name and/or EIN of the	plan sponsor has changed since the per from the last return/report. Spons	last return/rep	oort filed for this	s plan, enter the	4b EIN	
	name, cin and the plan numi	ber from the last return/report, Spons	sors Name			4c PN	
<u>5</u> a	Total number of participants a	at the beginning of the plan year .				5a	9
b	Total number of participants a	at the end of the plan year			[5b	9
С	Total number of participants v	vith account balances as of the end	of the plan yea	ar (defined bene	efit plans do not	5c	_
<u></u>	Were all of the plan's assets of	during the plan year invested in eligit	ole assets? (Se	e instructions.	· · · · · · · · · · · · · · · · · · ·	30	5 XYes No
	Are you claiming a waiver of t	he annual examination and report of	f an independe	ent qualified put			ELICO LINO
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility	and condition	s.)			X Yes
ъ	art III Financial Infor	ner 6a or 6b, the plan cannot use F	orm 5500-SF	and must inst	ead use Form 5500.		
<u>⊪</u> -€ 7	Plan Assets and Liabilities	mation	awaananisa				
' a	Total plan assets		0888870000	(a) B	eginning of Year	(b) End	of Year
b	Total plan liabilities	• • • • • • • • • • • • • • • • • • • •	· · 7a		327,417		385,105
	• •		7b				
<u>с</u> 8	Net plan assets (subtract line		7c	8	327,417		385,105
a	Income, Expenses, and Trans Contributions received or received				(a) Amount	(b)	Fotal
~	(1) Employers	avable north.	8a(1)		8,152		
	(2) Participants		8a(2)		16,691	Tini like en er Jinije en sk	
	(3) Others (including rollovers	s)	8a(3)]	a si il male besi
b	Other income (loss)		8b		32,845		
C	Total income(add lines 8a(1),	8a(2), 8a(3), and 8b)	8c		an la		57,688
d	Benefits paid (including direct to provide benefits)	rollovers and insurance premiums					102 yan 202 202 202 202 201 Ulim 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 12
e	,	ctive distributions (see instructions)	* • 8d				
f		ers (salaries, fees, commissions)	****	1			
g	Other expenses	so (salares, rees, commissions) .					
h	·	On Of and On)	· 8g	JALEN JALEN HILLE		exessaceacid feodori (no. (inclina i	
i	Total expenses (add lines 8d, Net income (loss) (subject line		8h				0 E7 699
i		see instructions)	8i		onstruktillukteitääktöteliijaliikitijälji	ORBINSTRUMENTO NA PROGRAMA NA	57,688
3	The plant is	recondududiono) a a a a a a	i či	1		saguesquuuspalliulinnnninnillin	managrimmakimiyasiliki

	Form 5500-SF 2010	Pag	ge 2-	***	_					
Pärt	IV Plan Characteristics									
9a 11	the plan provides pension benefits, enter the applicable pension feature 2.7 2E 2G 3D							•		
b H	the plan provides welfare benefits, enter the applicable welfare feature	codes from the List of	f Plan Characterist	ic Co	des în	the in	structions:			
Pari	V Compliance Questions						.,			
10	During the plan year:				Yes	No	ı	invomf.		
	Was there a failure to transmit to the plan any participant contribution v	within the time period	described in	-0-		x				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	not include transact	ions reported	10a 10b		x		· · · · ·		
c	Was the plan covered by a fidelity bond?			10c	x				50,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?	ity bond, that was cau		10d		x				
е	Were any fees or commissions paid to any brokers, agents, or other per insurance services or other organization that provides some or all of th instructions.}		plan? (See	10e	x				653	
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	year end.)		10g		x				
ħ	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)			10h		х				
j	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3.			10i						
	M Pension Funding Compliance		· · · · · · · · · · · · · · · · · · ·							
11	Is this a defined benefit plan subject to minimum funding requirements 5500))		ictions and comple	te So	hedui	e SB (Form	Ye	s XNo	
12	Is this a defined contribution plan subject to the minimum funding requ (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	<u></u>)							s XNo	
	If a waiver of the minimum funding standard for a prior year is being at granting the waiver rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB		Mont	ns, ai th	nd ent	ter the Day	date of the			
ď	Enter the minimum required contribution for this plan year				. [12b				
c	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)		sign to the left of a	a • •	. [12d				
	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .					Yes	∏No	N/A	
Pari	VII Plan Terminations and Transfers of Assets	····								
13a	Has a resolution to terminate the plan been adopted during the plan ye				•		<u>,</u>	<u>. □</u> Ye	s X No.	
	If "Yes," enter the amount of any plan assets that reverted to the empl			-		13a	<u> </u>			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.)									
	13c(1) Name of plan(s):			13c(2) EIN(s) 13c				(3) PN(s)		
Card	ion: A penalty for the late or incomplete filing of this return/report w	ill he conservations		<u> </u>		- LP- 1				
	on. A peralty for the late of incomplete fining of this recurring port was recurrenced with penalties of perjury and other penalties set forth in the instructions, I do							- C-b	.1-	
SBo	r Schedule Mitrompleted and signed by an entelled actuary, as well as f, it is true, correct, and complete!	the electronic version	n of this return/repo	epon ort, ar	, unclu nd to t	iong, i	t of my kno	, a schedi wledge ar	iq nq	
(SI	M (Cabert (1), Dul		Robert	W.	B	ichi	inan			
HE	RE Signature of plan administrator	Date 0 9 MI	Enter name of inc					nistrator		
Si	SN									
201231126	Signature of employer/plan sponsor	Date	Enter name of inc	dividu	al sigi	ning as	s employer	or pian sp	onsor	