## 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pens	on Benefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instruc	ctions to the Form 5500	0-SF.		peotion	
Part	I Annual Report	Identification Information						
For ca	endar plan year 2013 or fi	scal plan year beginning 01/01/20	13	and ending 1	2/31/2	2013		
	This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer)					a one-partici	pant plan	
B Ih	s return/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)	_		
C Check box if filing under:  Form 5558  automatic extension  special extension (enter description)						DFVC progra	am	
Dowt	II Decis Dien Info	<u> </u>	· ·					
Part		ermation—enter all requested inform	nation		1h	Thurs a dissit	I	
	me of plan	LATION, INC. 401(K) PROFIT SHAR	INC DLAN		ID	Three-digit plan number		
PREGIS	ION FURNITURE INSTAL	LATION, INC. 401(K) PROFIT SHAK	ING PLAN			(PN) ▶	001	
					1c	Effective date o	f plan	
						01/01	•	
	an sponsor's name and ad	Idress; include room or suite number ( _LATION, I NC.	(employer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 64-0893183		
D O B	OX 320034				2c	Sponsor's telephone number 601-573-4848		
	OD, MS 39232				2d	Business code (	(see instructions)	
<b>3a</b> PI	an administrator's name ar	nd address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's		
					3с	Administrator's	telephone number	
<b>4</b> If	the name and/or FIN of the	e plan sponsor has changed since the	a last return/report filed for	or this plan enter the	4b	FIN		
n		mber from the last return/report.	riast return/report med it	or this plan, enter the	4c			
		at the beginning of the plan year				- IN	12	
_					5a		13	
		at the end of the plan year			5b		12	
		account balances as of the end of the		•	5c		8	
_	•	s during the plan year invested in eligi	,	•			X Yes No	
		f the annual examination and report o					X Yes No	
		? (See instructions on waiver eligibility ither line 6a or line 6b, the plan can	•				N 163 ∐ 140	
	•	fit plan, is it covered under the PBGC					Not determined	
C II	ine pian is a defined benef	in plan, is it covered under the FBGC	insurance program (see	ERISA SECTION 4021)?	····· <u></u>	res 🗌 No 📙	Not determined	
Cautio	n: A penalty for the late	or incomplete filing of this return/re	eport will be assessed	unless reasonable cau	ıse is	established.		
SB or	, ,	her penalties set forth in the instruction nd signed by an enrolled actuary, as wellete.	*		,	O, 11	,	
SIGN HERE	Filed with authorized/	/valid electronic signature.	05/19/2014	PATRICIA HERBISON	1			
HEKE	Signature of plan a	dministrator	Date	Enter name of individual signing as plan administrator				
SIGN HERE		/valid electronic signature.	05/19/2014	PATRICIA HERBISON				
		Signature of employer/plan sponsor Date Enter name of individue s name (including firm name, if applicable) and address; include room or suite number (optional)				dual signing as employer or plan sponsor  Preparer's telephone number (optional)		
гтера	ers name (including inim r	iame, ii applicable) and address, mod	ade room of suite numbe	і (Орионаі)	Ріер	arei s telepriorie	number (optional)	

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Part III   Financial Information										
7	Plan Assets and Liabilities		(a) Reginning of Year			(b) End of Year				
	Total plan assets	7a	` , •	(a) Beginning of Year			(b) End of Teal			
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)		26536	265361			337488			
			(a) Amount	(a) Amount		(b) Total				
	Contributions received or receivable from:		, ,				(0) 1010.			
	(1) Employers	8a(1)	958							
	(2) Participants	) Participants								
	(3) Others (including rollovers)									
<u>b</u>	Other income (loss)	8b	4419	5						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					75588			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	81	1						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	265	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					3461			
	Net income (loss) (subtract line 8h from line 8c)	8i					72127			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:			
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X				
С				10c	X		100000			
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X	100000			
	Were any fees or commissions paid to any brokers, agents, or oth			100						
·	insurance service, or other organization that provides some or all					X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan?					X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g	X		29022			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X				
i	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			10i						
Part										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
112	5500) and line 11a below)									
12										
12	and the second s									
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) <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										
	Enter the minimum required contribution for this plan year	,	iii ວວບບງ, and skip to line 13.		Т	12b				
()	corecine minimum required contribution for this plan veat				[		I .			

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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 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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Trust's EIN		

	Chart Earm Annual Reti	ırn/Report of	Small Employ	86	OMB Nos. 1210-0110 1210-0989			
Form 5500-SF	Bellejii riai			1	2013			
Department of the Treatily Internal Revenus Rendes Department of Labor	This form is required to be field under sections 104 and 4055 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6087(b) and 6088(the Internal Revenue Code (the Code).				orm is Open to Public Inspection			
Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	Complete all entries in accordan	oo with the instruction	ons to the Form 5500	-9F.				
Annual Report	dentification information		and anding	12/31	/2013			
For calendar plan year 2013 or fis	cal bigit Anal published a	01/2013			anicipant plan			
A This return/report is for:	X  a single-employor plan   a i	nuitiple-employer plan	(UOI WITH BUSHINGS)	[1] n ou o b				
B This return/report is:	[] #10 #1141-1-1541	s final return/report	send days then 12 MO	niha)				
,, ,	1 1 000 000 000 000	an amended return/report a short plan year return/report (less than 12 mg						
C Check box if filing under	I LOUIT AADA	orogram						
	special extension (enter description)	<del> ·</del>	<u> </u>	***				
Part II Basic Plan Info	rmation—enter all requested information	<u> </u>		1b Three-dig	it			
1a Name of plon				plan numi	ber			
precision Furnitu	ce Installation, Inc.			(PN) 10 Effective				
401(k) Profit Sha	Tild tron			01/01/				
2a Plan sponsor's name and ad	dress; Include room or suite number (em	oloyer, if for a single-o	mployer plan)	2b Employer (EIN) 64	Idoniification Number -0893183			
Precision Furnitu	re Installation, I			2c Sponsor	s telephone number			
ite .					.573-4848			
p. O. Hox 320034				I .	d Business code (see instructions) 337000			
Flowgod			39232	3b Administr				
3a Plan administrator's name s	nd address XSame as Plan Sponsor Na	mė   Same as rian	apaliso: Addioss		rator's telophone number			
4 If the name and/or EIN of th	ne plan sponsor has changed since the la	et return/report filed fo	r this plan, enter the	4b EIN	, , , , , , , , , , , , , , , , , , ,			
name, EIN, and the plan n	imber from the last relum/report.			4c PN				
a Sponsor's name	s at the beginning of the plan year	Mibblestandenjitiracerrenenjiidig	ameral leggismi calazeatteditzeim:	· <u> </u>				
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	to be a second of the and of the di	AN VARI (GUIIIUG MAIM	ilf NiGita an ma	1 1	_ · 8			
o Number of participants with complete this item)	J VCCONI DEIGLICAS ES OL UES SUS OL VIOLE				X Yes No			
Ra Were all of the plan's asso	de during the plan year invested to digina	# #22419 (1906) 1 61855# F	A world against the	'ARC	∑ Yes No			
h Are vou daiming a WaiVor	OLING BUURSI OXBURILIMIENI DIGITALANISTI	ad annulliant t			[V] 162 [1] 140			
If you answered "No" to	6? (See instructions on waiver olytoxuy ह ether line 6a or line 6b, the plan canno	stuse Farm 5500-SF	and must mateur usi	B POINT DOOR	No Not determined			
a 1845 a since le a datinad han	offit plan, is it covered under the PBGC in	Misuce biofivin /eee	EMOX OBSHIVE TELLY		<u> </u>			
Courton: A namely for the let	e or incomplete filing of this returnirep	ort will be assessed	unleas responsible co	engares is earling	ff applicable, a Schedule			
Under penalties of podury and SB or Schedulo MB completed belief, it is true, correct, and co	other panalties are form in the manucolonic and signed by an enrolled actuary, as we	s, I declara that I have If as the electronic ver	examined this return/repo	apon, including, orl, and to the be	st of my knowledge and			
A STATE OF THE PARTY OF THE PAR	Lestenin	5.16.14	Patricia Herb					
(80)選録 Parocetac	/ /	Date	Enler name of Indiv	ndividual signing as plan administrator				
HERE Signature of plan	Derliner	5-16-14	Patricia Herb	oison				
		Data	Enter name of Indiv	ea gninnia laubi	employer or plan appnear			
Proporer's name (Including fire	oloyer/plan sponsof n name, if applicable) and address; induc	a room or sulla numb	er (optional)	Preparer's te	Rephone number (optional)			
,		_			Form 3600-8F (2013)			
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