-	Form 5500-SF Short Form Annual Return/Report of Small E Benefit Plan			of Small Emplo	oyee	<u>}</u>	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R					2014		
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					Interna	This F	This Form is Open to Public Inspection		
	enefit Guaranty Corporation	Complete all entries in ac		ic inspection					
For calenda	Annual Report lo ar plan year 2014 or fisc	dentification Information cal plan year beginning 07/01/2014	4	and ending 06/	/30/201	15			
		X a single-employer plan		lan (not multiemployer) (ox must attach a list		
	turn/report is for:	a one-participant plan the first return/report an amended return/report	of participating emplo a foreign plan the final return/report	n/report (less than 12 mo	dance v	-			
	l								
C Check b	box if filing under:	Form 5558	automatic extension		DFVC program				
	l	special extension (enter descript	tion)						
Part II	Basic Plan Infor	mation—enter all requested infor	mation						
1a Name TINNIN CAR		NC. 401(K) RETIREMENT PLAN				Three-digit plan number			
					-	(PN) Fffoctive data of	001		
					IC	Effective date o 04/01	/2006		
	ponsor's name and addr PETS & INTERIORS, IN	ress; include room or suite number NC .	(employer, if for a single-	-employer plan)		Employer Identii (EIN) 64-05	fication Number		
2089 LAKELAND DRIVE						Sponsor's telep	hone number 1-5234		
JACKSON, N					2d		(see instructions)		
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor	 r.		3b	Administrator's			
		plan sponsor has changed since the	e last return/report filed f	or this plan, enter the	4b		telephone number		
name, EIN, and the plan number from the last return/report. a Sponsor's name					4c PN				
· · ·		at the beginning of the plan year			52		6		
b Total number of participants at the end of the plan year					5k	5	6		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					50	•	2		
d(1) Total number of active participants at the beginning of the plan year					5d(1	1)	6		
d(2) Total number of active participants at the end of the plan year					5d((2)	6		
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	÷	0		
Caution: A Under pena SB or Sche	A penalty for the late or alties of perjury and othe	r incomplete filing of this return/r er penalties set forth in the instruction d signed by an enrolled actuary, as	report will be assessed ons, I declare that I have	unless reasonable cau examined this return/rep	oort, in	cluding, if applic			
SIGN	Filed with authorized/va	alid electronic signature.	11/20/2015	CHARLES TINNIN					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator		
SIGN									
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number									
Preparers	name (including firm na	me, ir applicable) and address (incl	ude room or suite numbe	er) (optional)	Prepa		number (optional)		

-	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No								
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520,104-46? (See instructions on waiver eligibility and conditions.)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
с	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
Pa	rt III Financial Information					•			
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of	Year	
a	Total plan assets	7a	843				()	8353	7
	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	843	816				8353	7
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:			0.4					
	(1) Employers	8a(1)		281					
	(2) Participants	8a(2)	10	602					
<u> </u>	(3) Others (including rollovers)	8a(3)		74					
b	Other income (loss)	8b	4	274	_			0.45	_
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						315	1
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	39	936					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						393	6
i	Net income (loss) (subtract line 8h from line 8c)	8i						-77	9
j	Transfers to (from) the plan (see instructions)	8i							
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteri	stic Co	odes in	the instruction	ns:	
	2E 2F 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coo	des in t	he instructior	S:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Δ	mount	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in				^	mount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	Х				50
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		х			
					×				00000
C				10c	Х				00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
е									
	insurance service, or other organization that provides some or all		• •	10e		х			
	instructions.)			10e					
f						X			
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х			
n	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х			
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								
Part VI Pension Funding Compliance									
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes No								
11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
-	If a waiver of the minimum funding standard for a prior year is hair			ations	and	o ntor th	a data of the	lottor rul	~ ~

a 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.

 Month ______ Day _____ Year _____

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b 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 result (enter a minus sign to the left onegative amount)	of a	12d		
e 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?		· 🗆 ۲	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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

	5500-SF	Department of the Treesury					014		
Departmen Internal R	Revenue Service	This form is required to be file	ed under sections 104 and 406 4 (ERISA), and sections 6057(Revenue Code (be Code)	35 of the Employee R b) and 6058(a) of the	tellrement		m is Open to		
Departr Employee Boneft	iment of Labor its Security Administration		Kekaline cons (me cons).				inspection		
Pension Benefit	e Quaranty Corporation	Complete all entries in	accordance with the instruc	tions to the Form 6	500-SF.				
art I A	Annual Report	Identification Information		and ending		30/2015			
r calendar p	olan year 2014 or 1	iscal plan year beginning X a single-employer plan	The multiple employer plan	n (not muillemployer)	(Filers checkin	ng this box	must altach a list		
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		a one-participant plan	a foreign plan						
This return/	/report is	he first return/report	months)	nonths)					
			ш	a short plan year return/report (less than 12 month			n		
Check box	If filing under:	Form 6558	automatio extension						
	·	special extension (enter des	pription)						
Part II E	Basic Plan Inf	ormation-enter all requested l	oformallon		1b Three	-dlait			
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O Dian antes	esserie name and s	address; include room or sulle num	ber (employer, if for a single-e	mployer plan)	2b Emplo	yər Ideniifi	cation Number		
innin C	Carpots & I	nteriors, Inc.				64-0598	iona number		
) 981-			
	2089 Lakeland Drive						(601) 981-5234 2d Business code (see Instructions)		
2089 Lak	keland Driv	e			2d Busine		see Instructions)		
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Attachment to 2014 Form 5500 Form 5500-SF Administrative Penalties - Explanation of Reasonable Cause for Late Filing

Plan Name Tinnin Ca	arpets & Interiors	s, Inc. 401(k) Retiremen	t Plan EIN:	64-0598013
Plan Sponsor's Name	Tinnin Carpets &	Interiors, Inc.	PN:	001

Explanation:

Late deposits of employee deferrals have been reported in Item 10(a). Form 5330 has been filed to pay the appropriate penalty. Lost earnings have been deposited to the plan to complete the self correction.