Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RASA FLOORS, LP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2008

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

RASA FLOORS & CARPET CLEANING, LLC

2833 EISENHOWER ST, STE 100
CARROLLTON, TX 75007

2b Employer Identification Number (EIN)
27-1519180

2c Sponsor's telephone number
972-242-6666

2d Business code (see instructions)
442210

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.	10/15/2012	CRAIG SUTTON
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
RASA FLOORS & CARPET CLEANING, LLC

2833 EISENHOWER ST, STE 100
CARROLLTON, TX 75007

3b Administrator's EIN
27-1519180

3c Administrator's telephone number
972-242-6666

4 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:

a Sponsor's name
RASA FLOORS, LP

4b EIN
75-2842205

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	122
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	96
b	Retired or separated participants receiving benefits	**6b**	8
c	Other retired or separated participants entitled to future benefits	**6c**	6
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	110
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	110
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	78
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a 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 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
RASA FLOORS, LP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RASA FLOORS & CARPET CLEANING, LLC

D Employer Identification Number (EIN)
27-1519180

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

INVESCO

98-0557567

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

VANGUARD

23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ALLIANCE BERNSTEIN

22-3298334

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ALGER FUNDS

BOSTON FINANCIAL DATA SERVICES
P.O. BOX 8480
BOSTON, MA 02266

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACK ROCK

51-0212303

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CALAMOS FUNDS

C/O U.S. BANCORP FUND SERVICES, LLC
PO BOX 701
MILWAUKEE, WI 53201

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DREYFUSS

144 GLENN CURTISS BLVD
UNIONDALE, NY 11556

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

EATON VANCE

04-3101341

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY

04-3523567

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FRANKLIN TEMPLETON

13-2670991

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NUVEEN INVESTMENTS

PO BOX 8530
BOSTON, MA 02266

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRUDENTIAL

22-1211670

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JOHN HANCOCK

PO BOX 55193
BOSTON, MA 02205

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

LORD ABBETT

90 HUDSON STREET
JERSEY CITY, NJ 07302

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFX

500 BOYLSONT STREET
BOSTON, MA 02116

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NY LIFE MAINSTAY FUNDS

169 LACKAWANNA AVENUE
PARSIPPANY, NJ 07054

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACK ROCK

51-0212303

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

OPPENHEIMER

13-2527171

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIONEER

60 STATE STREET
BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO

95-2632339

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRUDENTIAL

22-1211670

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS

PO BOX 6164
INDIANAPOLIS, IN 46206

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

COLOMBIA SELIGMAN

20-4384176

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THORNBURG

2300 N RIDGETOP ROAD
SANTA FE, NM 87506

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

INSTITUTIONAL SECURITIES CORPORATIO

3100 MONTICELLO AVENUE, SUITE 800
DALLAS, TX 75205

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGR	8722	Yes [X] No [ ]	Yes [X] No [ ]	20303	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
INSTITUTIONAL SECURITIES CORPORATIO	60 63	20303

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INSTITUTIONAL SECURITIES CORPORATIO 3100 MONTICELLO AVENUE, SUITE 800 DALLAS, TX 75205	12B 1 SHAREHOLDER SERVICING

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
RASA FLOORS, LP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RASA FLOORS & CARPET CLEANING, LLC

D Employer Identification Number (EIN)
27-1519180

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	33384	39025
(2) Participant contributions	1b(2)	6073	6201
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	157270	164719
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2701394	2287929
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2898121	2497874
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2898121	2497874

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	145640	
(B) Participants	2a(1)(B)	217935	
(C) Others (including rollovers)	2a(1)(C)	12452	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		376027
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	9872	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9872
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	20462	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		20462
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-150716
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		255645
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	644063	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		644063
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	11829	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		11829
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		655892
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-400247
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: TODD, HAMAKER, & JOHNSON, LLP **(2)** EIN: 22-3860521

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		265000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
RASA FLOORS, LP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RASA FLOORS & CARPET CLEANING, LLC

D Employer Identification Number (EIN)
27-1519180

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 26-0010549 27-3169253

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

RASA FLOORS, L.P.
401(K) PLAN

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2011

RASA FLOORS, L.P.
401(K) PLAN
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Todd, Hamaker & Johnson, LLP
CERTIFIED PUBLIC ACCOUNTANTS

420 S 1st Street • PO Box 468 • Lufkin, TX 75902-0468 • (936) 632-8181
301 N 6th Street • PO Box 1249 • Crockett, TX 75835-1249 • (936) 544-2143

Melvin R. Todd, CPA
Daren Hamaker, CPA
Kim Johnson, CPA
Rachel Kennerly, CPA

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Rasa Floors, L.P. 401(k) Plan
P.O. Box 401
Lufkin, Texas 75902-0401

We were engaged to audit the financial statements of Rasa Floors, L.P. 401(k) Plan as of December 31, 2011 and 2010, and for the year ended December 31, 2011, and the supplemental schedule as of and for the year ended December 31, 2011, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Mid Atlantic Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Todd, Hamaker & Johnson, LLP

Todd, Hamaker & Johnson, LLP

Lufkin, Texas
October 9, 2012

RASA FLOORS, L.P. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	DECEMBER 31, 2011	2010
ASSETS		
Investments, at fair value	$ 2,287,929	$ 2,701,394
Total investments	2,287,929	2,701,394
Receivables		
Employer contribution	39,025	33,384
Participants' contribution	6,201	6,073
Notes receivable from participants	164,719	157,270
Total receivables	209,945	196,727
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,497,874	$ 2,898,121

See accompanying notes to financial statements.

RASA FLOORS, L.P. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

ADDITIONS	
Additions to net assets attributed to	
Investment income	
Net depreciation in fair value of investments	$ (150,716)
Interest and dividends	20,462
Interest on notes receivable from participants	9,872
Total investment income (loss)	(120,382)
Contributions	
Participants'	217,935
Rollover	12,452
Employer's	145,640
Total contributions	376,027
TOTAL ADDITIONS	255,645
DEDUCTIONS	
Deductions from net assets attributed to	
Benefits paid to participants/beneficiaries	644,063
Administrative expenses	11,829
TOTAL DEDUCTIONS	655,892
NET DECREASE	(400,247)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	2,898,121
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 2,497,874

See accompanying notes to financial statements.

NOTE A – Description of Plan

The following description of Rasa Floors, L.P. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan covering substantially all employees of Rasa Floors & Carpet Cleaning, LLC (formerly Rasa Floors, L.P.) (Company or Sponsor) who are at least 21 years of age and have one year of minimum service, as defined. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions. Participants may contribute 1% to 20% of their annual compensation to the Plan. Participants may also contribute amounts representing rollover distributions from other qualified plans. The Company makes safe harbor matching contributions of 100% of participants' contributions up to 3% of compensation, as well as 50% of participants' contributions from 3% to 5% of compensation. In addition, the Company may, at its discretion, make additional matching or profit sharing contributions. Such contributions are allocated to eligible participants using a formula based on each participant's annual compensation. The Company made $145,640 in safe harbor matching contributions during the plan year. The Company did not make any additional matching or profit sharing contributions for the year ended December 31, 2011. All contributions are invested in participant directed investments in registered investment companies or notes receivable from participants. Contributions are subject to certain limitations.

Participant accounts. Each participant's account is credited with the participant's contributions, Company contributions, investment earnings and applicable administrative expenses. Earnings are allocated to each participant's individual account based on the earnings of the individual investment options chosen by the participant and as defined by the Plan document. Each participant may elect to change the deferral percentage semi-monthly; investment option changes may be made daily and investment income is recorded daily. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their contributions, safe harbor matching contributions, and actual earnings thereon. Vesting in the Company discretionary matching and profit sharing contributions and earnings thereon is based on years of service as follows: less than 3 years of service, 0% vested; 3 or more years of service, 100% vested.

Forfeitures. Forfeitures of nonvested matching contributions are used to reduce Sponsor's matching contributions in the plan year in which such forfeitures are determined to occur. Forfeitures of profit sharing contributions are reallocated as an additional profit sharing contribution. During the year ended December 31, 2011, there were no forfeitures.

Notes receivable from participants. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances, reduced by the participant's highest outstanding loan balance in the previous twelve months. The loans are secured by the vested balance in the participant's account and bear interest at rates that are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Benefits. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Participants who terminate employment with the Company for reasons other than death, disability, or attainment of normal retirement age will be entitled to receive only the vested percentage of their account balance. Any nonvested contributions made by the Company are subject to forfeiture. Distributions are made as soon as administratively feasible following the date on which a distribution is requested or otherwise payable. Other withdrawals from participants' account balances may be made under certain circumstances, as defined in the Plan document.

Administrative expenses. Plan administrative expenses are allocated to the participants.

Investment options. Upon enrollment in the Plan, a participant may direct both their employee and employer contributions in various investment options. All of these options are invested in registered investment companies. Participants may change their investment options daily.

NOTE B – Summary of Significant Accounting Policies

Date of management's review. Subsequent events were evaluated through October 9, 2012, which is the date the financial statements were available to be issued.

Estimates. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

All investment information disclosed in the accompanying financial statements and schedules, including investments held at December 31, 2011, and net appreciation in fair value of investments and investment income for the year ended December 31, 2011, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by Mid Atlantic Trust Company, the custodian for the Plan.

Basis of accounting. The financial statements of the Plan are prepared on the accrual basis of accounting.

Notes receivable from participants. Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Investment valuation and income recognition. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits. Benefits are recorded when paid.

NOTE C – Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)
December 31, 2011		
Mutual funds	$ 2,287,929	$ 2,287,929
December 31, 2010		
Mutual funds	$ 2,701,394	$ 2,701,394

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 and Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2011 are reported in net appreciation in fair value investments.

NOTE D – Investments

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31, 2011	December 31, 2010
Shares of registered investment companies		
JH Lifestyle Balanced	$ 98,419	$ 360,406
JH Lifestyle Aggressive	103,940	276,614
Oppenheimer Developing Markets	144,529	165,725
Symetra Daily Value Fixed Annuity	773,450	651,487
Notes receivable from participants	164,719	157,270

During 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $150,716 as follows:

Shares of registered investment companies	$ (150,716)

NOTE E – Information Prepared and Certified by the Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodian:

	2011	2010
Investment and cash funds, at fair value		
Shares of registered investment companies	$ 2,287,929	$ 2,701,394
Notes receivable from participants	164,719	157,270
Net appreciation (depreciation)		
in fair value of investments	(150,716)	309,669
Interest and dividends	30,334	12,719

NOTE F – Administration of Plan Assets

Certain administrative functions are performed by officers or employees of the Company. No officer, employee, or the Company receives compensation from the Plan.

NOTE G – Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

NOTE H – Reconciliation of Financial Statements to Schedule H of Form 5500

There were no reconciling items between the financial statements and Schedule H of Form 5500 for the year ended December 31, 2011.

NOTE I – Tax Status

The Plan obtained its latest determination letter dated August 30, 2001, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter, however, the plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE J – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

RASA FLOORS, L.P. 401(k) PLAN
EIN: 27-1519180 / PN: 001
FORM 5500 - SCHEDULE H, PART IV, 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	AllianceBern High Income	Mutual fund	$ 7,433
	American Funds EuroPacific Gr R3	Mutual fund	57,222
	American Funds Grth Fund of Amer R3	Mutual fund	35,426
	American Funds New Perspective R3	Mutual fund	53,693
	American Funds Smallcap World R3	Mutual fund	12,993
	Blackrock Equity Dividend R	Mutual fund	77,895
	Blackrock Infl-Prot Bond A	Mutual fund	2,488
	Calamos Growth R	Mutual fund	103,661
	Columbia Seligman Global Tech R2	Mutual fund	25,563
	Dreyfus Great China A	Mutual fund	8,870
	Eaton Vance Greater India A	Mutual fund	9,481
	Eaton Vance World Health Sci R	Mutual fund	16,860
	Fidelity Advisor Latin America T	Mutual fund	3,016
	Fidelity Advisor Small Cap Value	Mutual fund	32,290
	Franklin Growth	Mutual fund	84,337
	Franklin Small Cap Value R	Mutual fund	22,016
	Invesco International Growth R	Mutual fund	113,832
	Invesco Van Kampen Comstock	Mutual fund	17,393
	John Hancock Lifestyle Agg R1	Mutual fund	103,940
	John Hancock Lifestyle Balanced R1	Mutual fund	98,419
	Lord Abbet Value Opp R	Mutual fund	47,295
	Mid Atlantic Master Cash Account	Mutual fund	1,563
	MFS Emerging Markets Debt	Mutual fund	5,229
	Mutual Shares R	Mutual fund	64,275
	Nuveen Small Cap Growth R3	Mutual fund	44,397
	Oppenheimer Developing Markets	Mutual fund	144,529
	Oppenheimer Gold & Special Minerals N	Mutual fund	20,253
	PIMCO Total Return R	Mutual fund	11,862
	PIMCO Unconstrained Bond R	Mutual fund	1,263
	Prudential Global Real Estate	Mutual fund	32,321
	Prudential Jennison Mid Cap Gr R	Mutual fund	46,844
	Prudential Jennison Natural Res A	Mutual fund	18,902
	Symetra Daily Value Fixed Annuity	Mutual fund	773,450
	Templeton Foreign R	Mutual fund	83,300
	Templeton Global Bond R	Mutual fund	10,060
	Thornburg Investment Inc	Mutual fund	58,846
	Vanguard 500 Index	Mutual fund	9,177
	Vanguard Mid Cap Index	Mutual fund	1,836
	Vanguard Small Cap Index	Mutual fund	1,839
	Vanguard Total Bond Market Index	Mutual fund	16,446
	Vanguard Total International Stock Index	Mutual fund	7,414

See independent auditors' report.

RASA FLOORS, L.P. 401(k) PLAN
EIN: 27-1519180 / PN: 001
FORM 5500 - SCHEDULE H, PART IV, 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value
	Notes receivable from participants	Various maturities, 6.00%-9.25%, collateralized by vested balance with maturity value equal to current value	164,719
			$ 2,452,648

Column (d) cost information is not required for participant-directed investments.

See independent auditors' report.

RASA FLOORS, L.P.
401(K) PLAN

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2011

RASA FLOORS, L.P.
401(K) PLAN
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Todd, Hamaker & Johnson, LLP
CERTIFIED PUBLIC ACCOUNTANTS

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Melvin R. Todd, CPA
Daren Hamaker, CPA
Kim Johnson, CPA
Rachel Kennerly, CPA

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Rasa Floors, L.P. 401(k) Plan
P.O. Box 401
Lufkin, Texas 75902-0401

We were engaged to audit the financial statements of Rasa Floors, L.P. 401(k) Plan as of December 31, 2011 and 2010, and for the year ended December 31, 2011, and the supplemental schedule as of and for the year ended December 31, 2011, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Mid Atlantic Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Todd, Hamaker & Johnson, LLP

Todd, Hamaker & Johnson, LLP

Lufkin, Texas
October 9, 2012

RASA FLOORS, L.P. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	DECEMBER 31, 2011	2010
ASSETS		
Investments, at fair value	$ 2,287,929	$ 2,701,394
Total investments	2,287,929	2,701,394
Receivables		
Employer contribution	39,025	33,384
Participants' contribution	6,201	6,073
Notes receivable from participants	164,719	157,270
Total receivables	209,945	196,727
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,497,874	$ 2,898,121

See accompanying notes to financial statements.

RASA FLOORS, L.P. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

ADDITIONS	
Additions to net assets attributed to	
Investment income	
Net depreciation in fair value of investments	$ (150,716)
Interest and dividends	20,462
Interest on notes receivable from participants	9,872
Total investment income (loss)	(120,382)
Contributions	
Participants'	217,935
Rollover	12,452
Employer's	145,640
Total contributions	376,027
TOTAL ADDITIONS	255,645
DEDUCTIONS	
Deductions from net assets attributed to	
Benefits paid to participants/beneficiaries	644,063
Administrative expenses	11,829
TOTAL DEDUCTIONS	655,892
NET DECREASE	(400,247)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	2,898,121
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 2,497,874

See accompanying notes to financial statements.

NOTE A – Description of Plan

The following description of Rasa Floors, L.P. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan covering substantially all employees of Rasa Floors & Carpet Cleaning, LLC (formerly Rasa Floors, L.P.) (Company or Sponsor) who are at least 21 years of age and have one year of minimum service, as defined. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions. Participants may contribute 1% to 20% of their annual compensation to the Plan. Participants may also contribute amounts representing rollover distributions from other qualified plans. The Company makes safe harbor matching contributions of 100% of participants' contributions up to 3% of compensation, as well as 50% of participants' contributions from 3% to 5% of compensation. In addition, the Company may, at its discretion, make additional matching or profit sharing contributions. Such contributions are allocated to eligible participants using a formula based on each participant's annual compensation. The Company made $145,640 in safe harbor matching contributions during the plan year. The Company did not make any additional matching or profit sharing contributions for the year ended December 31, 2011. All contributions are invested in participant directed investments in registered investment companies or notes receivable from participants. Contributions are subject to certain limitations.

Participant accounts. Each participant's account is credited with the participant's contributions, Company contributions, investment earnings and applicable administrative expenses. Earnings are allocated to each participant's individual account based on the earnings of the individual investment options chosen by the participant and as defined by the Plan document. Each participant may elect to change the deferral percentage semi-monthly; investment option changes may be made daily and investment income is recorded daily. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their contributions, safe harbor matching contributions, and actual earnings thereon. Vesting in the Company discretionary matching and profit sharing contributions and earnings thereon is based on years of service as follows: less than 3 years of service, 0% vested; 3 or more years of service, 100% vested.

Forfeitures. Forfeitures of nonvested matching contributions are used to reduce Sponsor's matching contributions in the plan year in which such forfeitures are determined to occur. Forfeitures of profit sharing contributions are reallocated as an additional profit sharing contribution. During the year ended December 31, 2011, there were no forfeitures.

Notes receivable from participants. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances, reduced by the participant's highest outstanding loan balance in the previous twelve months. The loans are secured by the vested balance in the participant's account and bear interest at rates that are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Benefits. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Participants who terminate employment with the Company for reasons other than death, disability, or attainment of normal retirement age will be entitled to receive only the vested percentage of their account balance. Any nonvested contributions made by the Company are subject to forfeiture. Distributions are made as soon as administratively feasible following the date on which a distribution is requested or otherwise payable. Other withdrawals from participants' account balances may be made under certain circumstances, as defined in the Plan document.

Administrative expenses. Plan administrative expenses are allocated to the participants.

Investment options. Upon enrollment in the Plan, a participant may direct both their employee and employer contributions in various investment options. All of these options are invested in registered investment companies. Participants may change their investment options daily.

NOTE B – Summary of Significant Accounting Policies

Date of management's review. Subsequent events were evaluated through October 9, 2012, which is the date the financial statements were available to be issued.

Estimates. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

All investment information disclosed in the accompanying financial statements and schedules, including investments held at December 31, 2011, and net appreciation in fair value of investments and investment income for the year ended December 31, 2011, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by Mid Atlantic Trust Company, the custodian for the Plan.

Basis of accounting. The financial statements of the Plan are prepared on the accrual basis of accounting.

Notes receivable from participants. Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Investment valuation and income recognition. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits. Benefits are recorded when paid.

NOTE C – Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)
December 31, 2011		
Mutual funds	$ 2,287,929	$ 2,287,929
December 31, 2010		
Mutual funds	$ 2,701,394	$ 2,701,394

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 and Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2011 are reported in net appreciation in fair value investments.

NOTE D – Investments

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31, 2011	December 31, 2010
Shares of registered investment companies		
JH Lifestyle Balanced	$ 98,419	$ 360,406
JH Lifestyle Aggressive	103,940	276,614
Oppenheimer Developing Markets	144,529	165,725
Symetra Daily Value Fixed Annuity	773,450	651,487
Notes receivable from participants	164,719	157,270

During 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $150,716 as follows:

Shares of registered investment companies	$ (150,716)

NOTE E – Information Prepared and Certified by the Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodian:

	2011	2010
Investment and cash funds, at fair value		
Shares of registered investment companies	$ 2,287,929	$ 2,701,394
Notes receivable from participants	164,719	157,270
Net appreciation (depreciation)		
in fair value of investments	(150,716)	309,669
Interest and dividends	30,334	12,719

NOTE F – Administration of Plan Assets

Certain administrative functions are performed by officers or employees of the Company. No officer, employee, or the Company receives compensation from the Plan.

NOTE G – Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

NOTE H – Reconciliation of Financial Statements to Schedule H of Form 5500

There were no reconciling items between the financial statements and Schedule H of Form 5500 for the year ended December 31, 2011.

NOTE I – Tax Status

The Plan obtained its latest determination letter dated August 30, 2001, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter, however, the plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE J – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

RASA FLOORS, L.P. 401(k) PLAN
EIN: 27-1519180 / PN: 001
FORM 5500 - SCHEDULE H, PART IV, 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	AllianceBern High Income	Mutual fund	$ 7,433
	American Funds EuroPacific Gr R3	Mutual fund	57,222
	American Funds Grth Fund of Amer R3	Mutual fund	35,426
	American Funds New Perspective R3	Mutual fund	53,693
	American Funds Smallcap World R3	Mutual fund	12,993
	Blackrock Equity Dividend R	Mutual fund	77,895
	Blackrock Infl-Prot Bond A	Mutual fund	2,488
	Calamos Growth R	Mutual fund	103,661
	Columbia Seligman Global Tech R2	Mutual fund	25,563
	Dreyfus Great China A	Mutual fund	8,870
	Eaton Vance Greater India A	Mutual fund	9,481
	Eaton Vance World Health Sci R	Mutual fund	16,860
	Fidelity Advisor Latin America T	Mutual fund	3,016
	Fidelity Advisor Small Cap Value	Mutual fund	32,290
	Franklin Growth	Mutual fund	84,337
	Franklin Small Cap Value R	Mutual fund	22,016
	Invesco International Growth R	Mutual fund	113,832
	Invesco Van Kampen Comstock	Mutual fund	17,393
	John Hancock Lifestyle Agg R1	Mutual fund	103,940
	John Hancock Lifestyle Balanced R1	Mutual fund	98,419
	Lord Abbet Value Opp R	Mutual fund	47,295
	Mid Atlantic Master Cash Account	Mutual fund	1,563
	MFS Emerging Markets Debt	Mutual fund	5,229
	Mutual Shares R	Mutual fund	64,275
	Nuveen Small Cap Growth R3	Mutual fund	44,397
	Oppenheimer Developing Markets	Mutual fund	144,529
	Oppenheimer Gold & Special Minerals N	Mutual fund	20,253
	PIMCO Total Return R	Mutual fund	11,862
	PIMCO Unconstrained Bond R	Mutual fund	1,263
	Prudential Global Real Estate	Mutual fund	32,321
	Prudential Jennison Mid Cap Gr R	Mutual fund	46,844
	Prudential Jennison Natural Res A	Mutual fund	18,902
	Symetra Daily Value Fixed Annuity	Mutual fund	773,450
	Templeton Foreign R	Mutual fund	83,300
	Templeton Global Bond R	Mutual fund	10,060
	Thornburg Investment Inc	Mutual fund	58,846
	Vanguard 500 Index	Mutual fund	9,177
	Vanguard Mid Cap Index	Mutual fund	1,836
	Vanguard Small Cap Index	Mutual fund	1,839
	Vanguard Total Bond Market Index	Mutual fund	16,446
	Vanguard Total International Stock Index	Mutual fund	7,414

See independent auditors' report.

RASA FLOORS, L.P. 401(k) PLAN
EIN: 27-1519180 / PN: 001
FORM 5500 - SCHEDULE H, PART IV, 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value
	Notes receivable from participants	Various maturities, 6.00%-9.25%, collateralized by vested balance with maturity value equal to current value	164,719
			$ 2,452,648

Column (d) cost information is not required for participant-directed investments.

See independent auditors' report.

RASA FLOORS, L.P.
401(K) PLAN

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2011

RASA FLOORS, L.P.
401(K) PLAN
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Todd, Hamaker & Johnson, LLP
CERTIFIED PUBLIC ACCOUNTANTS

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Melvin R. Todd, CPA
Daren Hamaker, CPA
Kim Johnson, CPA
Rachel Kennerly, CPA

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Rasa Floors, L.P. 401(k) Plan
P.O. Box 401
Lufkin, Texas 75902-0401

We were engaged to audit the financial statements of Rasa Floors, L.P. 401(k) Plan as of December 31, 2011 and 2010, and for the year ended December 31, 2011, and the supplemental schedule as of and for the year ended December 31, 2011, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Mid Atlantic Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Todd, Hamaker & Johnson, LLP

Todd, Hamaker & Johnson, LLP

Lufkin, Texas
October 9, 2012

RASA FLOORS, L.P. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	DECEMBER 31, 2011	2010
ASSETS		
Investments, at fair value	$ 2,287,929	$ 2,701,394
Total investments	2,287,929	2,701,394
Receivables		
Employer contribution	39,025	33,384
Participants' contribution	6,201	6,073
Notes receivable from participants	164,719	157,270
Total receivables	209,945	196,727
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,497,874	$ 2,898,121

See accompanying notes to financial statements.

RASA FLOORS, L.P. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

ADDITIONS	
Additions to net assets attributed to	
Investment income	
Net depreciation in fair value of investments	$ (150,716)
Interest and dividends	20,462
Interest on notes receivable from participants	9,872
Total investment income (loss)	(120,382)
Contributions	
Participants'	217,935
Rollover	12,452
Employer's	145,640
Total contributions	376,027
TOTAL ADDITIONS	255,645
DEDUCTIONS	
Deductions from net assets attributed to	
Benefits paid to participants/beneficiaries	644,063
Administrative expenses	11,829
TOTAL DEDUCTIONS	655,892
NET DECREASE	(400,247)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	2,898,121
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 2,497,874

See accompanying notes to financial statements.

NOTE A – Description of Plan

The following description of Rasa Floors, L.P. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan covering substantially all employees of Rasa Floors & Carpet Cleaning, LLC (formerly Rasa Floors, L.P.) (Company or Sponsor) who are at least 21 years of age and have one year of minimum service, as defined. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions. Participants may contribute 1% to 20% of their annual compensation to the Plan. Participants may also contribute amounts representing rollover distributions from other qualified plans. The Company makes safe harbor matching contributions of 100% of participants' contributions up to 3% of compensation, as well as 50% of participants' contributions from 3% to 5% of compensation. In addition, the Company may, at its discretion, make additional matching or profit sharing contributions. Such contributions are allocated to eligible participants using a formula based on each participant's annual compensation. The Company made $145,640 in safe harbor matching contributions during the plan year. The Company did not make any additional matching or profit sharing contributions for the year ended December 31, 2011. All contributions are invested in participant directed investments in registered investment companies or notes receivable from participants. Contributions are subject to certain limitations.

Participant accounts. Each participant's account is credited with the participant's contributions, Company contributions, investment earnings and applicable administrative expenses. Earnings are allocated to each participant's individual account based on the earnings of the individual investment options chosen by the participant and as defined by the Plan document. Each participant may elect to change the deferral percentage semi-monthly; investment option changes may be made daily and investment income is recorded daily. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their contributions, safe harbor matching contributions, and actual earnings thereon. Vesting in the Company discretionary matching and profit sharing contributions and earnings thereon is based on years of service as follows: less than 3 years of service, 0% vested; 3 or more years of service, 100% vested.

Forfeitures. Forfeitures of nonvested matching contributions are used to reduce Sponsor's matching contributions in the plan year in which such forfeitures are determined to occur. Forfeitures of profit sharing contributions are reallocated as an additional profit sharing contribution. During the year ended December 31, 2011, there were no forfeitures.

Notes receivable from participants. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances, reduced by the participant's highest outstanding loan balance in the previous twelve months. The loans are secured by the vested balance in the participant's account and bear interest at rates that are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Benefits. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Participants who terminate employment with the Company for reasons other than death, disability, or attainment of normal retirement age will be entitled to receive only the vested percentage of their account balance. Any nonvested contributions made by the Company are subject to forfeiture. Distributions are made as soon as administratively feasible following the date on which a distribution is requested or otherwise payable. Other withdrawals from participants' account balances may be made under certain circumstances, as defined in the Plan document.

Administrative expenses. Plan administrative expenses are allocated to the participants.

Investment options. Upon enrollment in the Plan, a participant may direct both their employee and employer contributions in various investment options. All of these options are invested in registered investment companies. Participants may change their investment options daily.

NOTE B – Summary of Significant Accounting Policies

Date of management's review. Subsequent events were evaluated through October 9, 2012, which is the date the financial statements were available to be issued.

Estimates. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

All investment information disclosed in the accompanying financial statements and schedules, including investments held at December 31, 2011, and net appreciation in fair value of investments and investment income for the year ended December 31, 2011, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by Mid Atlantic Trust Company, the custodian for the Plan.

Basis of accounting. The financial statements of the Plan are prepared on the accrual basis of accounting.

Notes receivable from participants. Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Investment valuation and income recognition. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits. Benefits are recorded when paid.

NOTE C – Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)
December 31, 2011		
Mutual funds	$ 2,287,929	$ 2,287,929
December 31, 2010		
Mutual funds	$ 2,701,394	$ 2,701,394

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 and Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2011 are reported in net appreciation in fair value investments.

NOTE D – Investments

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31, 2011	December 31, 2010
Shares of registered investment companies		
JH Lifestyle Balanced	$ 98,419	$ 360,406
JH Lifestyle Aggressive	103,940	276,614
Oppenheimer Developing Markets	144,529	165,725
Symetra Daily Value Fixed Annuity	773,450	651,487
Notes receivable from participants	164,719	157,270

During 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $150,716 as follows:

Shares of registered investment companies	$ (150,716)

NOTE E – Information Prepared and Certified by the Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodian:

	2011	2010
Investment and cash funds, at fair value		
Shares of registered investment companies	$ 2,287,929	$ 2,701,394
Notes receivable from participants	164,719	157,270
Net appreciation (depreciation)		
in fair value of investments	(150,716)	309,669
Interest and dividends	30,334	12,719

NOTE F – Administration of Plan Assets

Certain administrative functions are performed by officers or employees of the Company. No officer, employee, or the Company receives compensation from the Plan.

NOTE G – Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

NOTE H – Reconciliation of Financial Statements to Schedule H of Form 5500

There were no reconciling items between the financial statements and Schedule H of Form 5500 for the year ended December 31, 2011.

NOTE I – Tax Status

The Plan obtained its latest determination letter dated August 30, 2001, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter, however, the plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE J – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

RASA FLOORS, L.P. 401(k) PLAN
EIN: 27-1519180 / PN: 001
FORM 5500 - SCHEDULE H, PART IV, 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	AllianceBern High Income	Mutual fund	$ 7,433
	American Funds EuroPacific Gr R3	Mutual fund	57,222
	American Funds Grth Fund of Amer R3	Mutual fund	35,426
	American Funds New Perspective R3	Mutual fund	53,693
	American Funds Smallcap World R3	Mutual fund	12,993
	Blackrock Equity Dividend R	Mutual fund	77,895
	Blackrock Infl-Prot Bond A	Mutual fund	2,488
	Calamos Growth R	Mutual fund	103,661
	Columbia Seligman Global Tech R2	Mutual fund	25,563
	Dreyfus Great China A	Mutual fund	8,870
	Eaton Vance Greater India A	Mutual fund	9,481
	Eaton Vance World Health Sci R	Mutual fund	16,860
	Fidelity Advisor Latin America T	Mutual fund	3,016
	Fidelity Advisor Small Cap Value	Mutual fund	32,290
	Franklin Growth	Mutual fund	84,337
	Franklin Small Cap Value R	Mutual fund	22,016
	Invesco International Growth R	Mutual fund	113,832
	Invesco Van Kampen Comstock	Mutual fund	17,393
	John Hancock Lifestyle Agg R1	Mutual fund	103,940
	John Hancock Lifestyle Balanced R1	Mutual fund	98,419
	Lord Abbet Value Opp R	Mutual fund	47,295
	Mid Atlantic Master Cash Account	Mutual fund	1,563
	MFS Emerging Markets Debt	Mutual fund	5,229
	Mutual Shares R	Mutual fund	64,275
	Nuveen Small Cap Growth R3	Mutual fund	44,397
	Oppenheimer Developing Markets	Mutual fund	144,529
	Oppenheimer Gold & Special Minerals N	Mutual fund	20,253
	PIMCO Total Return R	Mutual fund	11,862
	PIMCO Unconstrained Bond R	Mutual fund	1,263
	Prudential Global Real Estate	Mutual fund	32,321
	Prudential Jennison Mid Cap Gr R	Mutual fund	46,844
	Prudential Jennison Natural Res A	Mutual fund	18,902
	Symetra Daily Value Fixed Annuity	Mutual fund	773,450
	Templeton Foreign R	Mutual fund	83,300
	Templeton Global Bond R	Mutual fund	10,060
	Thornburg Investment Inc	Mutual fund	58,846
	Vanguard 500 Index	Mutual fund	9,177
	Vanguard Mid Cap Index	Mutual fund	1,836
	Vanguard Small Cap Index	Mutual fund	1,839
	Vanguard Total Bond Market Index	Mutual fund	16,446
	Vanguard Total International Stock Index	Mutual fund	7,414

See independent auditors' report.

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FORM 5500 - SCHEDULE H, PART IV, 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value
	Notes receivable from participants	Various maturities, 6.00%-9.25%, collateralized by vested balance with maturity value equal to current value	164,719
			$ 2,452,648

Column (d) cost information is not required for participant-directed investments.

See independent auditors' report.