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;
- [X] 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
THE WOODLANDS STORE, INC. 401(K) PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2000

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

THE WOODLANDS STORE, INC.

802 COLLEGE AVENUE, SUITE 101
KENTFIELD, CA 94904

2b Employer Identification Number (EIN) 68-0119127

2c Sponsor's telephone number 415-460-4845

2d Business code (see instructions) 445110

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.	03/15/2013	DONALD SANTA
	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")
THE WOODLANDS STORE, INC.

802 COLLEGE AVENUE, SUITE 101
KENTFIELD, CA 94904

3b Administrator's EIN
68-0119127

3c Administrator's telephone number
415-460-4845

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	184
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**	168
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	177
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	177
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	44
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 2G 2J 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)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
THE WOODLANDS STORE, INC. 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE WOODLANDS STORE, INC.

D Employer Identification Number (EIN)
68-0119127

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK INSURANCE CO USA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	74754	45	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
3951	597

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NORTHWESTERN MUTUAL INVESTMENT SVC
720 E. WISCONSIN AVE.
MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3951		COMMISSION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ACTUARIAL CONSULTANTS, INC.
2377 CRENSHAW BLVD., SUITE 350
TORRANCE, CA 90501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	597	TPA COMPENSATION	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	24808
5	Current value of plan's interest under this contract in separate accounts at year end	5	1174546

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

b	Balance at the end of the previous year			7b	21255
c	Additions: (1) Contributions deposited during the year	7c(1)	2847		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	654		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	3501
d	Total of balance and additions (add **b** and **c(6)**).			7d	24756
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	140		
	(2) Administration charge made by carrier	7e(2)	150		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	290
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	24466

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
THE WOODLANDS STORE, INC. 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE WOODLANDS STORE, INC.

D Employer Identification Number (EIN)
68-0119127

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

JOHN HANCOCK USA
P. O. BOX 600
BUFFALO, NY 14201-0600

01-0233346

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

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(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)

(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 ☐

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
(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.	

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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
THE WOODLANDS STORE, INC. 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE WOODLANDS STORE, INC.

D Employer Identification Number (EIN)
68-0119127

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
01-0233346-000	P	2397

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
01-0233346-000	P	119168

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
01-0233346-000	P	92010

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
01-0233346-000	P	237766

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
01-0233346-000	P	50125

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL SMALL CAP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
01-0233346-000	P	1668

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
01-0233346-000	P	26080

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8689
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4919
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43699
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA VALUE & RESTRUCTURING			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23280
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH INDEX			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	36247
a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	252
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	720
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9819
a Name of MTIA, CCT, PSA, or 103-12 IE: INV SMALL CAP GROWTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1410
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY VISTA			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18089

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11584

a Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON CLEARBR AGG GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16544

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20234

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22216

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN BALANCE SHEET

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23936

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7252

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL ALL CAP CORE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13312

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7398

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON WORLD

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6424

a Name of MTIA, CCT, PSA, or 103-12 IE: DOMINI SOCIAL EQUITY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13161

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LARGE VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1376

a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24283

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8918

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2157

a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL BEACON

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20479

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1492

a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26151

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24684

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. HIGH YIELD BOND FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36937

a Name of MTIA, CCT, PSA, or 103-12 IE: LM WESTRN ASSET GLB HIGH YIELD

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19959

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98467

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM FEDERAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 420

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90823

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

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
THE WOODLANDS STORE, INC. 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE WOODLANDS STORE, INC.

D Employer Identification Number (EIN)
68-0119127

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)		
(2) Participant contributions	1b(2)		
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1176061	1174546
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	21255	24466
(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	1197316	1199012
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	1197316	1199012

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)	0	
(B) Participants	2a(1)(B)	95027	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		95027
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	654	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		654
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		-14761
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		80920
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	79074	
(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)		79074
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)	150	
(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)		150
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		79224
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1696
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: PISENTI & BRINKER, LLP (2) EIN: 94-1585562

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		200000
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? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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
THE WOODLANDS STORE, INC. 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE WOODLANDS STORE, INC.

D Employer Identification Number (EIN)
68-0119127

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** 0

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): 01-0233346

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):

The Woodlands Store, Inc. 401(k) Plan

Financial Statements and Supplemental Schedules

Year Ended December 31, 2011 and as of December 31, 2010

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PISENTI & BRINKER LLP
Certified Public Accountants and Advisors

Independent Auditor's Report

To the Trustee of The Woodlands Store, Inc.
401(k) Plan
Kentfield, California

We were engaged to audit the statements of net assets available for plan benefits of **The Woodlands Store, Inc. 401(k) Plan** (the "Plan") as of December 31, 2011 and 2010, the related statement of changes in net assets available for plan benefits for the year ended December 31, 2011, and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure 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 C, which was certified by John Hancock Life Insurance Co., the custodian of the Plan, except for comparing such 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 assets and executes investment transactions. The Plan Administrator has obtained certifications from John Hancock Life Insurance Co. as of December 31, 2011 and 2010, and for the year ended December 31, 2011 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 is 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 or provided 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Pisenti & Brinker LLP

Petaluma, California
March 12, 2013

Statements of Net Assets Available for Plan Benefits

December 31,	2011	2010
Assets		
Investments, at fair value:		
Pooled separate accounts	$ 1,174,546	$ 1,176,061
Guaranteed interest accounts	24,466	21,255
Net assets available for plan benefits	$ 1,199,012	$ 1,197,316

See accompanying Notes to Financial Statements

The Woodlands Store, Inc.
401(k) Plan

Statement of Changes in Net Assets Available for Plan Benefits

Year Ended December 31, 2011

Additions	
Additions to net assets attributed to:	
Contributions:	
Participant	$ 95,027
Investment income:	
Net depreciation in fair value of investments	(14,761)
Interest income on guaranteed accounts	654
	(14,107)
Total additions	80,920
Deductions	
Deductions from net assets attributed to:	
Benefits paid to participants	79,074
Administrative expenses	150
Total deductions	79,224
Increase in net assets	1,696
Net assets available for plan benefits:	
Beginning of year	1,197,316
End of year	$ 1,199,012

See accompanying Notes to Financial Statements

Note A. Description of the Plan

The following brief description of The Woodlands Store, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement and subsequent amendments for a more complete description of the Plan's provisions.

General

The Plan was established on January 1, 2000 as a defined contribution retirement plan covering all Employees of The Woodlands Store, Inc. (the "Employer"), who have attained age twenty-one and have completed six months and at least five-hundred hours of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Administration

The Employer is the Plan's named fiduciary and Administrator. Contributions and withdrawals for the year ended December 31, 2011 were processed by John Hancock Life Insurance Co. ("John Hancock" or "JH"). Quarterly statements are prepared for participants which include the amounts of contributions, realized and unrealized investment earnings, disbursements, transfers, and market value of investments.

Contributions

Each year participants may contribute up to 100 percent of their pretax annual compensation, as defined in the Plan, subject to the Internal Revenue Code ("IRC") limitation of $16,500 in 2011. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions of up to $5,500 in 2011. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Employer may contribute, on a discretionary basis, matching contributions equal to a uniform percentage of the amount of the salary reduction the participant has elected to defer. Participants must have completed 1,000 hours of service during the Plan year and be employed on the last day of the Plan year to receive these discretionary contributions. The Employer made no such contributions during 2011.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Employer's contribution and, (b) Plan earnings and charged with an allocation investment losses and administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. The investment direction for the account is provided by the participant.

Note A. **Description of the Plan** (continued)

Vesting

Participants become immediately vested in their elective deferrals, rollover and transfer contributions, plus actual earnings thereon. Vesting in the Employer contributions is based upon years of continuous service. An Employee is fully vested after six years of service.

Forfeited Amounts

Forfeitures of non-vested account balances are used to reduce Employer matching contributions or to defray the reasonable costs and expenses of the administration of the Plan. No amounts were forfeited in 2011.

Payment of Benefits

Plan benefits are recorded when paid. In the event of termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive a lump-sum or installment payments in an amount equal to the value of the participant's vested portion of his or her account. Vested balances not exceeding $5,000 may only be paid in a lump sum. In the event of termination of employment before retirement, a participant will be entitled to receive his or her vested account balance. If a terminated participant's vested account balance is greater than $5,000 such participant may leave his or her funds in the Plan. If the terminated participant's vested account balance is equal to or less than $5,000 the participant will received an involuntary cash-out distribution. Participants may withdraw all or a portion of their vested account balances for specific hardship reasons, subject to the approval of the Employer.

Note B. **Summary of Significant Accounting Policies**

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 effect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Note B. **Summary of Significant Accounting Policies** (continued)

Investment Valuation and Revenue Recognition

The Plan's investments are recorded 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 E for a discussion of fair value measurements.

Securities transactions are accounted for on the trade date (the date the order to buy or sell is executed). Net depreciation in fair value of investments includes the change in market value of all Plan investments (including investments bought and sold as well as those held during the year) and all gains, including amounts reinvested in the mutual funds.

Administrative Expenses

Administrative expenses, which include legal, audit, data processing fees, and commissions are either paid directly by the Employer, the custodian, or passed through to the participants of the Plan.

Note C. **Information Certified and Provided by the Custodian**

The following is a summary of the Plan's asset information as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets at December 31:

Description	2011	2010
Pooled separate accounts	$ 1,174,546	$ 1,176,061
Guaranteed interest accounts	24,466	21,255

JH also certified the completeness and accuracy of $14,761 of net depreciation in the fair value of investments and $654 of interest income related to the assets listed above for the year ended December 31, 2011.

Note D. Investments

The following are investment fund balances that represent five percent or more of the Plan's net assets as of December 31:

Description	2011	2010
John Hancock Lifestyle Fund - Moderate Portfolio	$ 237,766	$ 202,720
John Hancock Lifestyle Fund - Growth Portfolio	119,168	141,309
PIMCO Total Return Fund	98,467	114,930
John Hancock Lifestyle Fund - Balanced Portfolio	92,010	85,333
John Hancock Money Market Fund	90,823	78,205
	$ 638,234	$ 622,497

During 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as those held during the year) decreased in value by $14,761.

Note E. Fair Value Measurements

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability ("exit price") in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Accounting principles generally accepted in the United States ("GAAP") require the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs to determine the exit price. The Plan categorizes its financial instruments, based on the priority of inputs to the valuation technique, into a three-level hierarchy, as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Note E. **Fair Value Measurements** (continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Pooled separate accounts are valued based on the fair value of the underlying securities. The guaranteed interest accounts are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective or 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.

On January 1, 2011, the Plan transferred $1,176,061 of pooled separate accounts from Level 1 to Level 2. The Plan determined that these accounts were more appropriately classified as Level 2 assets based upon the valuation techniques used by John Hancock.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Moderate	$ -	$ 237,766	$ -	$ 237,766
Fixed income	-	172,824	-	172,824
Growth	-	171,941	-	171,941
Foreign and other equity	-	171,699	-	171,699
Large cap	-	158,481	-	158,481
Balanced	-	93,502	-	93,502
Mid cap	-	60,890	-	60,890
Conservative	-	50,125	-	50,125
Small cap	-	38,377	-	38,377
Aggressive	-	18,941	-	18,941
Total pooled separate accounts	-	1,174,546	-	1,174,546
Guaranteed interest accounts	-	-	24,466	24,466
Total assets at fair value	$ -	$ 1,174,546	$ 24,466	$ 1,199,012

Note E. **Fair Value Measurements** (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Foreign and other equity	$ 210,279	$ -	$ -	$ 210,279
Moderate	202,720	-	-	202,720
Growth	200,747	-	-	200,747
Large cap	185,543	-	-	185,543
Fixed income	162,628	-	-	162,628
Balanced	88,726	-	-	88,726
Mid cap	40,003	-	-	40,003
Small cap	35,451	-	-	35,451
Aggressive	28,093	-	-	28,093
Conservative	21,871	-	-	21,871
Total pooled separate accounts	1,176,061	-	-	1,176,061
Guaranteed interest accounts	-	-	21,255	21,255
Total assets at fair value	$ 1,176,061	$ -	$ 21,255	$ 1,197,316

Note E. **Fair Value Measurements** (continued)

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets during the year ended December 31, 2011:

	Guaranteed Interest Accounts
Balance at December 31, 2010	$ 21,255
Realized gains (losses)	654
Unrealized gains (losses)	(151)
Issuances	-
Purchases	2,848
Settlements	-
Sales	(140)
Balance December 31, 2011	$ 24,466

Note F. **Related Party Transactions**

Certain Plan investments are pooled separate accounts managed by John Hancock, the Plan's custodian. As the custodian, John Hancock performs administrative functions such as handling contributions and benefit payments. Accordingly, such transactions qualify as party-in-interest transactions. There were no fees paid by the Plan for investment management services for the year ended December 31, 2011.

Note G. **Plan Termination**

Although the Employer has not expressed any intent, the Employer has the right under the Plan to discontinue, amend or modify and terminate the Plan without any liability for such termination subject to the provisions of ERISA. In the event of a Plan termination, participants would become 100% vested in their accounts.

Note H. **Income Tax Status**

The Plan document is a non-standardized prototype plan that received a favorable opinion letter from the Internal Revenue Service ("IRS") on October 9, 2003. The Plan has never requested a tax determination letter from the IRS. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with applicable provisions of the IRC and that the related trust was tax exempt as of the financial statement date.

Note H. Income Tax Status (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that is not likely to be sustained upon examination by the taxing authorities. The Plan Administrator has evaluated the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities. There are currently no audits for any tax periods in progress.

Note I. Risks and Uncertainties

The Plan invests in several funds which hold various investment securities. Investment securities are exposed to 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 statements of net assets available for benefits.

Note J. Subsequent Events

The Plan has evaluated subsequent events through March 12, 2013, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

Supplemental Schedule

Schedule H, line 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	(d) Cost	(e) Current value
*	John Hancock U.S.A.	Lifestyle Fund - Moderate Portfolio	**	$ 237,766
*	John Hancock U.S.A.	Lifestyle Fund - Growth Portfolio	**	119,168
*	John Hancock U.S.A.	PIMCO Total Return Fund	**	98,467
*	John Hancock U.S.A.	Lifestyle Fund - Balanced Portfolio	**	92,010
*	John Hancock U.S.A.	Money Market Fund	**	90,823
*	John Hancock U.S.A.	Lifestyle Fund - Conservative Portfolio	**	50,125
*	John Hancock U.S.A.	T Rowe Price Science and Technology Fund	**	43,699
*	John Hancock U.S.A.	High Yield Bond Fund	**	36,938
*	John Hancock U.S.A.	Vanguard Small Cap Growth Index Fund	**	36,247
*	John Hancock U.S.A.	Mutual Discovery Fund	**	26,151
*	John Hancock U.S.A.	Oppenheimer Developing Markets Fund	**	26,080
*	John Hancock U.S.A.	High Yield Fund	**	24,684
*	John Hancock U.S.A.	Davis New York Venture Fund	**	24,283
*	John Hancock U.S.A.	Franklin Balance Sheet Investment Fund	**	23,936
*	John Hancock U.S.A.	Columbia Value and Restructuring Fund	**	23,280
*	John Hancock U.S.A.	5 Year Guaranteed Interest Account	**	22,886
*	John Hancock U.S.A.	Mid Cap Index Fund	**	22,216
*	John Hancock U.S.A.	Mutual Beacon Fund	**	20,479
*	John Hancock U.S.A.	T Rowe Price Blue Chip Growth Fund	**	20,234
*	John Hancock U.S.A.	T Rowe Price Spectrum Income Fund	**	19,959
*	John Hancock U.S.A.	American Funds EuroPacific Growth Fund	**	18,089
*	John Hancock U.S.A.	Legg Mason Partners Aggressive Growth	**	16,544
*	John Hancock U.S.A.	Optimized All Cap Fund	**	13,312
*	John Hancock U.S.A.	Domini Social Equity Fund	**	13,161
*	John Hancock U.S.A.	Franklin Small-Mid Cap Growth Fund	**	11,584
*	John Hancock U.S.A.	American Century Heritage	**	9,819
*	John Hancock U.S.A.	T Rowe Price Equity Income Fund	**	8,918
*	John Hancock U.S.A.	International Equity Index Fund	**	8,689
*	John Hancock U.S.A.	Vanguard Capital Appreciation Fund	**	7,398
*	John Hancock U.S.A.	Oppenheimer Global Fund	**	7,252
*	John Hancock U.S.A.	Templeton World Fund	**	6,424
*	John Hancock U.S.A.	Mid Cap Stock Fund	**	4,919
*	John Hancock U.S.A.	Lifestyle Fund - Aggressive Portfolio	**	2,397
*	John Hancock U.S.A.	500 Index Fund	**	2,157
*	John Hancock U.S.A.	International Small Cap Fund	**	1,668
*	John Hancock U.S.A.	American Balance Fund	**	1,492
*	John Hancock U.S.A.	AIM Small Cap Growth Fund	**	1,410
*	John Hancock U.S.A.	Optimized Value Fund	**	1,376
*	John Hancock U.S.A.	10 Year Guaranteed Interest Account	**	932
*	John Hancock U.S.A.	Small Cap Index Fund	**	720
*	John Hancock U.S.A.	3 Year Guaranteed Interest Account	**	648
*	John Hancock U.S.A.	Vanguard Short Term Federal Fund	**	420
*	John Hancock U.S.A.	International Value Fund	**	252
				$ 1,199,012

* Indicates a party-in-interest as defined by ERISA.
** Information not required as investments are participant-directed



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 74754 THE TRUSTEES OF THE WOODLANDS STORE,
INC. 401(K) PLAN AND TRUST
MONEY INVESTED AS OF DECEMBER 31, 2011

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF THE WOODLANDS STORE, INC. 401(K) PLAN AND TRUST Total No of Units	Total Value
Retirement Living at 2050	$ 16654994.12	.000000	$ 0.00
Retirement Living at 2045	$ 434973790.17	.000000	$ 0.00
Retirement Living at 2040	$ 421549936.54	.000000	$ 0.00
Retirement Living at 2035	$ 552113821.63	.000000	$ 0.00
Retirement Living at 2030	$ 706696478.91	.000000	$ 0.00
Retirement Living at 2025	$ 814926582.07	.000000	$ 0.00
Retirement Living at 2020	$ 763309566.25	.000000	$ 0.00
Retirement Living at 2015	$ 518705081.98	.000000	$ 0.00
Retirement Living at 2010	$ 378048332.69	.000000	$ 0.00
Retirement Choices at 2050	$ 23364805.59	.000000	$ 0.00
Retirement Choices at 2045	$ 66085451.08	.000000	$ 0.00
Retirement Choices at 2040	$ 86603436.53	.000000	$ 0.00
Retirement Choices at 2035	$ 124136447.79	.000000	$ 0.00
Retirement Choices at 2030	$ 161833667.80	.000000	$ 0.00
Retirement Choices at 2025	$ 207649101.40	.000000	$ 0.00
Retirement Choices at 2020	$ 180236250.90	.000000	$ 0.00
Retirement Choices at 2015	$ 121531495.79	.000000	$ 0.00
Retirement Choices at 2010	$ 83036157.00	.000000	$ 0.00
Lifestyle Aggressive	$ 3052151070.17	7.747515	$ 2397.44
Lifestyle Growth	$ 9067507975.79	388.008902	$ 119168.21
Lifestyle Balanced	$ 9399693183.07	410.183763	$ 92009.95
Lifestyle Moderate	$ 2922293104.56	1304.221003	$ 237765.52
Lifestyle Conservative	$ 2509841996.69	243.310027	$ 50124.80
Russell Equity Growth	$ 43652337.67	.000000	$ 0.00
Russell Growth	$ 122019380.62	.000000	$ 0.00
Russell Balanced	$ 144476808.17	.000000	$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2011
Cash Basis



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 74754 THE TRUSTEES OF THE WOODLANDS STORE,
INC. 401(K) PLAN AND TRUST
MONEY INVESTED AS OF DECEMBER 31, 2011

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF THE WOODLANDS STORE, INC. 401(K) PLAN AND TRUST Total No of Units	Total Value
Russell Moderate	$ 33559530.13	.000000	$ 0.00
Russell Conservative	$ 21008887.11	.000000	$ 0.00
Fidelity Advisor Gold Fund	$ 111060993.89	.000000	$ 0.00
Real Est. Securities Fund	$ 424184734.69	.000000	$ 0.00
Natural Resources Fund	$ 160271124.23	.000000	$ 0.00
DFA Emerging Markets Value	$ 227011022.50	.000000	$ 0.00
Royce Opportunity	$ 129933813.19	.000000	$ 0.00
Intl Small Cap Fund	$ 97224543.50	62.883091	$ 1667.53
Fidelity Adv Leveraged Co Stk	$ 19956243.63	.000000	$ 0.00
International Opps Fund	$ 60274897.69	.000000	$ 0.00
Oppenheimer Developing Mkt	$ 671015153.50	467.246182	$ 26079.86
PIMCO Commodity Real Return	$ 2504266.07	.000000	$ 0.00
Energy	$ 557085244.45	.000000	$ 0.00
Dodge & Cox International St	$ 1612716.61	.000000	$ 0.00
Keeley Small Cap Value	$ 25633413.70	.000000	$ 0.00
DFA International Value	$ 71259596.53	.000000	$ 0.00
Mid-Cap Growth Index Fund	$ 0.00	.000000	$ 0.00
SSgA Mid Growth Index Fund	$ 30797402.32	.000000	$ 0.00
International Value Fund	$ 218516289.26	472.358337	$ 8688.71
DFA US Targeted Value Fund	$ 23122029.69	.000000	$ 0.00
Mid Cap Stock Fund	$ 288916623.91	266.959690	$ 4919.42
Columbia Value & Restructuring	$ 283535447.50	463.418859	$ 23279.90
T. Rowe Price Sci & Tech	$ 308935204.00	991.197088	$ 43698.95
DFA U.S. Small Cap Fund	$ 102319591.50	.000000	$ 0.00
Small Cap Growth Index	$ 210334982.00	1684.851029	$ 36246.70
Intl Equity Index Fund	$ 180320615.75	17.804368	$ 252.24

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 74754 THE TRUSTEES OF THE WOODLANDS STORE,
INC. 401(K) PLAN AND TRUST
MONEY INVESTED AS OF DECEMBER 31, 2011

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF THE WOODLANDS STORE, INC. 401(K) PLAN AND TRUST Total No of Units	Total Value
International Core Fund	$ 34864239.08	.000000	$ 0.00
SMALLCAP World Fund	$ 24847462.96	.000000	$ 0.00
New World Fund	$ 34005448.72	.000000	$ 0.00
Science & Technology Fund	$ 179800151.34	.000000	$ 0.00
Financial Services Fund	$ 74398500.27	.000000	$ 0.00
Small Cap Index Fund	$ 159435690.75	37.224728	$ 719.80
American Century Heritage	$ 214699733.55	501.518125	$ 9819.42
John Hancock Intl Growth	$ 8026107.22	.000000	$ 0.00
Explorer	$ 44337889.38	.000000	$ 0.00
Bridgeway Ultra-Small Co	$ 0.00	.000000	$ 0.00
American Century Vista	$ 0.00	.000000	$ 0.00
Small Cap Growth Fund	$ 76925471.52	.000000	$ 0.00
Inv Small Cap Growth	$ 133935119.83	57.194727	$ 1409.98
Oppenheimer Intl Growth Fund	$ 47229553.88	.000000	$ 0.00
EuroPacific Growth Fund	$ 675544923.21	371.811117	$ 18088.69
Franklin Small-Mid Growth	$ 161568830.14	248.454525	$ 11584.11
Pru Jennison 20/20 Focus Fund	$ 44550468.38	.000000	$ 0.00
Legg Mason ClearBr Agg Growth	$ 137120713.26	328.549844	$ 16544.32
Turner Large Growth Fund	$ 1574369.55	.000000	$ 0.00
Thornburg International Value	$ 29129648.12	.000000	$ 0.00
Brandywine Blue Fund	$ 2218124.65	.000000	$ 0.00
T. Rowe Price Health Sci	$ 298021277.43	.000000	$ 0.00
Small Cap Opportunities Fund	$ 54546482.73	.000000	$ 0.00
SSgA Mid Value Index Fund	$ 25825061.76	.000000	$ 0.00
Aston/Fairpointe Mid Cap Fund	$ 5042261.61	.000000	$ 0.00
Small Company Value Fund	$ 106974471.90	.000000	$ 0.00

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MONEY INVESTED AS OF DECEMBER 31, 2011

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF THE WOODLANDS STORE, INC. 401(K) PLAN AND TRUST Total No of Units	Total Value
Mid-Cap Value Index Fund	$ 0.00	.000000	$ 0.00
Small Cap Value Index	$ 35512118.52	.000000	$ 0.00
Royce Pennsylvania Mutual Fund	$ 1195367.50	.000000	$ 0.00
Columbia Mid Cap Value	$ 72909682.83	.000000	$ 0.00
Small Cap Value Fund	$ 215778031.98	.000000	$ 0.00
Blue Chip Growth Fund	$ 470708927.70	790.270604	$ 20234.20
Franklin Balance Sheet	$ 196993072.46	258.311819	$ 23935.91
Value Fund	$ 79769384.22	.000000	$ 0.00
Mid Cap Index Fund	$ 340591734.73	902.321322	$ 22216.25
T. Rowe Price Sml Cap Val	$ 169287252.58	.000000	$ 0.00
Oppenheimer Global	$ 193036100.41	187.398066	$ 7252.25
Lord Abbett Value Opps Fund	$ 14933796.26	.000000	$ 0.00
Fundamental All Cap Core Fund	$ 116072584.33	649.442158	$ 13312.33
Mid Value Fund	$ 181736969.73	.000000	$ 0.00
Capital World Growth & Income	$ 80100172.86	.000000	$ 0.00
Capital Appreciation Fund	$ 351079066.07	647.718126	$ 7397.86
Templeton World	$ 124113515.92	188.041343	$ 6423.69
Large Cap Value Fund	$ 0.00	.000000	$ 0.00
Domini Social Equity	$ 59145975.96	344.853918	$ 13161.21
All Cap Core Fund	$ 17118970.10	.000000	$ 0.00
John Hancock Rainier Grow	$ 2162408.00	.000000	$ 0.00
All Cap Value Fund	$ 94951468.03	.000000	$ 0.00
JPM MidCap Value Fund	$ 220906550.47	.000000	$ 0.00
New Perspective Fund	$ 33136563.73	.000000	$ 0.00
Pru Jennison Mid Growth Fund	$ 27195078.64	.000000	$ 0.00
Fundamental Investors	$ 121551187.63	.000000	$ 0.00

*Assets = Liabilities



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FOR CONTRACT # 74754 THE TRUSTEES OF THE WOODLANDS STORE,
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MONEY INVESTED AS OF DECEMBER 31, 2011

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF THE WOODLANDS STORE, INC. 401(K) PLAN AND TRUST Total No of Units	Total Value
Utilities Fund	$ 92580943.17	.000000	$ 0.00
MFS Utilities	$ 231659659.45	.000000	$ 0.00
Total Stock Market Index Fund	$ 230459259.14	.000000	$ 0.00
Victory Diversified Stock	$ 12155583.10	.000000	$ 0.00
John Hancock Disciplined Value	$ 11735084.71	.000000	$ 0.00
Growth Index Fund	$ 53433767.00	.000000	$ 0.00
The Growth Fund of America	$ 795356849.87	.000000	$ 0.00
Eaton Vance Large-Cap Value	$ 49577426.08	.000000	$ 0.00
Fidelity ContraFund	$ 335569746.74	.000000	$ 0.00
Fidelity Adv New Insights	$ 61704421.72	.000000	$ 0.00
Mass Investors Fund	$ 21927065.44	.000000	$ 0.00
BlackRock Large Value	$ 0.00	.000000	$ 0.00
Large Cap Fund	$ 40333523.40	.000000	$ 0.00
Dodge & Cox Stock Fund	$ 1577328.27	.000000	$ 0.00
Equity Income Fund	$ 241290847.79	.000000	$ 0.00
Fundamental Large Cap Value	$ 44352848.04	14.966405	$ 1376.41
Davis New York Venture	$ 562398854.59	879.794868	$ 24283.05
T. Rowe Price Equity Inc	$ 440696361.05	236.565764	$ 8918.17
Columbia Equity Value	$ 8555662.85	.000000	$ 0.00
Value Index Fund	$ 35448961.76	.000000	$ 0.00
BlackRock Basic Value	$ 6327805.33	.000000	$ 0.00
500 Index Fund	$ 924345444.72	2.946438	$ 2157.17
Mutual Beacon	$ 353526987.31	192.521295	$ 20479.00
FT Founding Allocation	$ 25616411.35	.000000	$ 0.00
Washington Mutual Investors	$ 209188191.22	.000000	$ 0.00
Investment Company of America	$ 197312004.13	.000000	$ 0.00

*Assets = Liabilities



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MONEY INVESTED AS OF DECEMBER 31, 2011

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF THE WOODLANDS STORE, INC. 401(K) PLAN AND TRUST Total No of Units	Total Value
Parnassus Equity Income	$ 54683359.28	.000000	$ 0.00
Ivy Asset Strategy Fund	$ 121442691.42	.000000	$ 0.00
T. Rowe Price Cap Appreciation	$ 10166022.35	.000000	$ 0.00
Capital Income Builder	$ 34815196.45	.000000	$ 0.00
Pax World Balanced Fund	$ 1031722.55	.000000	$ 0.00
Income Fund of America	$ 35135434.80	.000000	$ 0.00
Core Global Diversification	$ 25498354.91	.000000	$ 0.00
American Balanced Fund	$ 494023866.26	61.355816	$ 1491.66
BlackRock Global Allocation	$ 299789910.27	.000000	$ 0.00
PIMCO All Asset	$ 175744193.88	.000000	$ 0.00
Mutual Global Discovery	$ 362623800.52	388.118587	$ 26151.16
Core Diversified Grwth & Inc	$ 24240585.14	.000000	$ 0.00
Core Fundamental Holdings	$ 10378506.33	.000000	$ 0.00
Managers AMG FQ Global Alt	$ 5632758.57	.000000	$ 0.00
High Yield Fund	$ 301471514.91	923.128814	$ 24684.20
U.S. High Yield Bond Fund	$ 71435346.11	1863.348411	$ 36937.37
American High-Income Fund	$ 39413917.92	.000000	$ 0.00
Federated High Yield Bond	$ 10350721.91	.000000	$ 0.00
Floating Rate Income Fund	$ 148307.99	.000000	$ 0.00
Global Bond Fund	$ 81530645.38	.000000	$ 0.00
Real Return Bond Fund	$ 128785642.52	.000000	$ 0.00
LM Westrn Asset Glb High Yield	$ 0.00	.000000	$ 0.00
PIMCO Global Bond	$ 204353259.97	.000000	$ 0.00
Oppenheimer Intl Bond	$ 102779740.42	.000000	$ 0.00
DFA Inflation-Protected Sec	$ 16029555.34	.000000	$ 0.00
PIMCO Real Return	$ 359763850.11	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
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FOR CONTRACT # 74754 THE TRUSTEES OF THE WOODLANDS STORE,
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MONEY INVESTED AS OF DECEMBER 31, 2011

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF THE WOODLANDS STORE, INC. 401(K) PLAN AND TRUST Total No of Units	Total Value
Templeton Global Bond Fund	$ 39639473.24	.000000	$ 0.00
Capital World Bond Fund	$ 15927787.22	.000000	$ 0.00
T. Rowe Price Spectrum Inc	$ 232889426.44	601.329707	$ 19959.46
Strategic Income Opp Fund	$ 224096812.16	.000000	$ 0.00
Active Bond Fund	$ 45537846.07	.000000	$ 0.00
Investment Qual Bond Fund	$ 68220509.67	.000000	$ 0.00
The Bond Fund of America	$ 25298889.61	.000000	$ 0.00
Total Return Fund	$ 337897318.86	.000000	$ 0.00
Core Bond Fund	$ 23501578.91	.000000	$ 0.00
PIMCO Total Return	$ 1379333861.10	4350.950155	$ 98466.84
Total Bond Market Fund	$ 87476848.37	.000000	$ 0.00
US Government Securities	$ 74642521.71	.000000	$ 0.00
T. Rowe Price Short Term Bond	$ 13372929.50	.000000	$ 0.00
Short-Term Federal	$ 466032181.88	20.111528	$ 420.04
Money Market Fund	$ 2535358647.86	6983.316523	$ 90822.62
John Hancock Stable Val	$ 1725538477.45	.000000	$ 0.00

*Assets = Liabilities

I hereby certify that this statement, given pursuant to 29 CFR 2520.103-5(c), is complete and accurate.



Katherine MacMillan
President, Retirement Plan Services

Production Date(R): DEC/30/2011