

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan <u>BARNETT MILLWORKS, INC. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>06/01/1999</u>			
1b Three-digit plan number (PN) ▶	<u>002</u>						
1c Effective date of plan <u>06/01/1999</u>							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>BARNETT MILLWORKS, INC.</u> <u>4915 HAMILTON BLVD</u> <u>THEODORE, AL 36582</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) <u>63-0339935</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <u>251-443-7710</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>321210</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>63-0339935</u>		2c Sponsor's telephone number <u>251-443-7710</u>		2d Business code (see instructions) <u>321210</u>	
2b Employer Identification Number (EIN) <u>63-0339935</u>							
2c Sponsor's telephone number <u>251-443-7710</u>							
2d Business code (see instructions) <u>321210</u>							

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. Signature of plan administrator	09/04/2013 Date	DANIEL BARBER Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	09/04/2013 Date	DANIEL BARBER Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address BARNETT MILLWORKS, INC. 4915 HAMILTON BLVD THEODORE, AL 36582		3b Administrator's EIN 63-0339935
		3c Administrator's telephone number 251-443-7710
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		5 162
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	153
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	7
d Subtotal. Add lines 6a , 6b , and 6c	6d	160
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	160
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	132
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 Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2012 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>BARNETT MILLWORKS, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BARNETT MILLWORKS, INC.</u>	D Employer Identification Number (EIN) <u>63-0339935</u>	

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.
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1 Coverage Information:

(a) Name of insurance carrier

NATIONWIDE LIFE INSURANCE COMPANY

(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
<u>31-4156830</u>	<u>66869</u>	<u>GAP-BO-YS11</u>	<u>0</u>	<u>01/01/2012</u>	<u>10/31/2012</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
<u>1373</u>	<u>343</u>

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

JEFFREY R.TODD 302 E. MAIN STREET
ALBARTVILLE, AL 35950

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>0</u>	<u>343</u>		<u>4</u>

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

SAGEPOINT FINANCIAL INC 2800 N. CENTRAL AVE, STE 2100
PHOENIX, AZ 85004-1834

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>1373</u>			<u>4</u>

(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	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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. Specify nature of costs ▶	6d	

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 ▶

b Balance at the end of the previous year	7b	503429
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c Additions: (1) Contributions deposited during the year	7c(1)	31408	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	0	
(4) Transferred from separate account	7c(4)	9837	
(5) Other (specify below)	7c(5)	13471	

▶ LOAN REPAYMENT

(6) Total additions	7c(6)	54716
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d Total of balance and additions (add lines 7b and 7c(6))	7d	558145
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	37006	
(2) Administration charge made by carrier	7e(2)	1195	
(3) Transferred to separate account	7e(3)	516926	
(4) Other (specify below)	7e(4)	3018	

▶ LOAN WITHDRAWAL

(5) Total deductions	7e(5)	558145
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 line 9c(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, line 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>BARNETT MILLWORKS, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BARNETT MILLWORKS, INC.</u>	D Employer Identification Number (EIN) <u>63-0339935</u>

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)..... ☒ 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
FID.INV.INST.OPS.CO.

04-2647786

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

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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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65 60	RECORDKEEPER	75	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

NATIONWIDE LIFE INSURANCE COMPANY

31-4156830

(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?
15 38 60 99 18 49 63 37 50 64	CUSTODIAN	10694	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	10899	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SAGEPOINT FINANCIAL, INC

121 N BUCHANAN ST
BREMEN, GA 30110

(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?
26 52 27 38	ADVISOR	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9599	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

BENEFIT PROFESSIONALS INC.

63-0913824

(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?
17 49 99 37 50 38 65	TPA	7080	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2682	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>BLKRK EQUITY DIV I - BNY MELLON INV</p> <p>04-2526037</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.25%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>DODGE & COX INCOME - BOSTON FINANCI</p> <p>04-2526037</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.08%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>DREYFUS APPRECIATION - DREYFUS TRAN</p> <p>13-2614959</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.35%</p>		

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
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(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.	
EV ATL CAP SMID-CP I - BNY MELLON I P.O. BOX 9793 PROVIDENCE, RI 02940		0.15%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(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.	
INVS INTL GROWTH Y - INVESCO CANADA P.O. BOX 4739 HOUSTON, TX 77210-4739		0.25%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(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.	
IVY INTL CORE EQ I - WADDELL & REED		0.10%	
43-1244426			

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JANUS TRITON I - JANUS SERVICES LLC	0.10%	
43-1804048		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JPM LG CAP GRTH SEL - BOSTON FINANC	0.25%	
04-2526037		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JPM MIDCAP VALUE IS - BOSTON FINANC	0.10%	
04-2526037		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>MFS RESEARCH BOND R4 - MFS SERVICE</p> <p>04-2865649</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.15%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>OPPHMR MS SM&MD CP Y - OFI GLOBAL A TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.25%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>PIONEER FDMTL GRTH Y - PIONEER INVE</p> <p>04-2890696</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.35%</p>		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIONEER SH TRM INC Y - PIONEER INVE 04-2890696	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SAGEPOINT FINANCIAL, INC	26 27 38 52	9599
(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.	
NATIONWIDE LIFE INSURANCE COMPANY 34-4156830	COMPENSATION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BENEFIT PROFESSIONALS INC.	17 49 65 99	2682
(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.	
NATIONWIDE LIFE INSURANCE COMPANY 34-4156830	ADMINISTRATIVE SERVICE FEE, INCENTIVE PAYMENT	

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
NATIONWIDE LIFE INSURANCE COMPANY	15 49 60 63	3199
(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.
NATIONWIDE FUNDS GROUP ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE LIFE INSURANCE COMPANY	15 37 38 49 64	993
(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.
BENEFIT PROFESSIONALS INC. 63-0913824	FIXED PARTICIPANT ACCOUNT CHARGE, PER PARTICIPANT FEE, STATEMENT FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE LIFE INSURANCE COMPANY	15 49 60 63	526
(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.
AMERICAN CENTURY INVESTORS INC 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	MUTUAL FUND PAYMENTS	

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
NATIONWIDE LIFE INSURANCE COMPANY	15 49 60 63	1556
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>AMERICAN FUNDS GROUP 33 SOUTH HOPE STREET LOS ANGELES, CA 90071</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>MUTUAL FUND PAYMENTS</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>NATIONWIDE LIFE INSURANCE COMPANY</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">15 49 60 63</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">25</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ASTON FUNDS 120 N LASALLE STREET 25TH FL CHICAGO, IL 60602</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>MUTUAL FUND PAYMENTS</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>NATIONWIDE LIFE INSURANCE COMPANY</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">15 49 60 63</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">102</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>DELAWARE GROUP 2005 MARKET STREET PHILADELPHIA, PA 19103</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>MUTUAL FUND PAYMENTS</p>		

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
NATIONWIDE LIFE INSURANCE COMPANY	15 49 60 63	342

(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.
FIDELITY INVESTMENTS 04-2647786	MUTUAL FUND PAYMENTS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE LIFE INSURANCE COMPANY	15 49 60 63	68

(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.
GOLDMAN SACHS ASSET MGT GRP 71 S WACKER DRIVE, 4TH FL CHICAGO, IL 60606	MUTUAL FUND PAYMENTS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE LIFE INSURANCE COMPANY	15 49 60 63	38

(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.
HARBOR FUNDS 111 S WACKER DRIVE, 34TH FL CHICAGO, IL 60606	MUTUAL FUND PAYMENTS

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
NATIONWIDE LIFE INSURANCE COMPANY	15 49 60 63	916
(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.	
INVESCO INVESTMENTS 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE LIFE INSURANCE COMPANY	15 49 60 63	32
(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.	
J P MORGAN INVESTMENT MGT 460 POLARIS PARKWAY WESTERVILLE, OH 43082	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE LIFE INSURANCE COMPANY	15 49 60 63	1189
(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.	
JANUS FUNDS 151 DETROIT STREET DENVER, CO 80206	MUTUAL FUND PAYMENTS	

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
NATIONWIDE LIFE INSURANCE COMPANY	15 49 63	61
(d) Enter name and EIN (address) of source of indirect compensation		
MASSACHUSETTS FINANCIAL SERVICES CO 500 BOYLSTON STREET 20TH FL BOSTON, MA 02116		MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2		
NATIONWIDE LIFE INSURANCE COMPANY	15 49 60 63	18
(d) Enter name and EIN (address) of source of indirect compensation		
PRINCIPAL INVESTORS 711 HIGH STREET DES MOINES, IA 50392		MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2		
NATIONWIDE LIFE INSURANCE COMPANY	15 49 60 63	1181
(d) Enter name and EIN (address) of source of indirect compensation		
PRUDENTIAL 100 MULBERRY ST GATEWAY CNTR 3 NEWARK, NJ 07102		MUTUAL FUND PAYMENTS

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
NATIONWIDE LIFE INSURANCE COMPANY	15 49 60 63	53
(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.	
RIDGEWORTH INVESTMENTS 100 HUNTINGTON AVE BOSTON, MA 02116	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE LIFE INSURANCE COMPANY	15 49 60 63	600
(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.	
VICTORY FUNDS 127 PUBLIC SQUARE CLEVELAND, OH 44114		
(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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
A Name of plan <u>BARNETT MILLWORKS, INC. 401(K) PROFIT SHARING PLAN</u>		B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BARNETT MILLWORKS, INC.</u>		D Employer Identification Number (EIN) <u>63-0339935</u>

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	782	0
	(2) Participant contributions	1b(2)	4426	0
	(3) Other.....	1b(3)	1624	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	15896
	(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)	200161	191506
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2582893	3581989
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	503429	0
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	3293315	3789391

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3293315	3789391
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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)	46285	
(B) Participants	2a(1)(B)	246191	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		292476
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	9534	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9534
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	68618	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		68618
(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)		
(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)		

		(a) Amount	(b) Total
(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)		419618
c Other income.....	2c		3
d Total income. Add all income amounts in column (b) and enter total.....	2d		790249

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	284759	
(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)		284759
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	9414	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9414
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		294173

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		496076
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: WOOD, SINGLETON, HICKS & HAISTEN

(2) EIN: 63-0510519

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	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.	X		

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>BARNETT MILLWORKS, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BARNETT MILLWORKS, INC.</u>	D Employer Identification Number (EIN) <u>63-0339935</u>

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	<u>0</u>
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): <u>31-4156830</u> <u>04-6568107</u>		
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**Barnett Millworks, Inc., 401(k) Profit Sharing Plan
Theodore, Alabama**

**Audited Financial Statements
And Supplementary Financial Information**

For the Fiscal Years Ended December 31, 2012 and 2011

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(1922-2012)

ROBERT F. SINGLETON, C.P.A.
(1932-1987)

MEMBERS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Trustees
Barnett Millworks, Inc. 401(k) Profit Sharing Plan
4915 Hamilton Road
Theodore, Alabama

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Barnett Millworks, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29CFR 2520.103-8 of the 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 E, which was certified by Nationwide Financial Services, Inc., the custodian of the Plan and Fidelity Workplace Services, LLC, the recordkeeper of the Plan as agent for Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from November 1, 2012 to December 31, 2012, and that Nationwide Financial Services, Inc. held the Plan's investment assets and executed investment transactions as of December 31, 2011, and for the period of January 1, 2012 to October 31, 2012. The Plan administrator has obtained certifications from the custodian and the agent on behalf of the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the Plan administrator by the custodian and the agent for the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Delinquent Participant Contributions and Assets Held at End of Year, which are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian and recordkeeper of the Plan as agent for the trustee of the Plan, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wood, Singleton, Hicks & Hunter

Mobile, Alabama
August 28, 2013

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2012 and 2011

ASSETS

	<u>2012</u>	<u>2011</u>
INVESTMENTS, at fair value		
Investments	<u>\$ 3,597,885</u>	<u>\$ 3,078,771</u>
TOTAL INVESTMENTS	<u>3,597,885</u>	<u>3,078,771</u>
RECEIVABLES		
Employer's contribution	-	782
Participants' contributions	-	6,050
Notes receivable from participants	<u>191,506</u>	<u>200,161</u>
TOTAL RECEIVABLES	<u>191,506</u>	<u>206,993</u>
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	<u>3,789,391</u>	<u>3,285,764</u>
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>-</u>	<u>7,551</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 3,789,391</u></u>	<u><u>\$ 3,293,315</u></u>

The accompanying notes are an integral part of these financial statements.

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2012

ADDITIONS

ADDITIONS TO NET ASSETS ATTRIBUTED TO

INVESTMENT INCOME

Net appreciation in fair value of investments	\$ 419,617
Interest and dividend	<u>68,619</u>

TOTAL INVESTMENT INCOME	<u>488,236</u>
-------------------------	----------------

Interest income on notes receivable from participants	<u>9,542</u>
---	--------------

CONTRIBUTIONS

Participants'	246,190
Employer's	<u>46,282</u>

TOTAL CONTRIBUTIONS	<u>292,472</u>
---------------------	----------------

TOTAL ADDITIONS	<u>790,250</u>
-----------------	----------------

DEDUCTIONS

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants	284,760
Participants' fees	<u>9,414</u>

TOTAL DEDUCTIONS	<u>294,174</u>
------------------	----------------

NET INCREASE	496,076
--------------	---------

NET ASSETS AVAILABLE FOR BENEFITS

BEGINNING OF YEAR	<u>3,293,315</u>
-------------------	------------------

END OF YEAR	<u><u>\$ 3,789,391</u></u>
-------------	----------------------------

The accompanying notes are an integral part of these financial statements.

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

NOTE A - DESCRIPTION OF PLAN

On July 1, 1999 the Company adopted a 401(k) profit sharing Plan for all eligible employees who met certain eligibility requirements such as age and term of employment. Employees who were employed on October 1, 1999 were immediately eligible to participate in the Plan. During 2000, an amendment was made to the Plan excluding bonuses for Officers and key employees from the Plan's definition of compensation and excluding Officers and key employees from receiving a pro rata allocation of the discretionary contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was amended on January 1, 2003 to bring the Plan into compliance with the Economic Growth and Tax Relief Reconciliation Act of 2002 (EGTRRA). The following description of the Barnett Millworks, Inc. 401(k) Profit Sharing Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

CONTRIBUTIONS - Each year, participants may contribute up to the maximum amount allowed by law of pretax annual compensation, as defined by the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers twenty-four mutual funds as investment options for participants. The Company contributes 25% of the first 6% of compensation that a participant contributes to the Plan. The matching Company contribution is invested as directed by the participant. At the end of each Plan year, the Company will determine whether a discretionary contribution will be made to the Plan. If a discretionary contribution is made, employees will receive a share of the contribution if they are employed at the end of the Plan year and complete one thousand hours of service during the Plan year. The Company's discretionary contribution will be allocated among participants in proportion to their compensation.

PARTICIPANT ACCOUNTS - Each participant's account is credited with the participant's contribution and allocations of the Company's contributions and Plan earnings (losses). 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.

VESTING - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service.

NOTES RECEIVABLE FROM PARTICIPANTS - Participants may borrow from their fund accounts a minimum of \$ 1,000 up to a maximum of \$ 50,000, or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and will bear interest at rates commensurate with local prevailing rates as determined by the Plan administrator. Interest rates as of December 31, 2012, range from 4.25 %to 6.00 %. Principal and interest is paid ratably through payroll deductions.

PAYMENT OF BENEFITS - On termination of service due to death, disability, or retirement, a participant will receive a lump-sum amount equal to the value of the participant's interest. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. In the event of hardship, as defined by the Plan, participants may make a partial or full distribution of their accounts, subject to certain tax withholdings.

FORFEITED ACCOUNTS - On December 31, 2012, forfeited nonvested accounts totaled \$ 0. These accounts will be used to reduce future employer contributions. During 2012 \$ 198 of forfeitures of nonvested accounts were used to reduce 2012 employer contributions.

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2012 and 2011

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

SUBSEQUENT EVENTS - For the year ended December 31, 2012, the Plan has evaluated subsequent events for potential recognition and disclosure through August 28, 2013, the date the financial statements were available to be issued.

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

BASIS OF ACCOUNTING - The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

NOTES RECEIVABLE FROM PARTICIPANTS - Notes receivable from participants represent participant loans that are measured at their unpaid principal balance plus any accrued but unpaid interest, if any. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

INVESTMENT VALUATION AND INCOME RECOGNITION - The investments in all of the funds, except the Guaranteed Investment Contract (GIC) Fund, are presented at fair value, based on the quoted market prices of the underlying securities within each fund at December 31, 2012 and 2011. 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. The GIC Fund is fully benefit-responsive and is reported at fair value and adjusted to contract value. Contract value represents the accumulated contributions plus accrued net earnings, less distributions. Fair value of the investment in the GIC Fund is estimated using discounted cash flows.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

There have been no changes in methodologies used at December 31, 2012 and 2011.

PAYMENT OF BENEFITS - Benefits are recorded when paid. During 2012, \$ 284,760 in benefits were paid to participants.

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2012 and 2011

NOTE C - CURRENT YEAR EMPLOYER DISCRETIONARY PROFIT SHARING CONTRIBUTION

For the Plan period ended December 31, 2012 the Board of Directors of Barnett Millworks, Inc. elected not to make a discretionary contribution.

NOTE D - INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2005, the Plan entered into a benefit-responsive investment contract with Nationwide Insurance Company (Nationwide). Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract (GIC) issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note B, because the GIC is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the GIC.

Contract value, as reported to the Plan by Nationwide, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2011 was \$ 495,878. The crediting interest rate is based upon the three or five year treasury note yield. Such interest rates are reviewed on a quarterly basis for resetting. The GIC was liquidated during 2012 in connection with a change in Plan trustees. Subsequent to October, 2012 the Plan does not offer a GIC.

Certain events limit the Plan's ability to transact at contract value with Nationwide. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to plan's investment options, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan's participants are probable of occurring.

The GIC does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	<u>2012</u>	<u>2011</u>
Average yields:		
Based on annualized earnings	0.00%	0.03%
Based on interest rated credited to participants	0.00%	0.00%

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2012 and 2011

NOTE E - INVESTMENTS AND INFORMATION PREPARED AND CERTIFIED BY AGENT ON BEHALF OF TRUSTEE (2012) AND CUSTODIAN(2011)

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

	<u>2012</u>	<u>2011</u>
Investments, at fair value:		
Investment Contract with Nationwide Insurance Company:		
Fixed - Guaranteed Investment Contract	\$ -	\$ 495,878
Mutual funds	\$ 3,597,885	\$ 2,582,893
Investment income (loss)	\$ 488,236	\$ (97,996)

NOTE F - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy under FASB ASC 820 are described 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 assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- 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, Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2012 and 2011

NOTE F - FAIR VALUE MEASUREMENTS - continued

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2012 and 2011.

Mutual funds: As of October 31, 2012 valued based on unit values multiplied by the number of units held. Unit value is calculated based on the mutual fund's net asset value, dividends and capital gains declared per share, and the daily administrative charge of the custodian. Subsequent to October 31, 2012 the fair value of mutual funds is based on quoted net asset values of the shares held by the plan at year end.

Participant Loans: Valued at amortized cost, which approximates fair value.

Guaranteed investment contract: Valued at fair value by reducing the contract value by the contingent deferred sales charge.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective future 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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011:

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Index funds	\$ 40,831	\$ -	\$ -	\$ 40,831
Balanced funds	3,303,533	-	-	3,303,533
Growth funds	213,785	-	-	213,785
Bond funds	20,616	-	-	20,616
Other funds	19,120	-	-	19,120
 TOTAL ASSETS AT FAIR VALUE	 \$ 3,597,885	 \$ -	 \$ -	 \$ 3,597,885

(continued on next page)

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2012 and 2011

NOTE F - FAIR VALUE MEASUREMENTS - continued

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Index funds	\$ -	\$ 571,502	\$ -	\$ 571,502
Balanced funds	-	309,645	-	309,645
Growth funds	-	1,289,650	-	1,289,650
Bond funds	-	232,445	-	232,445
Other funds	-	179,651	-	179,651
Total Mutual Funds	-	2,582,893	-	2,582,893
Guaranteed investment contract	-	-	495,878	495,878
TOTAL ASSETS AT FAIR VALUE	\$ -	\$ 2,582,893	\$ 495,878	\$ 3,078,771

The following table presents a reconciliation of beginning and ending balances of Level 3 inputs as of December 31, 2012 and 2011:

	2012	2011
Beginning balance	\$ 495,878	\$ 569,226
Purchases, issuances, and (settlements)	(495,878)	(73,348)
Ending balance	\$ -	\$ 495,878

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2012 and 2011

NOTE G - INVESTMENTS

The following presents investments at December 31, 2012 and 2011 that represent 5% or more of the Plan's net assets:

	2012	2011
Capital World Growth and Income Fund	\$ -	\$ 260,633
Fidelity Advanced Freedom 2020 Fund	\$ 1,565,239	\$ -
Fidelity Advanced Freedom 2030 Fund	\$ 205,317	\$ -
Fidelity Advanced Freedom 2015 fund	\$ 295,038	\$ -
Fidelity Advanced Freedom 2025 Fund	\$ 605,697	\$ -
Fidelity Advanced Freedom 2035 Fund	\$ 201,328	\$ -
Janus Twenty Fund	\$ -	\$ 486,288
Nationwide Government Bond Fund	\$ -	\$ 182,334
Nationwide S & P 500 Index Fund	\$ -	\$ 476,302
Prudential Jennison Mid Cap Growth	\$ -	\$ 221,143
Investment contract with Nationwide Insurance Company, at contract value	\$ -	\$ 503,429

During 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) consisting of mutual funds and an investment contract with an insurance company appreciated in value by \$ 419,617.

NOTE H - PLAN TERMINATION

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

NOTE I - TAX STATUS

The Internal Revenue Service has determined and informed the company by letters dated June 20, 2000 and March 31, 2008, that the plan and related trust are designed in accordance with applicable sections of the Internal Revenue Service Code (IRC). Although the plan has been amended since receiving the determination letters, the plan administrator and the plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the plan is qualified and the related trust is tax-exempt.

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 more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2012, 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 jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2012 and 2011

NOTE J - ADMINISTRATIVE COSTS

Costs of Plan administration are absorbed by the employer, Barnett Millworks, Inc.

NOTE K - RISKS AND UNCERTAINTIES

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

NOTE L - PARTICIPANT LOAN ACCOUNTING

During 2011 it was determined that payments being made by participants to their loan accounts were not being allocated properly between principal and interest because of a flaw in the amortization software used by the insurance company maintaining the loan accounts.

Participant loan accounts were reviewed with corrections made. The error affected 2011 and 2010 transactions, however, as the total amount was immaterial the total adjustment was made in 2011.

NOTE M - SUBSEQUENT EVENT

The plan was amended effective May 13, 2013 to exclude bonuses from the definition of compensation for all employees, rather than officers and key employees..

SUPPLEMENTARY FINANCIAL INFORMATION

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN

EIN: 63-0339935

PLAN NUMBER: 002

SCHEDULE H, LINE 4A - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2012

Year	Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited			Total Fully Corrected Under VFCP and PTE 2002- 51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2011	\$ 21,906	\$ - 0 -	\$ 21,906	\$ - 0 -	\$ - 0 -
	<u>\$ 21,906</u>	<u>\$ - 0 -</u>	<u>\$ 21,906</u>	<u>\$ - 0 -</u>	<u>\$ - 0 -</u>
Check Here if Late Participant Loan Repayments Are Included: <input checked="" type="checkbox"/>					

See accountants' report.

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
 EIN: 63-0339935
 PLAN NUMBER: 002
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 December 31, 2012

(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
	Janus Triton Fund	1,243.797 shares		\$ 22,538
	Ivy Intl Core Equity Fund	596.328 shares		9,231
	Eaton Vance Atl Cap SMID-Cp	1,101.874 shares		20,120
	Investors Intl Growth Fund	473.144 shares		13,664
	Dodge & Cox Income Fund	908.735 shares		12,595
	Blackrock Equity Dividend Fund	2,419.705 shares		48,225
	JP Morgan Large Cap Growth Fund	3,156.610 shares		75,601
	JP Morgan Midcap Value Fund	115.186 shares		3,224
	Pioneer Short Term Income Fund	826.065 shares		8,021
	Pioneer Fundamental Growth Fund	1,846.150 shares		24,406
	Principal LargeCap S&P 500 Index Fund	4,095.390 shares		40,831
	Fidelity Retirement Money Market	15,895.650 shares		15,896
	Fidelity Advisor Freedom 2020 Fund	124,422.801 shares		1,565,239
	Fidelity Advisor Freedom 2030 Fund	16,141.242 shares		205,317
	Fidelity Advisor Freedom 2040 Fund	10,919.648 shares		140,317
	Fidelity Advisor Freedom Income Fund	1,125.699 shares		12,439
	Fidelity Advisor Freedom 2005 Fund	15,044.778 shares		174,971
	Fidelity Advisor Freedom 2015 Fund	24,423.653 shares		295,038
	Fidelity Advisor Freedom 2025 Fund	49,810.635 shares		605,697
	Fidelity Advisor Freedom 2035 Fund	16,721.613 shares		201,328
	Fidelity Advisor Freedom 2045 Fund	6,068.570 shares		59,775
	Fidelity Advisor Freedom 2050 Fund	4,425.871 shares		43,285
	Fidelity Advisor Freedom 2055 Fund	12.801 shares		127
	Participant Loans	Interest rates during the year 4.25% to 6.00%		191,506
				<u>\$ 3,789,391</u>

See accountants' report.

**Barnett Millworks, Inc., 401(k) Profit Sharing Plan
Theodore, Alabama**

**Audited Financial Statements
And Supplementary Financial Information**

For the Fiscal Years Ended December 31, 2012 and 2011

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MEMBERS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Trustees
Barnett Millworks, Inc. 401(k) Profit Sharing Plan
4915 Hamilton Road
Theodore, Alabama

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Barnett Millworks, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29CFR 2520.103-8 of the 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 E, which was certified by Nationwide Financial Services, Inc., the custodian of the Plan and Fidelity Workplace Services, LLC, the recordkeeper of the Plan as agent for Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from November 1, 2012 to December 31, 2012, and that Nationwide Financial Services, Inc. held the Plan's investment assets and executed investment transactions as of December 31, 2011, and for the period of January 1, 2012 to October 31, 2012. The Plan administrator has obtained certifications from the custodian and the agent on behalf of the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the Plan administrator by the custodian and the agent for the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Delinquent Participant Contributions and Assets Held at End of Year, which are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian and recordkeeper of the Plan as agent for the trustee of the Plan, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wood, Singleton, Hicks & Hunter

Mobile, Alabama
August 28, 2013

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2012 and 2011

ASSETS

	<u>2012</u>	<u>2011</u>
INVESTMENTS, at fair value		
Investments	<u>\$ 3,597,885</u>	<u>\$ 3,078,771</u>
TOTAL INVESTMENTS	<u>3,597,885</u>	<u>3,078,771</u>
RECEIVABLES		
Employer's contribution	-	782
Participants' contributions	-	6,050
Notes receivable from participants	<u>191,506</u>	<u>200,161</u>
TOTAL RECEIVABLES	<u>191,506</u>	<u>206,993</u>
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	<u>3,789,391</u>	<u>3,285,764</u>
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>-</u>	<u>7,551</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 3,789,391</u></u>	<u><u>\$ 3,293,315</u></u>

The accompanying notes are an integral part of these financial statements.

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2012

ADDITIONS

ADDITIONS TO NET ASSETS ATTRIBUTED TO

INVESTMENT INCOME

Net appreciation in fair value of investments	\$ 419,617
Interest and dividend	<u>68,619</u>

TOTAL INVESTMENT INCOME	<u>488,236</u>
-------------------------	----------------

Interest income on notes receivable from participants	<u>9,542</u>
---	--------------

CONTRIBUTIONS

Participants'	246,190
Employer's	<u>46,282</u>

TOTAL CONTRIBUTIONS	<u>292,472</u>
---------------------	----------------

TOTAL ADDITIONS	<u>790,250</u>
-----------------	----------------

DEDUCTIONS

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants	284,760
Participants' fees	<u>9,414</u>

TOTAL DEDUCTIONS	<u>294,174</u>
------------------	----------------

NET INCREASE	496,076
--------------	---------

NET ASSETS AVAILABLE FOR BENEFITS

BEGINNING OF YEAR	<u>3,293,315</u>
-------------------	------------------

END OF YEAR	<u><u>\$ 3,789,391</u></u>
-------------	----------------------------

The accompanying notes are an integral part of these financial statements.

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

NOTE A - DESCRIPTION OF PLAN

On July 1, 1999 the Company adopted a 401(k) profit sharing Plan for all eligible employees who met certain eligibility requirements such as age and term of employment. Employees who were employed on October 1, 1999 were immediately eligible to participate in the Plan. During 2000, an amendment was made to the Plan excluding bonuses for Officers and key employees from the Plan's definition of compensation and excluding Officers and key employees from receiving a pro rata allocation of the discretionary contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was amended on January 1, 2003 to bring the Plan into compliance with the Economic Growth and Tax Relief Reconciliation Act of 2002 (EGTRRA). The following description of the Barnett Millworks, Inc. 401(k) Profit Sharing Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

CONTRIBUTIONS - Each year, participants may contribute up to the maximum amount allowed by law of pretax annual compensation, as defined by the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers twenty-four mutual funds as investment options for participants. The Company contributes 25% of the first 6% of compensation that a participant contributes to the Plan. The matching Company contribution is invested as directed by the participant. At the end of each Plan year, the Company will determine whether a discretionary contribution will be made to the Plan. If a discretionary contribution is made, employees will receive a share of the contribution if they are employed at the end of the Plan year and complete one thousand hours of service during the Plan year. The Company's discretionary contribution will be allocated among participants in proportion to their compensation.

PARTICIPANT ACCOUNTS - Each participant's account is credited with the participant's contribution and allocations of the Company's contributions and Plan earnings (losses). 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.

VESTING - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service.

NOTES RECEIVABLE FROM PARTICIPANTS - Participants may borrow from their fund accounts a minimum of \$ 1,000 up to a maximum of \$ 50,000, or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and will bear interest at rates commensurate with local prevailing rates as determined by the Plan administrator. Interest rates as of December 31, 2012, range from 4.25 %to 6.00 %. Principal and interest is paid ratably through payroll deductions.

PAYMENT OF BENEFITS - On termination of service due to death, disability, or retirement, a participant will receive a lump-sum amount equal to the value of the participant's interest. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. In the event of hardship, as defined by the Plan, participants may make a partial or full distribution of their accounts, subject to certain tax withholdings.

FORFEITED ACCOUNTS - On December 31, 2012, forfeited nonvested accounts totaled \$ 0. These accounts will be used to reduce future employer contributions. During 2012 \$ 198 of forfeitures of nonvested accounts were used to reduce 2012 employer contributions.

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2012 and 2011

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

SUBSEQUENT EVENTS - For the year ended December 31, 2012, the Plan has evaluated subsequent events for potential recognition and disclosure through August 28, 2013, the date the financial statements were available to be issued.

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

BASIS OF ACCOUNTING - The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

NOTES RECEIVABLE FROM PARTICIPANTS - Notes receivable from participants represent participant loans that are measured at their unpaid principal balance plus any accrued but unpaid interest, if any. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

INVESTMENT VALUATION AND INCOME RECOGNITION - The investments in all of the funds, except the Guaranteed Investment Contract (GIC) Fund, are presented at fair value, based on the quoted market prices of the underlying securities within each fund at December 31, 2012 and 2011. 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. The GIC Fund is fully benefit-responsive and is reported at fair value and adjusted to contract value. Contract value represents the accumulated contributions plus accrued net earnings, less distributions. Fair value of the investment in the GIC Fund is estimated using discounted cash flows.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

There have been no changes in methodologies used at December 31, 2012 and 2011.

PAYMENT OF BENEFITS - Benefits are recorded when paid. During 2012, \$ 284,760 in benefits were paid to participants.

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2012 and 2011

NOTE C - CURRENT YEAR EMPLOYER DISCRETIONARY PROFIT SHARING CONTRIBUTION

For the Plan period ended December 31, 2012 the Board of Directors of Barnett Millworks, Inc. elected not to make a discretionary contribution.

NOTE D - INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2005, the Plan entered into a benefit-responsive investment contract with Nationwide Insurance Company (Nationwide). Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract (GIC) issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note B, because the GIC is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the GIC.

Contract value, as reported to the Plan by Nationwide, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2011 was \$ 495,878. The crediting interest rate is based upon the three or five year treasury note yield. Such interest rates are reviewed on a quarterly basis for resetting. The GIC was liquidated during 2012 in connection with a change in Plan trustees. Subsequent to October, 2012 the Plan does not offer a GIC.

Certain events limit the Plan's ability to transact at contract value with Nationwide. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to plan's investment options, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan's participants are probable of occurring.

The GIC does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	<u>2012</u>	<u>2011</u>
Average yields:		
Based on annualized earnings	0.00%	0.03%
Based on interest rated credited to participants	0.00%	0.00%

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2012 and 2011

NOTE E - INVESTMENTS AND INFORMATION PREPARED AND CERTIFIED BY AGENT ON BEHALF OF TRUSTEE (2012) AND CUSTODIAN(2011)

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

	<u>2012</u>	<u>2011</u>
Investments, at fair value:		
Investment Contract with Nationwide Insurance Company:		
Fixed - Guaranteed Investment Contract	\$ -	\$ 495,878
Mutual funds	\$ 3,597,885	\$ 2,582,893
Investment income (loss)	\$ 488,236	\$ (97,996)

NOTE F - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy under FASB ASC 820 are described 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 assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- 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, Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

(continued on next page)

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2012 and 2011

NOTE F - FAIR VALUE MEASUREMENTS - continued

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2012 and 2011.

Mutual funds: As of October 31, 2012 valued based on unit values multiplied by the number of units held. Unit value is calculated based on the mutual fund's net asset value, dividends and capital gains declared per share, and the daily administrative charge of the custodian. Subsequent to October 31, 2012 the fair value of mutual funds is based on quoted net asset values of the shares held by the plan at year end.

Participant Loans: Valued at amortized cost, which approximates fair value.

Guaranteed investment contract: Valued at fair value by reducing the contract value by the contingent deferred sales charge.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective future 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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011:

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Index funds	\$ 40,831	\$ -	\$ -	\$ 40,831
Balanced funds	3,303,533	-	-	3,303,533
Growth funds	213,785	-	-	213,785
Bond funds	20,616	-	-	20,616
Other funds	19,120	-	-	19,120
TOTAL ASSETS AT FAIR VALUE	\$ 3,597,885	\$ -	\$ -	\$ 3,597,885

(continued on next page)

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2012 and 2011

NOTE F - FAIR VALUE MEASUREMENTS - continued

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Index funds	\$ -	\$ 571,502	\$ -	\$ 571,502
Balanced funds	-	309,645	-	309,645
Growth funds	-	1,289,650	-	1,289,650
Bond funds	-	232,445	-	232,445
Other funds	-	179,651	-	179,651
Total Mutual Funds	-	2,582,893	-	2,582,893
Guaranteed investment contract	-	-	495,878	495,878
TOTAL ASSETS AT FAIR VALUE	\$ -	\$ 2,582,893	\$ 495,878	\$ 3,078,771

The following table presents a reconciliation of beginning and ending balances of Level 3 inputs as of December 31, 2012 and 2011:

	2012	2011
Beginning balance	\$ 495,878	\$ 569,226
Purchases, issuances, and (settlements)	(495,878)	(73,348)
Ending balance	\$ -	\$ 495,878

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2012 and 2011

NOTE G - INVESTMENTS

The following presents investments at December 31, 2012 and 2011 that represent 5% or more of the Plan's net assets:

	2012	2011
Capital World Growth and Income Fund	\$ -	\$ 260,633
Fidelity Advanced Freedom 2020 Fund	\$ 1,565,239	\$ -
Fidelity Advanced Freedom 2030 Fund	\$ 205,317	\$ -
Fidelity Advanced Freedom 2015 fund	\$ 295,038	\$ -
Fidelity Advanced Freedom 2025 Fund	\$ 605,697	\$ -
Fidelity Advanced Freedom 2035 Fund	\$ 201,328	\$ -
Janus Twenty Fund	\$ -	\$ 486,288
Nationwide Government Bond Fund	\$ -	\$ 182,334
Nationwide S & P 500 Index Fund	\$ -	\$ 476,302
Prudential Jennison Mid Cap Growth	\$ -	\$ 221,143
Investment contract with Nationwide Insurance Company, at contract value	\$ -	\$ 503,429

During 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) consisting of mutual funds and an investment contract with an insurance company appreciated in value by \$ 419,617.

NOTE H - PLAN TERMINATION

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

NOTE I - TAX STATUS

The Internal Revenue Service has determined and informed the company by letters dated June 20, 2000 and March 31, 2008, that the plan and related trust are designed in accordance with applicable sections of the Internal Revenue Service Code (IRC). Although the plan has been amended since receiving the determination letters, the plan administrator and the plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the plan is qualified and the related trust is tax-exempt.

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 more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2012, 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 jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2012 and 2011

NOTE J - ADMINISTRATIVE COSTS

Costs of Plan administration are absorbed by the employer, Barnett Millworks, Inc.

NOTE K - RISKS AND UNCERTAINTIES

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

NOTE L - PARTICIPANT LOAN ACCOUNTING

During 2011 it was determined that payments being made by participants to their loan accounts were not being allocated properly between principal and interest because of a flaw in the amortization software used by the insurance company maintaining the loan accounts.

Participant loan accounts were reviewed with corrections made. The error affected 2011 and 2010 transactions, however, as the total amount was immaterial the total adjustment was made in 2011.

NOTE M - SUBSEQUENT EVENT

The plan was amended effective May 13, 2013 to exclude bonuses from the definition of compensation for all employees, rather than officers and key employees..

SUPPLEMENTARY FINANCIAL INFORMATION

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN

EIN: 63-0339935

PLAN NUMBER: 002

SCHEDULE H, LINE 4A - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2012

Year	Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited			Total Fully Corrected Under VFCP and PTE 2002- 51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2011	\$ 21,906	\$ - 0 -	\$ 21,906	\$ - 0 -	\$ - 0 -
	<u>\$ 21,906</u>	<u>\$ - 0 -</u>	<u>\$ 21,906</u>	<u>\$ - 0 -</u>	<u>\$ - 0 -</u>
Check Here if Late Participant Loan Repayments Are Included: <input checked="" type="checkbox"/>					

See accountants' report.

BARNETT MILLWORKS, INC., 401(k) PROFIT SHARING PLAN
 EIN: 63-0339935
 PLAN NUMBER: 002
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 December 31, 2012

(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
	Janus Triton Fund	1,243.797 shares		\$ 22,538
	Ivy Intl Core Equity Fund	596.328 shares		9,231
	Eaton Vance Atl Cap SMID-Cp	1,101.874 shares		20,120
	Investors Intl Growth Fund	473.144 shares		13,664
	Dodge & Cox Income Fund	908.735 shares		12,595
	Blackrock Equity Dividend Fund	2,419.705 shares		48,225
	JP Morgan Large Cap Growth Fund	3,156.610 shares		75,601
	JP Morgan Midcap Value Fund	115.186 shares		3,224
	Pioneer Short Term Income Fund	826.065 shares		8,021
	Pioneer Fundamental Growth Fund	1,846.150 shares		24,406
	Principal LargeCap S&P 500 Index Fund	4,095.390 shares		40,831
	Fidelity Retirement Money Market	15,895.650 shares		15,896
	Fidelity Advisor Freedom 2020 Fund	124,422.801 shares		1,565,239
	Fidelity Advisor Freedom 2030 Fund	16,141.242 shares		205,317
	Fidelity Advisor Freedom 2040 Fund	10,919.648 shares		140,317
	Fidelity Advisor Freedom Income Fund	1,125.699 shares		12,439
	Fidelity Advisor Freedom 2005 Fund	15,044.778 shares		174,971
	Fidelity Advisor Freedom 2015 Fund	24,423.653 shares		295,038
	Fidelity Advisor Freedom 2025 Fund	49,810.635 shares		605,697
	Fidelity Advisor Freedom 2035 Fund	16,721.613 shares		201,328
	Fidelity Advisor Freedom 2045 Fund	6,068.570 shares		59,775
	Fidelity Advisor Freedom 2050 Fund	4,425.871 shares		43,285
	Fidelity Advisor Freedom 2055 Fund	12.801 shares		127
	Participant Loans	Interest rates during the year 4.25% to 6.00%		191,506
				<u>\$ 3,789,391</u>

See accountants' report.