# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2012**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
WOODSMAN KITCHENS & FLOORS, INC. 401(K) PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1988

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

WOODSMAN KITCHENS & FLOORS, INC.

11732 BEACH BLVD.
JACKSONVILLE, FL 32246

**2b** Employer Identification Number (EIN)
59-2295910

**2c** Sponsor's telephone number
904-565-1314

**2d** Business code (see instructions)
238300

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/07/2013 | RICHARD S. WOODS |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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 [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **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: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 114 |
| **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** | 85 |
| **b** Retired or separated participants receiving benefits | **6b** | 38 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 123 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 123 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 104 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 1 |
| **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 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)** | [X] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [X] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**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
WOODSMAN KITCHENS & FLOORS, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WOODSMAN KITCHENS & FLOORS, INC.

**D** Employer Identification Number (EIN)
59-2295910

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 01-0233346 | 65838 | 94981 | 108 | 01/01/2011 | 12/31/2011 |

**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 |
|---|---|
| 15670 | 9381 |

**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

NEW ENGLAND SECURITIES CORPORATION
501 BOYLSTON ST
BOSTON, MA 02116

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 15670 | | | 3 |

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

PENCOR, INC
1361 13TH AVENUE SOUTH SUITE 250
JACKSONVILLE BEACH, FL 32250

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | 9381 | TPA COMPENSATION | 5 |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 26384 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 5506557 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 26318 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 66 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | 66 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 26384 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 0 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 26384 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in 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) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2012**<br>**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
WOODSMAN KITCHENS & FLOORS, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WOODSMAN KITCHENS & FLOORS, INC.

**D** Employer Identification Number (EIN)
59-2295910

## 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

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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)

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

| (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 28 59 60 62 63 68 | RECORDKEEPER | 0 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**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
WOODSMAN KITCHENS & FLOORS, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
WOODSMAN KITCHENS & FLOORS, INC.

**D** Employer Identification Number (EIN)
59-2295910

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2050

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 4348 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2045

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 8529 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2040

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 19082 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2035

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 140444 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2030

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 139964 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2025

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 57400 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2020

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 152156 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2015

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4766 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2010

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 240 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1315023 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 665271 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1592080 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 192852 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8455 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH G.I.F.L.

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65067 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE G.I.F.L.

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54475 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR GOLD FUND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9026 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6116 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NATURAL RESOURCES FUND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5486 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE

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

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

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9140 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18796 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8054 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALLCAP WORLD FUND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9184 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NEW WORLD FUND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16615 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17364 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9647 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10059 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9442 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTL GROWTH FUND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9084 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12010 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11524 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10113 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15328 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10359 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13997 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD GROWTH & INCOME

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12818 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK RAINIER GROW

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9359 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NEW PERSPECTIVE FUND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24630 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23175 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14737 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13749 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME FUND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14142 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13804 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14301 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13193 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23491 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17854 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: IVY ASSET STRATEGY FUND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12857 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL INCOME BUILDER

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13210 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INCOME FUND OF AMERICA

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13894 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18581 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16193 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12797 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN HIGH-INCOME FUND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28412 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL BOND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2016 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTL BOND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14361 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: THE BOND FUND OF AMERICA

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND FUND

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12434 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 535057 |
|---|---|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**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
WOODSMAN KITCHENS & FLOORS, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WOODSMAN KITCHENS & FLOORS, INC.

**D** Employer Identification Number (EIN)
59-2295910

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 16153 | 17899 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 1035 | 5 |
| **(2)** Participant contributions | 1b(2) | 4868 | 12 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(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) | 4842132 | 5506557 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 26318 | 26384 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 4890506 | 5550857 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 4890506 | 5550857 |

## 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) | 33740 | |
| | **(B)** Participants | 2a(1)(B) | 172909 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 451 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 207100 |
| **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) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| | **(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) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (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) | | 632312 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 839412 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 165911 | |
| (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) | | 165911 |
| f Corrective distributions (see instructions) | 2f | | 6021 |
| 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) | 6740 | |
| (3) Investment advisory and management fees | 2i(3) | 389 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 7129 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 179061 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 660351 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

**(1)** Name: HOWARD & COMPANY, CPAS, P.A. **(2)** EIN: 47-0916323

**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:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | 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.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

## 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.**

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

**A** Name of plan
WOODSMAN KITCHENS & FLOORS, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WOODSMAN KITCHENS & FLOORS, INC.

**D** Employer Identification Number (EIN)
59-2295910

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

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

EIN(s): 01-0233346

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

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

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

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

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

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete 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):

# WOODSMAN KITCHENS & FLOORS, INC.
# 401(k) PROFIT SHARING PLAN

## FINANCIAL STATEMENTS

## FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

WOODSMAN KITCHENS & FLOORS, INC.
401(k) PROFIT SHARING PLAN

DECEMBER 31, 2012 AND 2011

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Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

**John W. Howard**
CPA/ABV/CFF, CVA

*CPA Designation regulated By State of Florida*

# INDEPENDENT AUDITORS' REPORT

TO THE TRUSTEE
WOODSMAN KITCHENS & FLOORS, INC.
401(k) PROFIT SHARING PLAN

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Woodsman Kitchens & Floors, 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 statements of changes in net assets available for benefits for the years then ended, 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 the audit 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 appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 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 6, which was certified by John Hancock Life Insurance 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 the trustee holds the Plan's investment assets and executes investment transaction.

*American Institute of Certified Public Accountants*

*Florida Institute of Certified Public Accountants*

**4745 Sutton Park Court**
**Suite 102**
**Jacksonville, FL 32224**

**Phone 904.421.0690**
**Fax 904.421.0691**

The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis of 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 assets held for investment purposes, 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 trustee, 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.

Howard & Company, CPAs, P.A.

Jacksonville, Florida
June 28, 2013

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

WOODSMAN KITCHENS & FLOORS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, 2012 | December 31, 2011 |
|---|---|---|
| ASSETS | | |
| Investments, at fair market value | | |
| Cash | $ 17,899 | $ 16,153 |
| Mutual funds | 5,506,557 | 4,842,132 |
| General accounts | 26,384 | 26,318 |
| Total Investments | 5,550,840 | 4,884,603 |
| Receivables | | |
| Participants' contributions | 12 | 4,868 |
| Employer's contributions | 5 | 1,035 |
| | 17 | 5,903 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 5,550,857 | $ 4,890,506 |

See independent auditors' report and accompanying notes to the financial statements.



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

WOODSMAN KITCHENS & FLOORS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

| | Contributions Receivable | Participant-Directed Investment Funds | 2012 Total | 2011 Total |
|---|---|---|---|---|
| ADDITIONS | | | | |
| Contributions | | | | |
| Participants | $ (4,856) | $ 177,765 | $ 172,909 | $ 159,823 |
| Employer, net of forfeitures | (1,030) | 34,770 | 33,740 | 24,082 |
| Rollover | - | 451 | 451 | - |
| Dividends and interest | - | 66 | 66 | 44 |
| Net realized and unrealized gain from sales and increase in fair value of investments | - | 632,246 | 632,246 | - |
| Total Additions | (5,886) | 845,298 | 839,412 | 183,949 |
| DEDUCTIONS | | | | |
| Benefits paid to participants | - | 171,932 | 171,932 | 245,096 |
| Net realized and unrealized loss from sales and decrease in fair market value of investments | - | - | - | 156,827 |
| Plan expenses | - | 7,129 | 7,129 | 1,398 |
| Total Deductions | - | 179,061 | 179,061 | 403,321 |
| NET INCREASE (DECREASE) PRIOR TO INTERFUND TRANSFERS | (5,886) | 666,237 | 660,351 | (219,372) |
| Transfers in | - | 328,386 | 328,386 | 1,057,476 |
| Transfers out | - | (328,386) | (328,386) | (1,057,476) |
| NET INCREASE (DECREASE) | (5,886) | 666,237 | 660,351 | (219,372) |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | | | | |
| Beginning of year | $ 5,903 | $ 4,884,603 | $ 4,890,506 | $ 5,109,878 |
| End of year | $ 17 | $ 5,550,840 | $ 5,550,857 | $ 4,890,506 |

See independent auditors' report and accompanying notes to the financial statements.



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

WOODSMAN KITCHENS & FLOORS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

## 1. DESCRIPTION OF PLAN

The following description of the Woodsman Kitchens & Floors, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

### General

Woodsman Kitchens & Floors, Inc. (the "Company" or "Plan Sponsor"), established the Woodsman Kitchens & Floors, Inc. 401(k) Profit Sharing Plan effective as of January 1, 1988. The Plan operates as a defined contribution plan. It is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is administered by Woodsman Kitchens & Floors, Inc. which absorbs all administrative costs incurred by the Plan. Richard S. Woods is the Plan's Trustee. Employees of the Company are generally eligible to participate in the Plan after attainment of age 18 and six (6) months of employment.

The Custodian of the Plan is John Hancock Life Insurance Company (the "Custodian"). The assets of the Plan are held by the Custodian who has been given the authority and power to, among other things, make investment decisions, borrow funds and take any other action it believes to be beneficial to the Plan. The third party administrator and record keeper is Pencor, Inc. (the "record keeper"). The record keeper is responsible for compiling the Form 5500, performing tax compliance testing, and maintaining annual records of plan transactions.

### Contributions

The Plan allows employees to make contributions of up to 25% of their compensation, subject to the limits imposed by the Internal Revenue Code, pursuant to a salary reduction agreement.

The Plan allows the Company to make a discretionary matching contribution on behalf of each of its participants who made an elective contribution during the Plan year up to 6% of compensation. The Company may also contribute a discretionary profit sharing contribution equal to a percentage of each eligible individual's compensation including social security integration (the exact percentage, if any, to be determined each year by the Company). During the years ended December 31, 2012 and 2011, the amount of Company contributions made to the Plan was $33,740 and $24,082, respectively.

**1. DESCRIPTION OF PLAN** - Continued

**Participant Accounts**

Each participant's account is credited with the participant's contributions, any allocation of Company profit sharing contribution, any matching contributions, an allocation of Plan earnings and forfeitures of terminated participants' non-vested accounts. Allocations are based on participants' earnings or account balances, as defined. The benefit to which a participant is entitled is limited to the vested balance of the participant's account. The Plan is designed to allow participants to exercise control over the investment of assets held in their accounts. Accordingly, contributions are invested as directed by the participant in one or more of a variety of investment funds. The selection of funds offered by the Plan is intended to comply with the requirements of ERISA 404(c).

**Vesting**

Participants are fully vested in their own contributions and related earnings. With respect to employer contributions and related earnings, participants are vested ratably and become fully vested after six years of service as follows:

| | |
|---|---|
| Less than 1 years of service | 0% |
| 1 years, but less than 2 years | 20% |
| 2 years, but less than 3 years | 40% |
| 3 years, but less than 4 years | 60% |
| 4 years, but less than 5 years | 80% |
| 5 years or more of service | 100% |

**Distributions**

On termination of service, a participant is entitled to 100% of his/her vested balance.

**Expenses and Fees**

Expenses and fees associated with the Plan are paid with Plan assets. Such expenses and fees include the compensation of investment managers, brokers' fees, and costs related to Plan administration. In addition, Plan expenses of $4,600 and $4,500 were paid by the Plan Sponsor for each year ending December 31, 2012 and 2011, respectively.

**Forfeitures**

Participants who withdraw from the Plan forfeit the non-vested portion of their accounts. These forfeitures are used to reduce the amount of employer contributions. For the years ended December 31, 2012 and 2011, forfeitures were $704 and $19,382, respectively.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The Plan uses the accrual method of accounting. Under this method of accounting, contributions to the Plan are recognized when approved by the Employer. Revenues are recognized when earned, and expenses are recognized when incurred.

### Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of asset and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

### Investment Valuation

Investments are recorded at the fair value on the last business day of the Plan year. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices. Increases and decreases in market value of the investments are reflected in the statement of changes in net assets available for benefits.

### Risks and Uncertainties

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

## 3. PLAN TERMINATION

The Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provision of ERISA. In the event of termination, participants become 100% vested in their account balances.

## 4. TAX STATUS

The Trustee believes that the Plan is designed and operating in accordance with the applicable sections of the Internal Revenue Code.

## 5. CONCENTRATION OF CREDIT RISK

Certain financial instruments potentially subject the Plan to concentrations of credit risk. These financial instruments consist of mutual funds. The Plan limits its credit risk by monitoring its accounts with what management believes to be high quality financial institutions.

## 6. INVESTMENTS

All of the Plan's investments were held by John Hancock Life Insurance Company and invested according to the participants' direction. A schedule of investments that account for 5% or more of the total investment balance as of December 31 is as follows:

| | 2012 | 2011 |
|---|---|---|
| Money Market Funds | $ 535,057 | $ 470,692 |
| Retirement Living at 2010 | - | 260,598 |
| Lifestyle Aggressive | 1,315,023 | 1,070,861 |
| Lifestyle Growth | 730,338 | 662,390 |
| Lifestyle Balanced | 1,592,080 | 1,355,517 |
| | $ 4,172,498 | $ 3,820,058 |

## 7. FAIR VALUE MEASUREMENTS

Fair value as defined under generally accepted account principles ("GAAP") is an exit price, representing 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. GAAP establishes a three-tier fair value hierarchy, which prioritize the inputs used in measuring fair value.

These tiers include:

- Level 1: Observable inputs such as quoted prices in active markets.
- Level 2: Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3: Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

**7. FAIR VALUE MEASUREMENTS** - Continued

The fair values of Level 1 investments are determined from quoted prices in an active market for identical assets. When quoted prices are available in active markets for identical instruments, investment securities are classified within Level 1 of the fair value hierarchy.

The fair values of Level 2 investments are determined from inputs other than quoted prices in active markets that are directly or indirectly observable. The Plan has no Level 2 investments.

The fair value of Level 3 investments, guaranteed interest accounts, is determined by the investment holder and held in John Hancock's general account. Each year, John Hancock compares the rates in effect on that date to the rates on which the actual interest is determined and adjusts the book value based on the difference in those rates. Fair value is the invested amount by the participant plus interest credited to the accounts.

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of December 31, 2012 and 2011.

Fair Value as of December 31, 2012

| | | Fair Value | Quoted Prices In Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|---|---|
| Pooled separate accounts: | | | | | |
| Aggressive growth funds | (a) | $ 1,404,943 | $ 1,404,943 | $ - | $ - |
| Conservative funds | (b) | 752,935 | 752,935 | - | - |
| Growth funds | (c) | 216,823 | 216,823 | - | - |
| Growth and Income funds | (d) | 184,001 | 184,001 | - | - |
| Income funds | (e) | 1,885,870 | 1,885,870 | - | - |
| Lifestyle funds | (f) | 526,929 | 526,929 | - | - |
| Money market funds | (g) | 535,057 | 535,057 | - | - |
| Guaranteed interest accounts | | 26,384 | - | - | 26,384 |
| | | $ 5,532,942 | $ 5,506,557 | $ - | $ 26,384 |



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

NOTES TO FINANCIAL STATEMENTS

## 7. FAIR VALUE MEASUREMENTS – Continued

Fair Value as of December 31, 2011

| | | Fair Value | Quoted Prices In Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|---|---|
| Pooled separate accounts: | | | | | |
| Aggressive growth funds | (a) | $ 1,143,343 | $ 1,143,343 | $ - | $ - |
| Conservative funds | (b) | 732,363 | 732,363 | - | - |
| Growth funds | (c) | 233,153 | 233,153 | - | - |
| Growth and Income funds | (d) | 161,644 | 161,644 | - | - |
| Income funds | (e) | 1,612,239 | 1,612,239 | - | - |
| Lifestyle funds | (f) | 488,697 | 488,697 | - | - |
| Money market funds | (g) | 470,693 | 470,693 | - | - |
| Guaranteed interest accounts | | 26,318 | - | - | 26,318 |
| | | $ 4,868,450 | $ 4,842,132 | $ - | $ 26,318 |

(a) Funds seek long term growth of capital by investing in companies that are believed to increase in value over time.
(b) Funds seek to provide a high level of income with some consideration also given to growth of capital, specifically by investing in fixed income security and equity securities.
(c) Funds seek long-term capital appreciation by investing in primarily equity securities that are believed to have above average growth prospects. Consideration is also given to current income.
(d) Funds seek to obtain current income and long term growth of capital and income by investing in a broad range of securities, including stocks and bonds of primarily US companies, as well as, certain foreign companies.
(e) Funds seek to achieve maximum total return by providing a balance between a high level of current income and preservation of capital with greater emphasis on high income. These funds achieve their objectives by investing in primarily preferred stock and other types of debt securities, including those of foreign and domestic markets, and US high yield bonds.
(f) Funds seek high total return until its target retirement date. To achieve this objective the fund invests, under normal market conditions, substantially all of its assets in underlying funds using an asset allocation strategy designed for investors expected to retire in their respective designated retirement year.
(g) Fund seeks maximum current income consistent with preservation of principal and liquidity by investing high quality, money market instruments with maturities of 397 days or less issued primarily by US entities.



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

**7. FAIR VALUE MEASUREMENTS** – Continued

A reconciliation of the Level 3 fair value measurements is as follows:

| | | |
|---|---|---|
| Guaranteed accounts - December 31, 2010 | $ | - |
| Amounts transferred from sub-accounts to Guaranteed Interest Accounts | | 26,274 |
| Interest Earned | | 44 |
| Guaranteed accounts - December 31, 2011 | | 26,318 |
| Interest Earned | | 66 |
| Guaranteed accounts - December 31, 2012 | $ | 26,384 |

In 2011, $26,274 was transferred into the guaranteed accounts at the direction of a participant. No amounts were transferred to the guaranteed accounts in 2012.

**8. DEFERRED PAYMENTS**

As of December 31, 2012 there are 28 participants that have separated from service and are not active Plan participants. These former participants have vested account balances totaling approximately $567,490. The Plan will pay out these amounts at the direction of the former participants. There were 42 participants whom were due $334,277 under the same circumstances at December 31, 2011.

**9. PROHIBITED TRANSACTIONS**

The Plan sponsor inadvertently failed to deposit $29,723 and $27,376 of participant deferrals in 2012 and 2011, respectively, within the required timeframe as stated by the United States Department of Labor (DOL). The DOL considers such late deposits to be prohibited transactions. The Plan sponsor is required to file Form 5330 and pay applicable excise taxes. The excise tax payments will be made from the Plan Sponsor's assets rather than from assets of the Plan.



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

## 10. SUBSEQUENT EVENTS

Effective March 2013, the Plan Sponsor moved the plan's assets from John Hancock to Mass Mutual Financial Group.

The date to which events occurring after December 31, 2012, the date of the most recent balance sheet, have been evaluated for possible adjustment to the financial statements or disclosure is June 28, 2013 which is the date on which the financial statements were available to be issued.

# SUPPLEMENTAL INFORMATION

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

**John W. Howard**
CPA/ABV/CFF, CVA

*CPA Designation regulated By State of Florida*

## INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION

TO THE TRUSTEE
WOODSMAN KITCHENS & FLOORS, INC.
401(k) PROFIT SHARING PLAN

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The schedule of assets held for investment purposes at the end of the year, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974. This supplemental information is the responsibility of the Plan's management.

Howard & Company, CPAs, P.A.

Jacksonville, Florida
June 28, 2013

*American Institute of Certified Public Accountants*

*Florida Institute of Certified Public Accountants*

**4745 Sutton Park Court**
**Suite 102**
**Jacksonville, FL 32224**

**Phone 904.421.0690**
**Fax 904.421.0691**

WOODSMAN KITCHENS & FLOORS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF ASSETS HELD FOR INVESTMENT PURPOSES
AT DECEMBER 31, 2012

| (a) Identity of Issue, Borrower, Lessor, or Similar Party | (b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (c) Cost | (d) Current Value |
|---|---|---|---|
| John Hancock | Retirement Living at 2010 | $ - | $ 240 |
| John Hancock | Retirement Living at 2015 | - | 4,766 |
| John Hancock | Retirement Living at 2020 | - | 152,156 |
| John Hancock | Retirement Living at 2025 | - | 57,400 |
| John Hancock | Retirement Living at 2030 | - | 139,964 |
| John Hancock | Retirement Living at 2035 | - | 140,444 |
| John Hancock | Retirement Living at 2040 | - | 19,082 |
| John Hancock | Retirement Living at 2045 | - | 8,529 |
| John Hancock | Retirement Living at 2050 | - | 4,348 |
| John Hancock | Lifestyle Aggressive | - | 1,315,023 |
| John Hancock | Lifestyle Growth | - | 730,338 |
| John Hancock | Lifestyle Balanced | - | 1,592,080 |
| John Hancock | Lifestyle Moderate | - | 247,327 |
| John Hancock | Lifestyle Conservative | - | 8,455 |
| John Hancock | Natural Resources Fund | - | 5,486 |
| John Hancock | Oppenheimer Developing Mkt | - | 9,140 |
| John Hancock | Energy | - | 18,796 |
| John Hancock | Intl Equity Index Fund | - | 8,054 |
| John Hancock | Smallcap World Fund | - | 9,184 |
| John Hancock | New World Fund | - | 16,615 |
| John Hancock | Science & Technology Fund | - | 17,364 |
| John Hancock | American Century Heritage | - | 9,647 |
| John Hancock | Explorer | - | 10,059 |
| John Hancock | Small Cap Growth Fund | - | 9,442 |
| John Hancock | Oppenheimer Intl Growth Fund | - | 9,084 |
| John Hancock | EuroPacific Growth Fund | - | 12,010 |
| John Hancock | T. Rowe Price Health Sci | - | 11,524 |
| John Hancock | Value Fund | - | 10,113 |
| John Hancock | Mid Cap Index Fund | - | 15,328 |



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

WOODSMAN KITCHENS & FLOORS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF ASSETS HELD FOR INVESTMENT PURPOSES
AT DECEMBER 31, 2012

| (a) Identity of Issue, Borrower, Lessor, or Similar Party | (b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (c) Cost | (d) Current Value |
|---|---|---|---|
| John Hancock | Fundamental All Cap Core Fund | - | 10,359 |
| John Hancock | Mid Value Fund | - | 13,997 |
| John Hancock | Capital World Growth & Income | - | 12,818 |
| John Hancock | John Hancock Rainier Grow | - | 9,359 |
| John Hancock | New Perspective Fund | - | 24,630 |
| John Hancock | Fundamental Investors | - | 23,175 |
| John Hancock | MFS Utilities | - | 14,737 |
| John Hancock | The Growth Fund of America | - | 13,749 |
| John Hancock | Equity Income Fund | - | 14,142 |
| John Hancock | Value Index Fund | - | 13,804 |
| John Hancock | 500 Index Fund | - | 14,301 |
| John Hancock | Mutual Beacon | - | 13,193 |
| John Hancock | Washington Mutual Investors | - | 23,491 |
| John Hancock | Investment Company of America | - | 17,854 |
| John Hancock | Ivy Asset Strategy Fund | - | 12,857 |
| John Hancock | Capital Income Builder | - | 13,210 |
| John Hancock | Income Fund of America | - | 13,894 |
| John Hancock | American Balanced Fund | - | 18,581 |
| John Hancock | Blackrock Global Allocation | - | 16,193 |
| John Hancock | Mutual Global Discovery | - | 12,797 |
| John Hancock | American High-Income Fund | - | 28,412 |
| John Hancock | PIMCO Global Bond | - | 2,016 |
| John Hancock | Oppenheimer Intl Bond | - | 14,361 |
| John Hancock | Core Bond Fund | - | 12,434 |
| John Hancock | 3 Year Comp | - | 26,380 |
| John Hancock | Fidelity Advisor Gold Fund | - | 9,026 |
| John Hancock | Real Estate Securities Fund | - | 6,116 |
| John Hancock | Money Market Fund | - | 535,057 |
| | | $ - | $ 5,532,941 |

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) is intended to denote each identified person who is known to be a party in interest. There were no such parties in interest during the year ended December 31, 2012. Column (c) "Cost" is left blank as permitted by ERISA regulations.

See independent auditors' report on supplemental information.


Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

WOODSMAN KITCHENS & FLOORS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF ASSETS HELD FOR INVESTMENT PURPOSES
AT DECEMBER 31, 2011

| (a) Identity of Issue, Borrower, Lessor, or Similar Party | (b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (c) Cost | (d) Current Value |
|---|---|---|---|
| John Hancock | Retirement Living at 2010 | $ - | $ 260,598 |
| John Hancock | Retirement Living at 2015 | - | 2,629 |
| John Hancock | Retirement Living at 2020 | - | 70,178 |
| John Hancock | Retirement Living at 2025 | - | 2,799 |
| John Hancock | Retirement Living at 2030 | - | 86,881 |
| John Hancock | Retirement Living at 2035 | - | 54,799 |
| John Hancock | Retirement Living at 2040 | - | 8,763 |
| John Hancock | Retirement Living at 2045 | - | 2,050 |
| John Hancock | Lifestyle Aggressive | - | 1,070,861 |
| John Hancock | Lifestyle Growth | - | 662,390 |
| John Hancock | Lifestyle Balanced | - | 1,355,517 |
| John Hancock | Lifestyle Moderate | - | 170,823 |
| John Hancock | Lifestyle Conservative | - | 6,212 |
| John Hancock | Lifestyle Moderate Guaranteed Income for Life | - | 45,674 |
| John Hancock | Lifestyle Growth Guaranteed Income for Life | - | 51,685 |
| John Hancock | Natural Resources Fund | - | 5,478 |
| John Hancock | DFA Emerging Markets Value | - | 107 |
| John Hancock | Oppenheimer Developing Mkt | - | 7,696 |
| John Hancock | Energy | - | 18,446 |
| John Hancock | Intl Equity Index Fund | - | 6,871 |
| John Hancock | Smallcap World Fund | - | 7,555 |
| John Hancock | New World Fund | - | 12,150 |
| John Hancock | Science & Technology Fund | - | 18,032 |
| John Hancock | American Century Vista | - | 8,347 |
| John Hancock | Explorer | - | 8,822 |
| John Hancock | Small Cap Growth Fund | - | 8,119 |
| John Hancock | Oppenheimer Intl Growth Fund | - | 7,477 |
| John Hancock | EuroPacific Growth Fund | - | 9,223 |
| John Hancock | T. Rowe Price Health Sci | - | 8,787 |
| John Hancock | Value Fund | - | 8,654 |
| John Hancock | Mid Cap Index Fund | - | 13,088 |



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

WOODSMAN KITCHENS & FLOORS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF ASSETS HELD FOR INVESTMENT PURPOSES
AT DECEMBER 31, 2011

| (a) Identity of Issue, Borrower, Lessor, or Similar Party | (b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (c) Cost | (d) Current Value |
|---|---|---|---|
| John Hancock | Fundamental All Cap Core Fund | - | 8,390 |
| John Hancock | Mid Value Fund | - | 11,739 |
| John Hancock | Capital World Growth & Income | - | 10,803 |
| John Hancock | John Hancock Rainier Grow | - | 8,116 |
| John Hancock | New Perspective Fund | - | 20,036 |
| John Hancock | Fundamental Investors | - | 19,869 |
| John Hancock | MFS Utilities | - | 13,034 |
| John Hancock | The Growth Fund of America | - | 11,451 |
| John Hancock | Equity Income Fund | - | 12,076 |
| John Hancock | Value Index Fund | - | 12,076 |
| John Hancock | 500 Index Fund | - | 12,424 |
| John Hancock | Mutual Beacon | - | 11,387 |
| John Hancock | Washington Mutual Investors | - | 20,064 |
| John Hancock | Investment Company of America | - | 15,511 |
| John Hancock | Ivy Asset Strategy Fund | - | 10,801 |
| John Hancock | Capital Income Builder | - | 11,864 |
| John Hancock | Income Fund of America | - | 12,469 |
| John Hancock | American Balanced Fund | - | 16,338 |
| John Hancock | Blackrock Global Allocation | - | 13,827 |
| John Hancock | Mutual Global Discovery | - | 11,317 |
| John Hancock | American High-Income Fund | - | 24,918 |
| John Hancock | PIMCO Global Bond | - | 1,419 |
| John Hancock | Oppenheimer Intl Bond | - | 12,510 |
| John Hancock | The Bond Fund of America | - | 11,689 |
| John Hancock | 3 Year Comp | - | 26,318 |
| John Hancock | Fidelity Advisor Gold Fund | - | 46,224 |
| John Hancock | Real Estate Securities Fund | - | 10,378 |
| John Hancock | Money Market Fund | - | 470,692 |
| | | $ - | $ 4,868,450 |

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) is intended to denote each identified person who is known to be a party in interest. There were no such parties in interest during the year ended December 31, 2011. Column (c) "Cost" is left blank as permitted by ERISA regulations.



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

WOODSMAN KITCHENS & FLOORS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF ASSETS HELD FOR INVESTMENT PURPOSES
AT DECEMBER 31, 2012

| (a) Identity of Issue, Borrower, Lessor, or Similar Party | (b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (c) Cost | (d) Current Value |
|---|---|---|---|
| John Hancock | Retirement Living at 2010 | $ - | $ 240 |
| John Hancock | Retirement Living at 2015 | - | 4,766 |
| John Hancock | Retirement Living at 2020 | - | 152,156 |
| John Hancock | Retirement Living at 2025 | - | 57,400 |
| John Hancock | Retirement Living at 2030 | - | 139,964 |
| John Hancock | Retirement Living at 2035 | - | 140,444 |
| John Hancock | Retirement Living at 2040 | - | 19,082 |
| John Hancock | Retirement Living at 2045 | - | 8,529 |
| John Hancock | Retirement Living at 2050 | - | 4,348 |
| John Hancock | Lifestyle Aggressive | - | 1,315,023 |
| John Hancock | Lifestyle Growth | - | 730,338 |
| John Hancock | Lifestyle Balanced | - | 1,592,080 |
| John Hancock | Lifestyle Moderate | - | 247,327 |
| John Hancock | Lifestyle Conservative | - | 8,455 |
| John Hancock | Natural Resources Fund | - | 5,486 |
| John Hancock | Oppenheimer Developing Mkt | - | 9,140 |
| John Hancock | Energy | - | 18,796 |
| John Hancock | Intl Equity Index Fund | - | 8,054 |
| John Hancock | Smallcap World Fund | - | 9,184 |
| John Hancock | New World Fund | - | 16,615 |
| John Hancock | Science & Technology Fund | - | 17,364 |
| John Hancock | American Century Heritage | - | 9,647 |
| John Hancock | Explorer | - | 10,059 |
| John Hancock | Small Cap Growth Fund | - | 9,442 |
| John Hancock | Oppenheimer Intl Growth Fund | - | 9,084 |
| John Hancock | EuroPacific Growth Fund | - | 12,010 |
| John Hancock | T. Rowe Price Health Sci | - | 11,524 |
| John Hancock | Value Fund | - | 10,113 |
| John Hancock | Mid Cap Index Fund | - | 15,328 |



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

WOODSMAN KITCHENS & FLOORS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF ASSETS HELD FOR INVESTMENT PURPOSES
AT DECEMBER 31, 2012

| (a) Identity of Issue, Borrower, Lessor, or Similar Party | (b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (c) Cost | (d) Current Value |
|---|---|---|---|
| John Hancock | Fundamental All Cap Core Fund | - | 10,359 |
| John Hancock | Mid Value Fund | - | 13,997 |
| John Hancock | Capital World Growth & Income | - | 12,818 |
| John Hancock | John Hancock Rainier Grow | - | 9,359 |
| John Hancock | New Perspective Fund | - | 24,630 |
| John Hancock | Fundamental Investors | - | 23,175 |
| John Hancock | MFS Utilities | - | 14,737 |
| John Hancock | The Growth Fund of America | - | 13,749 |
| John Hancock | Equity Income Fund | - | 14,142 |
| John Hancock | Value Index Fund | - | 13,804 |
| John Hancock | 500 Index Fund | - | 14,301 |
| John Hancock | Mutual Beacon | - | 13,193 |
| John Hancock | Washington Mutual Investors | - | 23,491 |
| John Hancock | Investment Company of America | - | 17,854 |
| John Hancock | Ivy Asset Strategy Fund | - | 12,857 |
| John Hancock | Capital Income Builder | - | 13,210 |
| John Hancock | Income Fund of America | - | 13,894 |
| John Hancock | American Balanced Fund | - | 18,581 |
| John Hancock | Blackrock Global Allocation | - | 16,193 |
| John Hancock | Mutual Global Discovery | - | 12,797 |
| John Hancock | American High-Income Fund | - | 28,412 |
| John Hancock | PIMCO Global Bond | - | 2,016 |
| John Hancock | Oppenheimer Intl Bond | - | 14,361 |
| John Hancock | Core Bond Fund | - | 12,434 |
| John Hancock | 3 Year Comp | - | 26,380 |
| John Hancock | Fidelity Advisor Gold Fund | - | 9,026 |
| John Hancock | Real Estate Securities Fund | - | 6,116 |
| John Hancock | Money Market Fund | - | 535,057 |
| | | $ - | $ 5,532,941 |

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) is intended to denote each identified person who is known to be a party in interest. There were no such parties in interest during the year ended December 31, 2012. Column (c) "Cost" is left blank as permitted by ERISA regulations.

See independent auditors' report on supplemental information.


Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

WOODSMAN KITCHENS & FLOORS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF ASSETS HELD FOR INVESTMENT PURPOSES
AT DECEMBER 31, 2011

| (a) Identity of Issue, Borrower, Lessor, or Similar Party | (b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (c) Cost | (d) Current Value |
|---|---|---|---|
| John Hancock | Retirement Living at 2010 | $ - | $ 260,598 |
| John Hancock | Retirement Living at 2015 | - | 2,629 |
| John Hancock | Retirement Living at 2020 | - | 70,178 |
| John Hancock | Retirement Living at 2025 | - | 2,799 |
| John Hancock | Retirement Living at 2030 | - | 86,881 |
| John Hancock | Retirement Living at 2035 | - | 54,799 |
| John Hancock | Retirement Living at 2040 | - | 8,763 |
| John Hancock | Retirement Living at 2045 | - | 2,050 |
| John Hancock | Lifestyle Aggressive | - | 1,070,861 |
| John Hancock | Lifestyle Growth | - | 662,390 |
| John Hancock | Lifestyle Balanced | - | 1,355,517 |
| John Hancock | Lifestyle Moderate | - | 170,823 |
| John Hancock | Lifestyle Conservative | - | 6,212 |
| John Hancock | Lifestyle Moderate Guaranteed Income for Life | - | 45,674 |
| John Hancock | Lifestyle Growth Guaranteed Income for Life | - | 51,685 |
| John Hancock | Natural Resources Fund | - | 5,478 |
| John Hancock | DFA Emerging Markets Value | - | 107 |
| John Hancock | Oppenheimer Developing Mkt | - | 7,696 |
| John Hancock | Energy | - | 18,446 |
| John Hancock | Intl Equity Index Fund | - | 6,871 |
| John Hancock | Smallcap World Fund | - | 7,555 |
| John Hancock | New World Fund | - | 12,150 |
| John Hancock | Science & Technology Fund | - | 18,032 |
| John Hancock | American Century Vista | - | 8,347 |
| John Hancock | Explorer | - | 8,822 |
| John Hancock | Small Cap Growth Fund | - | 8,119 |
| John Hancock | Oppenheimer Intl Growth Fund | - | 7,477 |
| John Hancock | EuroPacific Growth Fund | - | 9,223 |
| John Hancock | T. Rowe Price Health Sci | - | 8,787 |
| John Hancock | Value Fund | - | 8,654 |
| John Hancock | Mid Cap Index Fund | - | 13,088 |



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

WOODSMAN KITCHENS & FLOORS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF ASSETS HELD FOR INVESTMENT PURPOSES
AT DECEMBER 31, 2011

| (a) Identity of Issue, Borrower, Lessor, or Similar Party | (b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (c) Cost | (d) Current Value |
|---|---|---|---|
| John Hancock | Fundamental All Cap Core Fund | - | 8,390 |
| John Hancock | Mid Value Fund | - | 11,739 |
| John Hancock | Capital World Growth & Income | - | 10,803 |
| John Hancock | John Hancock Rainier Grow | - | 8,116 |
| John Hancock | New Perspective Fund | - | 20,036 |
| John Hancock | Fundamental Investors | - | 19,869 |
| John Hancock | MFS Utilities | - | 13,034 |
| John Hancock | The Growth Fund of America | - | 11,451 |
| John Hancock | Equity Income Fund | - | 12,076 |
| John Hancock | Value Index Fund | - | 12,076 |
| John Hancock | 500 Index Fund | - | 12,424 |
| John Hancock | Mutual Beacon | - | 11,387 |
| John Hancock | Washington Mutual Investors | - | 20,064 |
| John Hancock | Investment Company of America | - | 15,511 |
| John Hancock | Ivy Asset Strategy Fund | - | 10,801 |
| John Hancock | Capital Income Builder | - | 11,864 |
| John Hancock | Income Fund of America | - | 12,469 |
| John Hancock | American Balanced Fund | - | 16,338 |
| John Hancock | Blackrock Global Allocation | - | 13,827 |
| John Hancock | Mutual Global Discovery | - | 11,317 |
| John Hancock | American High-Income Fund | - | 24,918 |
| John Hancock | PIMCO Global Bond | - | 1,419 |
| John Hancock | Oppenheimer Intl Bond | - | 12,510 |
| John Hancock | The Bond Fund of America | - | 11,689 |
| John Hancock | 3 Year Comp | - | 26,318 |
| John Hancock | Fidelity Advisor Gold Fund | - | 46,224 |
| John Hancock | Real Estate Securities Fund | - | 10,378 |
| John Hancock | Money Market Fund | - | 470,692 |
| | | $ - | $ 4,868,450 |

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) is intended to denote each identified person who is known to be a party in interest. There were no such parties in interest during the year ended December 31, 2011. Column (c) "Cost" is left blank as permitted by ERISA regulations.



Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.