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
ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1978

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

ALL TILE, INC.

1201 CHASE
ELK GROVE VILLAGE, IL 60007

2b Employer Identification Number (EIN)
36-2091214

2c Sponsor's telephone number
847-364-9191

2d Business code (see instructions)
423200

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.	10/14/2013	JOHN WELCH
	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**	110
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**	98
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	112
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	112
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	91
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2H 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	[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)	[ ]		**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
ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALL TILE, INC.

D Employer Identification Number (EIN)
36-2091214

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

CONSECO

(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
04-2299444	65900	VARIOUS		01/01/2012	12/31/2012

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
0	0

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

(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	

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	(c) Amount	**(d)** Purpose	

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS FILED W/STATE DEPT OF INSURANCE

b	Premiums paid to carrier	6b	237
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) [X] 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	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
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)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

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)**	
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)**	
(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)**	
(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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALL TILE, INC.

D Employer Identification Number (EIN)
36-2091214

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)

MORGAN STANLEY SMITH BARNEY

13-2919773

(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?
27	NONE	30832	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE WEISS GROUP, INC.

36-4028918

(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 37 64	NONE	27740	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SHEPARD SCHWARTZ & HARRIS LLP

36-1220454

(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?
10	NONE	14950	Yes [ ] No [X]	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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALL TILE, INC.

D Employer Identification Number (EIN)
36-2091214

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	4419	3372
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	57896	78811
(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)	6117414	6970784
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	15332	16024

		(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	6195061	7068991
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	4419	3372
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	4419	3372
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6190642	7065619

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)		
(B) Participants	2a(1)(B)	217146	
(C) Others (including rollovers)	2a(1)(C)	78167	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		295313
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)	2935	
(F) Other	2b(1)(F)	692	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3627
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	53844	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	45146	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		98990
(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)		654396
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1052326
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	103291	
(2) To insurance carriers for the provision of benefits	2e(2)	237	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		103528
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	42989	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	30832	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		73821
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		177349
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		874977
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)? [ ] Yes [X] No

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

(1) Name: SHEPARD SCHWARTZ & HARRIS LLP **(2)** EIN: 36-1220454

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		1000000
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
ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALL TILE, INC.

D Employer Identification Number (EIN)
36-2091214

Part I Distributions

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

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

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

EIN(s): 26-0010549

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):

SHEPARD SCHWARTZ & HARRIS LLP
CPAs & BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Members
of All Tile, Inc.
Employees' Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **All Tile, Inc. Employees' Profit Sharing Plan and Trust**, which comprise the statement of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note F, which was certified by Mid Atlantic Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the plan administrator that Mid Atlantic Trust Company holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian, as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedule of assets held at end of year, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. 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 supplementary schedule 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 supplementary schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Shepard Schwartz & Harris LLP

Chicago, Illinois
October 9, 2013

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 All Tile, Inc. Employees' Profit Sharing Plan and Trust

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1978

2a Plan sponsor's name and address: include room or suite number (employer, if for a single-employer plan)
All Tile, Inc.

1201 Chase

Elk Grove Village IL 60007

2b Employer Identification Number (EIN) 36-2091214

2c Sponsor's telephone number (847) 364-9191

2d Business code (see instructions) 423200

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		10/9/13	JOHN WELCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/9/13	JOHN WELCH
	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**	110
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**	98
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	14
d Subtotal. Add lines **6a, 6b**, and **6c**.	**6d**	112
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	112
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	91
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2A 2E 2F 2H 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [ ] **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

All Tile, Inc. Employees' Profit Sharing Plan and Trust

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500

All Tile, Inc.

D Employer Identification Number (EIN)

36-2091214

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

Conseco

(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	Policy or contract year (g) To
04-2299444	65900	VARIOUS		01/01/2012	12/31/2012

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
0	0

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

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

(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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ as filed w/state dept of insurance

b	Premiums paid to carrier	6b	237
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] 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	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
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)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

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)	
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)	
(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)	
(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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶	001
All Tile, Inc. Employees' Profit Sharing Plan and Trust		
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
All Tile, Inc.	36-2091214	

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

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

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

Morgan Stanley Smith Barney
13-2919773

(b) Service Code(s) 27

(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?
None	30,832	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

The Weiss Group, Inc.
36-4028918

(b) Service Code(s) 15 37 64

(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?
None	27,740	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

Shepard Schwartz & Harris LLP
36-1220454

(b) Service Code(s) 10

(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?
None	14,950	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 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

All Tile, Inc. Employees' Profit Sharing Plan and Trust

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500

All Tile, Inc.

D Employer Identification Number (EIN)

36-2091214

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	4,419	3,372
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	57,896	78,811
(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)	6,117,414	6,970,784
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	15,332	16,024

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	6,195,061	7,068,991
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	4,419	3,372
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4,419	3,372
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	6,190,642	7,065,619

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)		
(B) Participants	2a(1)(B)	217,146	
(C) Others (including rollovers)	2a(1)(C)	78,167	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		295,313
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)	2,935	
(F) Other	2b(1)(F)	692	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3,627
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	53,844	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	45,146	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		98,990
(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)		654,396
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1,052,326
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	103,291	
(2) To insurance carriers for the provision of benefits	2e(2)	237	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		103,528
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	42,989	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	30,832	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		73,821
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		177,349
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		874,977
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: Shepard Schwartz & Harris LLP (2) EIN: 36-1220454

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		1,000,000
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
All Tile, Inc. Employees' Profit Sh	36-3878165

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

All Tile, Inc. Employees' Profit Sharing Plan and Trust

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500

All Tile, Inc.

D Employer Identification Number (EIN)
36-2091214

Part I Distributions

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

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

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

EIN(s): 26-0010549

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):

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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): _____

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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): _____

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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):

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

YEARS ENDED DECEMBER 31, 2012 AND 2011



SHEPARD SCHWARTZ & HARRIS LLP

CPAs & BUSINESS ADVISORS

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
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SHEPARD SCHWARTZ & HARRIS LLP
CPAs & BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Members
of All Tile, Inc.
Employees' Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **All Tile, Inc. Employees' Profit Sharing Plan and Trust**, which comprise the statement of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note F, which was certified by Mid Atlantic Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the plan administrator that Mid Atlantic Trust Company holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian, as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedule of assets held at end of year, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. 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 supplementary schedule 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 supplementary schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Shepard Schwartz & Harris LLP

Chicago, Illinois
October 9, 2013

EXHIBIT A

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2012 and 2011

	2012	2011
ASSETS		
Investments, at fair value		
Mutual funds	$ 3,285,016	$ 2,632,074
Common collective trust	407,955	400,476
Common stock	1,982,908	1,800,595
Corporate bonds	966,699	1,024,088
U.S. government securities	191,682	194,874
Cash	150,715	75,756
Cash surrender value of Conseco Life Insurance Policies	16,024	15,332
Receivables		
Notes receivable from participants	78,811	57,896
Interest receivable	14,570	15,895
Total assets	7,094,380	6,216,986
LIABILITIES		
Accounts payable		
Fees payable	3,372	4,419
Due to broker	5,849	2,313
Total liabilities	9,221	6,732
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	7,085,159	6,210,254
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(19,540)	(19,612)
NET ASSETS AVAILABLE FOR BENEFITS	$ 7,065,619	$ 6,190,642

The accompanying notes are an integral part of these statements.

EXHIBIT B

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2012

Additions to plan assets attributed to:		
Investment income		
Interest	$ 692	
Dividends	98,990	
Net appreciation in fair value of investments	654,396	$ 754,078
Interest income on notes receivable from participants		2,935
Participant contributions	217,146	
Rollover contributions	78,167	295,313
Total additions		1,052,326
Deductions from net assets attributed to:		
Payments to terminated participants	103,291	
Insurance premiums	237	
Administrative expenses	73,821	177,349
Net increase		874,977
Net assets available for benefits		
Beginning of year		6,190,642
End of year		$ 7,065,619

The accompanying notes are an integral part of this statement.

Note A - Description of Plan

The following description of the All Tile, Inc. Employees' Profit Sharing Plan and Trust (Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

1. General

   The Plan is a discretionary contribution plan with compensation deferral features covering all employees of All Tile, Inc. (Company) who have completed three months of service and are age eighteen or older. These employees may contribute pre-tax contributions to the Plan and are eligible for the discretionary matching contributions. The Plan is subject to the provisions of ERISA. For purposes of being eligible to receive profit sharing contributions, the minimum age requirement is age eighteen and the minimum service requirement is one year of service.

.

2. Contributions

   Participants may contribute up to 100% of pre-tax annual compensation (maximum limit of $17,000 in 2012), as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions (maximum limit of $5,500 in 2012). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

   The Company may, at its sole discretion, make matching contributions each pay period in an amount equal to 25% of the first 3% of compensation deferrals the employee makes to the Plan, if the employee is employed on the last day of such pay period and is eligible to participate in the Plan.

   The Company may also make a discretionary profit sharing contribution to the Plan at year-end on behalf of all eligible employees. To be eligible an employee must be an active participant on the last day of the plan year.

3. Participant Accounts and Administration

   Under the terms of the plan agreement, the trustee invests participant contributions and employer matching contributions in several investment funds as specified by the participants. Employer discretionary profit sharing contributions are invested in several investments as specified by the Plan sponsor. Each participant's account is credited with the participant's contribution and allocation of the Company's matching and discretionary contributions and plan earnings. Allocations are based on participant earnings or account balances, as defined. Forfeitures may be used to pay administrative expenses of the Plan and to reduce future employer contributions. The plan administrator authorizes all withdrawals of Plan assets and is responsible for the general administration of the Plan and compliance with its provisions. The costs of administering the Plan are borne by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested accounts.

Note A - Description of Plan (Cont'd)

4. Vesting
   Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service, as defined. A participant is 100% vested in the matching and discretionary contributions after five years of credited service.

5. Forfeited Accounts
   At December 31, 2012 and 2011, forfeited nonvested accounts totaled $-0-. Forfeitures can be used to reduce future employer contributions or administrative expenses. In 2012, forfeitures of $986 were used to pay administrative expenses.

6. Payment of Benefits
   On termination of service, if the amount exceeds $1,000, a participant may elect to receive one of the following: a lump-sum amount equal to his or her vested account or annual installments over a period which does not exceed the life of the participant or the designated beneficiary. If the amount is $1,000 or less, the Plan will make a lump-sum distribution.

7. Notes Receivable From Participants
   Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from 1 - 5 years or longer for the purchase of a primary residence. The loans bear interest at a rate of 1% above prime rate.

8. Termination
   The Company intends to continue the Plan indefinitely but reserves the right to amend or terminate it. Upon termination, all account balances are nonforfeitable and would be distributed to participants within a reasonable time following termination.

Note B - Summary of Accounting Policies

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

Investment Valuation and Income Recognition
Investments are reported at fair value except for the life insurance policies which are valued at cash surrender value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

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

Note B - Summary of Accounting Policies (Cont'd)

Notes Receivable from Participants

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

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

All expenses of maintaining the plan are paid by the Plan.

Federal Income Taxes

The plan obtained its latest determination letter in July 2010, in which the Internal Revenue Service (IRS) stated that the plan is in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRS.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2012 and 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax period in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2009.

Estimates and Assumptions

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

Subsequent Events

The Plan has evaluated subsequent events through October 9, 2013, the date which the financial statements were available to be issued.

Reclassification of Prior Year Balances

Certain prior year balances have been reclassified to conform to the current year's presentation.

Note C - Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include the following:

Quoted prices for similar assets or liabilities in active markets.

Quoted prices for identical or similar assets or liabilities in inactive markets.

Inputs other than quoted prices that are observable for the asset or liability.

Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used at December 31, 2012 and 2011.

Mutual funds: Valued at the net asset value of the shares held by the Plan at year end.

Common Collective Trust: Valued at the net asset value per unit as determined by the manager of the trust. Such net asset value is based on the value of the underlying assets and liabilities of the trust. The investment objective of the trust is to preserve principal and provide a stable return over the life of the investment. Participants may transfer in and out of the trust on a daily basis without prohibitive restrictions.

Note C - Fair Value Measurements (Cont'd)

Common stock: Valued at the closing price reported in the active market in which the individual security is traded.

Corporate bonds: Valued at the closing price reported in the active market in which the bond is traded.

U.S. government securities: Valued at the closing price reported in the active market in which the individual security is traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Equity funds	$ 1,683,359	$ -	$ -	$ 1,683,359
International equity funds	390,390	-	-	390,390
Fixed income funds	58,116	-	-	58,116
Balanced funds	1,153,151	-	-	1,153,151
Total mutual funds	3,285,016	-	-	3,285,016
Common collective trust	-	407,955	-	407,955
Common stock				
Basic material	267,849	-	-	267,849
Conglomerates	44,527	-	-	44,527
Consumer goods	269,351	-	-	269,351
Financial	291,210	-	-	291,210
Healthcare	241,413	-	-	241,413
Industrial goods	106,379	-	-	106,379
Services	323,588	-	-	323,588
Technology	369,684	-	-	369,684
Utilities	68,907	-	-	68,907
Total common stock	1,982,908	-	-	1,982,908
Corporate bonds	966,699	-	-	966,699
U.S. government securities	191,682	-	-	191,682
Cash	150,715	-	-	150,715
Total	$ 6,577,020	$ 407,955	$ -	$ 6,984,975

Note C - Fair Value Measurements (Cont'd)

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Equity funds	$ 1,504,334	$ -	$ -	$ 1,504,334
International equity funds	314,056	-	-	314,056
Fixed income funds	44,185	-	-	44,185
Balanced funds	769,499	-	-	769,499
Total mutual funds	2,632,074	-	-	2,632,074
Common collective trust	-	400,476	-	400,476
Common stock				
Basic material	277,969	-	-	277,969
Conglomerates	19,864	-	-	19,864
Consumer goods	192,623	-	-	192,623
Financial	248,241	-	-	248,241
Healthcare	209,706	-	-	209,706
Industrial goods	91,516	-	-	91,516
Services	315,805	-	-	315,805
Technology	399,767	-	-	399,767
Utilities	45,104	-	-	45,104
Total common stock	1,800,595	-	-	1,800,595
Corporate bonds	1,024,088	-	-	1,024,088
U.S. government securities	194,874	-	-	194,874
Cash	75,756	-	-	75,756
Total	$ 5,727,387	$ 400,476	$ -	$ 6,127,863

Note D - Investments

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

	2012		2011	
Mutual funds				
American Century Investments Strategic Allocation: Moderate, 56,747 and 52,527 shares in 2012 and 2011, respectively	$ 389,284		$ 336,174	
American Funds Growth Fund of America, 11,370 and 10,790 shares in 2012 and 2011, respectively	390,551		309,991	
American Century Investments Strategic Allocation: Conservative, 68,885 shares in 2012	396,779		**	
Common collective trust				
Reliance Trust Company Stable Value Fund, 2,632 and 2,655 shares in 2012 and 2011, respectively	388,415	*	380,864	*

* The fair value of Reliance Trust Company Stable Value Fund at December 31, 2012 and 2011, was $407,955 and $400,476, respectively.

**Less than 5% of net assets available for benefits.

During 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Participant directed investments	$ 381,147
Non-participant directed investments	273,249
Net appreciation in fair value of investments	$ 654,396

Note E - Non-Participant Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments is as follows:

	December 31, 2012	December 31, 2011
Assets		
Investments		
Cash	$ 147,343	$ 71,337
Common stock	1,982,908	1,800,595
Corporate bonds	966,699	1,024,088
U.S. government securities	191,682	194,874
Life insurance policies	16,024	15,332
Interest receivable	14,570	15,895
Total assets	3,319,226	3,122,121
Liabilities		
Fees payable	3,372	4,419
Due to broker	5,849	2,313
Total liabilities	9,221	6,732
Net assets available for benefits	$ 3,310,005	$ 3,115,389

	Year Ended December 31, 2012
Changes in net assets	
Fees	$ (41,585)
Insurance premiums	(237)
Interest and dividends	54,536
Net appreciation	273,249
Benefits paid to participants	(91,347)
Net increase	$ 194,616

Note F - Summary of Information Certified by the Custodian

The following is a summary of the unaudited information included in the Plan's financial statements, prepared by the Plan's custodian and furnished to the Plan administrator. The Plan administrator has obtained certification from the custodian that such information is complete and accurate.

	2012	2011
Investments, at fair value		
Mutual funds	$ 3,285,016	$ 2,632,076
Common collective trust	388,415*	380,864*
Cash	3,372	4,419
Interest and dividends	45,146	35,032
Net appreciation (depreciation) in fair value of investments	381,147	(74,856)

* The common collective trust is stated at fair value on the statement of net assets available for benefits at December 31, 2012 and 2011.

Note G - Party-In-Interest Transactions

Morgan Stanley Smith Barney is a custodian to the Plan for the non-participant directed investments. Therefore, any fees paid to them are party-in-interest transactions. Fees of $30,832 were paid to Morgan Stanley Smith Barney for the year ended December 31, 2012.

Counsel Trust Company dba Mid Atlantic Trust Company is a custodian to the Plan for the participant directed investments. Therefore, any fees paid to them are party-in-interest transactions. Fees of $299 were paid to Counsel Trust Company for the year ended December 31, 2012.

The Weiss Group, Inc. provides administrative services to the Plan. Therefore, these are party-in-interest transactions. Fees of $27,740 were paid to The Weiss Group, Inc. for the year ended December 31, 2012.

Shepard Schwartz & Harris, L.L.P. is the auditor of the Plan. Therefore, any fees paid to them are party-in-interest transactions. Fees of $14,950 were paid for the year ended December 31, 2012.

Certain employees of the Company act as a fiduciary of the Plan and are responsible for the administration of the Plan. The employees are compensated by the Company and do not receive any compensation from the Plan.

Note H - Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values or investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

SUPPLEMENTARY INFORMATION

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

EIN: 36-2091214

Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	American Funds	Mutual fund - American Funds Bond Fund Of Amer A	**	$ 58,116
	American Century Investments	Mutual fund - American Cen Strategic Alloc: Cons Adv	**	396,779
	American Century Investments	Mutual fund - Am Cen Strategic Alloc: Mod Adv	**	389,284
	American Century Investments	Mutual fund - Am Cen Strategic Alloc: Agg Adv	**	128,228
	American Funds	Mutual fund - American Funds EuroPacific Gr A	**	105,785
	American Funds	Mutual fund - American Funds Grth fund of Amer A	**	390,551
	American Funds	Mutual fund - American Funds Invmt Co of Amer A	**	247,910
	American Funds	Mutual fund - American Funds AMCAP A	**	58,885
	American Funds	Mutual fund - American Funds Capital World G/ IA	**	284,605
	American Funds	Mutual fund - American Funds Fundamental Invs A	**	56,756
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2050 A	**	3,210
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2045 A	**	14,108
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2040 A	**	125,278
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2035 A	**	3,122
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2015 A	**	7,994
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2030 A	**	79,657
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2025 A	**	5,491
	Gabelli	Mutual fund - Gabelli Asset AAA	**	267,583
	Lord Abbett	Mutual fund - Lord Abbett Mid-Cap Value P	**	13,665
	Lord Abbett	Mutual fund - Lord Abbett Small -Cap Value P	**	205,921
	Lord Abbett	Mutual fund - Lord Abbett Small-Cap Blend P	**	18,498
	Vanguard	Mutual fund - Vanguard 500 Index	**	224,732
	Vanguard	Mutual fund - Vanguard Small Cap Growth Index	**	198,858
	Reliance	Reliance TR Co Stable Value Fd Collective Invt Tr ***	**	388,415
*	Notes receivable from participants	Interest rate of 4.25%	**	78,811
	Conseco Life Insurance Company	Life Insurance Policy - Policy Numbers: 10L1017990, 10L0568820, 10L0540690	$ 16,024	16,024
*	Mid Atlantic Trust Company	Cash	**	3,372
*	Smith Barney Money Funds	Cash	147,343	147,343
	Federal Government	$8,000 U.S. Treasury Note; maturity date 4/30/2015; 2.500% interest	8,499	8,408
	Federal Government	$14,000 U.S. Treasury Note; maturity date 11/15/2010; 2.625% interest	13,079	15,365
	Federal Government	$14,000 U.S. Treasury Note; maturity date 5/15/2013; 1.375% interest	14,273	14,065
	Federal Government	$26,000 U.S. Treasury Note; maturity date 1/31/2019; 1.25% interest	26,573	26,471
	Federal Government	$15,000 U.S. Treasury Note; maturity date 5/15/2017; 4.500% interest	15,722	17,518
	Balance carried forward		241,513	4,000,808

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		241,513	4,000,808
	Federal Government	$20,000 U.S. Treasury Note; maturity date 9/30/2013; 3.125% interest	20,700	20,437
	Federal Government	$20,000 U.S. Treasury Note; maturity date 5/31/2014; 2.250% interest	21,028	20,569
	Federal Government	$14,000 U.S. Treasury Note; maturity date 2/15/2020; 3.625% interest	15,991	16,358
	Federal Home Loan Mtg Corp	$12,000 Government bond; maturity date 8/25/2016; 2.000% interest	12,647	12,629
	Federal Home Loan Mtg Corp	$20,000 Government bond; maturity date 7/15/2013; 4.500% interest	19,564	20,469
	Federal Natl Mtg Assn Ser	$18,000 Government bond; maturity date 10/15/2014; 4.625% interest	17,419	19,393
	American Express	$30,000 Corporate bond; maturity date 7/15/2013; 4.875% interest	29,208	30,698
	American Express Credit	$10,000 Corporate bond; maturity date 6/12/2015; 1.750% interest	10,223	10,210
	Bank New York Mellon Corp	$30,000 Corporate bond; maturity date 5/15/2014; 4.300% interest	32,355	31,529
	Bank New York Mellon Corp	$20,000 Corporate bond; maturity date 5/15/2014; 4.300% interest	21,736	21,020
	Caterpillar Inc	$30,000 Corporate bond; maturity date 5/27/2021; 3.900% interest	34,451	33,657
	Cisco Systems Inc	$30,000 Corporate bond; maturity date 2/22/2016; 5.500% interest	34,970	34,291
	Coca Cola Co	$20,000 Corporate bond; maturity date 3/15/2019; 4.875% interest	20,122	23,856
	Comcast Corp	$30,000 Corporate bond; maturity date 1/15/2014; 5.300% interest	31,025	31,475
	ConocoPhillips	$20,000 Corporate bond; maturity date 1/15/2015; 4.600% interest	21,318	21,614
	ConocoPhillips	$15,000 Corporate bond; maturity date 1/15/2015; 4.600% interest	16,662	16,211
	Devon Energy Corp	$30,000 Corporate bond; maturity date 1/15/2019; 6.300% interest	36,071	37,228
	Ebay Inc	$20,000 Corporate bond; maturity date 7/15/2022; 2.600% interest	20,424	20,205
	Ei Du Pont Nemour & Co	$30,000 Corporate bond; maturity date 1/15/2015; 3.250% interest	31,710	31,578
	Eli Lilly & Co	$20,000 Corporate bond; maturity date 3/6/2014; 4.200% interest	20,622	20,866
	Eli Lilly & Co	$20,000 Corporate bond; maturity date 3/6/2014; 4.200% interest	20,729	20,866
	General Electric Capital Corp	$25,000 Corporate bond; maturity date 9/15/2017; 5.625% interest	27,993	29,493
	General Electric Capital Corp	$20,000 Corporate bond; maturity date 1/9/2017; 2.900% interest	20,357	21,147
	Hewlett-Packard Co	$20,000 Corporate bond; maturity date 12/9/2021; 4.650% interest	19,733	20,078
	John Deere Capital Corp	$30,000 Corporate bond; maturity date 3/15/2017; 1.400% interest	30,426	30,287
	JP Morgan Chase & Co	$30,000 Corporate bond; maturity date 1/20/2015; 3.700% interest	31,555	31,586
	Kraft Foods Inc	$30,000 Corporate bond; maturity date 8/11/2017; 6.500% interest	33,979	36,641
	McDonalds Corp	$20,000 Corporate bond; maturity date 3/1/2018; 5.350% interest	21,321	24,123
	National Rural Utils Coop Fin	$15,000 Corporate bond; maturity date 3/1/2014; 4.750% interest	14,699	15,721
	Oracle Corp	$15,000 Corporate bond; maturity date 4/15/2013; 4.950% interest	15,019	15,192
	Oracle Corp	$20,000 Corporate bond; maturity date 4/15/2013; 4.950% interest	20,026	20,257
	PepsiCo Inc	$20,000 Corporate bond; maturity date 2/15/2013; 4.650% interest	21,469	20,109
	Procter & Gamble Co	$30,000 Corporate bond; maturity date 2/15/2019; 4.700% interest	30,356	35,444
	Procter & Gamble Co	$10,000 Corporate bond; maturity date 2/15/2019; 4.700% interest	10,048	11,815
	Simon Property Group Inc	$15,000 Corporate bond; maturity date 3/15/2022; 3.375% interest	15,876	15,842
	Sysco Corp	$15,000 Corporate bond; maturity date 2/12/2018; 5.250% interest	15,236	17,881
	Sysco Corp	$10,000 Corporate bond; maturity date 2/12/2018; 5.250% interest	10,157	11,921
	Target Corp	$10,000 Corporate bond; maturity date 1/15/2022; 2.900% interest	10,392	10,599
	Target Corp	$20,000 Corporate bond; maturity date 7/15/2016; 5.875% interest	23,805	23,594
	Texas Instrument Inc	$10,000 Corporate bond; maturity date 5/16/2016; 2.375% interest	10,175	10,466
	United Parcel Service	$20,000 Corporate bond; maturity date 1/15/2018; 5.500% interest	21,395	24,030
	US Bancorp	$15,000 Corporate bond; maturity date 5/15/2014; 4.200% interest	15,835	15,748
	Wal-Mart Stores	$20,000 Corporate bond; maturity date 7/1/2015; 4.500% interest	21,754	21,904
	Walgreen Co	$30,000 Corporate bond; maturity date 1/15/2019; 5.250% interest	32,251	35,187
	Walt Disney Company	$30,000 Corporate bond; maturity date 12/15/2013; 4.500% interest	33,010	31,165
	Wells Fargo & Co	$30,000 Corporate bond; maturity date 12/11/2017; 5.625% interest	33,659	35,781
	3M Co	$15,000 Corporate bond; maturity date 8/15/2013; 4.375% interest	16,299	15,384
	Balance carried forward		1,287,313	5,077,362

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		1,287,313	5,077,362
	Agco Corp	138 shares common stock	5,271	6,779
	Abbott Laboratories	349 shares common stock	19,625	22,860
	Accenture PLC Ireland CL A	123 shares common stock	7,332	8,180
	Aegon NV ADR	2,460 shares common stock	21,352	15,842
	Akzo Nobel NV ADR	415 shares common stock	7,908	9,338
	Albemarle Corp	114 shares common stock	4,626	7,082
	Allergan Inc	191 shares common stock	17,116	17,520
	Alliant Energy Corp	153 shares common stock	6,047	6,718
	American Finl Group Inc	162 shares common stock	4,544	6,402
	America Movil S.A.B.	325 shares common stock	7,671	7,521
	Amerisourcbergen Corp	279 shares common stock	10,675	12,047
	Amerisourcbergen Corp	154 shares common stock	3,234	6,650
	Amsurg Corp	244 shares common stock	5,380	7,322
	Anadarko Petroleum Corp	83 shares common stock	4,806	6,168
	Ann Inc	190 shares common stock	6,336	6,430
	Apache Corp	45 shares common stock	4,677	3,532
	Apple Inc	39 shares common stock	12,745	20,755
	Archer Daniels Midland	156 shares common stock	4,675	4,273
	Astellas Pharma Inc	250 shares common stock	8,845	11,213
	Astrazeneca	325 shares common stock	15,613	15,363
	AT&T Inc	451 shares common stock	13,249	15,203
	Banco Do Brasil SA Spon ADR	465 shares common stock	4,723	5,892
	Banco Santander Brasil SA ADS	675 shares common stock	6,173	4,914
	Bank of America Corp	841 shares common stock	9,357	9,764
	Barclays PLC ADR	591 shares common stock	14,372	10,236
	Bed Bath & Beyond Inc	133 shares common stock	8,027	7,436
	Biogen Idec Inc	38 shares common stock	5,397	5,562
	BMC Software	132 shares common stock	4,594	5,230
	BP PLC ADS	400 shares common stock	17,264	16,656
	Bristol Myers Squibb Co.	157 shares common stock	5,195	5,117
	Broadcom Corp	79 shares common stock	2,771	2,624
	Brocade Commun Systems Inc	1,054 shares common stock	6,148	5,618
	Cameron International Corp	260 shares common stock	12,838	14,680
	Canon Inc	238 shares common stock	8,015	9,332
	Capital Lease Funding Inc	1,177 shares common stock	6,280	6,556
	Carnival Corp	53 shares common stock	1,680	1,949
	Carrefour SA Sponsored ADR	3,820 shares common stock	22,827	19,673
	Caterpillar Inc	54 shares common stock	2,700	4,839
	CBRE Group Inc	263 shares common stock	4,911	5,234
	Cemex SAB De CV	887 shares common stock	7,176	8,755
	Centrais Eletricas Brasileiras	1,040 shares common stock	11,662	3,245
	Chevron Corp	150 shares common stock	11,775	16,221
	Chicos FAS Inc	405 shares common stock	5,621	7,476
	Cigna Corp	85 shares common stock	3,238	4,544
	Cisco Sys Inc	380 shares coommon stock	7,153	7,467
	Balance carried forward		1,668,937	5,483,580

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		1,668,937	5,483,580
	Cliffs Natural Resources	53 shares common stock	2,314	2,044
	Coca-Cola Co	632 shares common stock	22,009	22,910
	Coeur D Alene Mines Corp	231 shares common stock	5,402	5,683
	Colgate Palmolive Co	51 shares common stock	4,004	5,332
	Colgate Palmolive Co	167 shares common stock	15,735	17,458
	Comcast Corp	184 shares common stock	3,449	6,874
	Commrece Bancshares Inc	129 shares common stock	4,158	4,523
	Cooper Tire & Rubber	285 shares common stock	6,323	7,228
	Copart Inc	236 shares common stock	5,446	6,962
	Corning Inc	246 shares common stock	4,781	3,104
	Costco Wholesale Corp	160 shares common stock	10,874	15,797
	CRH PLC ADR	815 shares common stock	15,835	16,577
	CVS Caremark Corp	140 shares common stock	5,055	6,769
	Dai Nippon Prtg Ltd	710 shares common stock	8,315	5,510
	Daiichi Sankyo Co LTD Spon ADR	660 shares common stock	12,723	10,058
	Daimler AG	185 shares common stock	7,990	10,103
	Deutsche Telekom	942 shares common stock	16,591	10,703
	Devon Energy Corp	46 shares common stock	3,385	2,394
	Domino's Pizza Inc	169 shares common stock	2,643	7,360
	Dow Chemical Co	238 shares common stock	6,023	7,694
	Duke Energy Corp	108 shares common stock	6,284	6,890
	Eaton Corp	80 shares common stock	4,132	4,334
	Ebay Inc	227 shares common stock	8,564	11,576
	Eli Lilly & Co	80 shares common stock	3,332	3,946
	EMC Corp-Mass	135 shares common stock	2,898	3,416
	EMC Corp-Mass	189 shares common stock	5,352	4,782
	Emerson Electric Co	102 shares common stock	5,195	5,402
	Eni SPA Amer Dep Rcpt	415 shares common stock	18,788	20,393
	Ericsson L M Tel Co	1,099 shares common stock	10,841	10,191
	Express Scripts Hldg Co	292 shares common stock	16,524	15,768
	Exxon Mobil Corp	249 shares common stock	19,122	21,551
	First American Finl Corp	297 shares common stock	6,376	7,155
	First Pac Ltc Sp ADR	320 shares common stock	1,581	1,770
	Flextronics Intl Ltd	1,190 shares common stock	7,914	7,390
	FMC Corp	160 shares common stock	5,775	9,363
	Foot Locker Inc	174 shares common stock	6,461	5,589
	Ford Motor Company	393 shares common stock	4,160	5,090
	France Telecom	1,127 shares common stock	23,147	12,453
	Fresh Del Monte Produce	230 shares common stock	5,937	6,061
	Fujifilm Hldgs Corp	465 shares common stock	13,953	9,314
	Gannett Company Inc	387 shares common stock	6,084	6,970
	GDF Suez Spon ADR	920 shares common stock	21,254	19,357
	General Electric Co	689 shares common stock	13,899	14,462
	General Electric Co	946 shares common stock	18,485	19,857
	Balance carried forward		2,068,050	5,891,743

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		2,068,050	5,891,743
	Glaxosmithkline	267 shares common stock	12,459	11,606
	Goldman Sachs Group Inc	69 shares common stock	7,848	8,802
	Google Inc	16 shares common stock	9,055	11,318
	H Lundbeck A/S	455 shares common stock	10,645	6,620
	Halliburton Co Holdings Co	95 shares common stock	2,899	3,295
	Helmerich & Payne Inc	135 shares common stock	7,013	7,561
	Hertz Global Holdings Inc	460 shares common stock	3,317	7,484
	Hess Corp	60 shares common stock	3,716	3,178
	Hewlett Packard Co.	147 shares common stock	4,744	2,095
	Home Depot Inc	97 shares common stock	4,855	5,999
	Honda Motor Co Ltd	360 shares common stock	12,441	13,298
	HSBC Holding Place	220 shares common stock	10,998	11,675
	HSN Inc	80 shares common stock	2,190	4,406
	Hyatt Hotels Corp	72 shares common stock	2,544	2,777
	Interactive Corp	182 shares common stock	4,878	8,598
	Idacorp Inc	144 shares common stock	6,329	6,242
	Ingredion Inc	114 shares common stock	6,361	7,345
	Intel Corp	170 shares common stock	4,025	3,505
	Interdigital Inc	157 shares common stock	4,453	6,451
	International Paper Co	158 shares common stock	3,423	6,295
	Intesa Sanpaola S.P.A. ADR	855 shares common stock	19,228	9,097
	Italcementi Fabrich Riunte	935 shares common stock	9,668	5,180
	J Sainsbury PLC Spon ADR	376 shares common stock	8,371	8,531
	Johnson & Johnson	165 shares common stock	10,480	11,566
	Johnson Controls Incorporated	149 shares common stock	4,016	4,570
	JP Morgan Chase & Co	430 shares common stock	16,473	18,907
	Juniper Networks	638 shares common stock	11,729	12,549
	KBR Inc	205 shares common stock	6,351	6,134
	Kinder Morgan Incorp	140 shares common stock	3,949	4,946
	Kingfisher PLC Spons ADR	740 shares common stock	5,269	6,837
	Koninklijke Ahold ADR	869 shares common stock	6,072	11,818
	Kraft Foods Group Inc	46 shares common stock	1,866	2,092
	Kroger Co	117 shares common stock	2,591	3,044
	Laboratory Corp Amer Holdgs	54 shares common stock	3,914	4,677
	Las Vegas Sands Corporation	101 shares common stock	5,730	4,662
	LSI Corp	847 shares common stock	6,313	5,988
	Magellan Health Svcs	105 shares common stock	4,850	5,145
	Marathon Oil Corp	119 shares common stock	2,678	3,649
	Marathon Petroleum Corp	54 shares common stock	1,563	3,402
	Marks & Spencer Group	930 shares common stock	11,365	11,588
	Marriot International Inc	59 shares common stock	1,415	2,199
	McDonalds Corp	90 shares common stock	8,653	7,939
	McKesson Corp	44 shares common stock	3,635	4,266
	Medtronic Inc	129 shares common stock	5,365	5,292
	Balance carried forward		2,353,787	6,194,371

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		2,353,787	6,194,371
	Merck & Co Inc	227 shares common stock	7,710	9,293
	MetLife Inc	92 shares common stock	3,396	3,030
	Microsoft Copr	112 shares common stock	2,841	2,991
	Mitsubishi UFJ Financial Group	1,610 shares common stock	11,048	8,726
	Mondelez Intl Inc	140 shares common stock	3,502	3,563
	Mondelez Intl Inc	699 shares common stock	17,534	17,792
	Monsanto Co	220 shares common stock	17,320	20,823
	Morgan Stanley	169 shares common stock	4,019	3,231
	MS&AD Insurance	950 shares common stock	14,249	9,405
	MYR Group Inc	290 shares common stock	6,259	6,453
	Myriad Genetic Inc	241 shares common stock	5,663	6,567
	Nasdaq OMX Group Inc	248 shares common stock	7,350	6,198
	Netscout Systems Inc	255 shares common stock	6,248	6,627
	Nextera Engery Inc	44 shares common stock	2,414	3,044
	Nike Inc	140 shares common stock	5,312	7,224
	Nippon Tel & Tel	786 shares common stock	17,672	16,530
	Occidental Petroleum Corp	72 shares common stock	6,746	5,516
	Occidental Petroleum Corp	135 shares common stock	13,236	10,342
	Ocwen Finl Corp	190 shares common stock	2,492	6,572
	Oil Co Lukoil SPN ADR	180 shares common stock	11,267	12,150
	Oil States Intl Inc	76 shares common stock	6,276	5,437
	Omnicom Group Inc	181 shares common stock	5,546	6,534
	Omnicom Group Inc	43 shares common stock	2,065	2,148
	Oracle Corp	68 shares common stock	1,764	2,266
	Oracle Corp	554 shares common stock	15,779	18,459
	Patterson UTI Energy Inc	221 shares common stock	5,979	4,117
	PepsiCo Inc	46 shares common stock	2,942	3,148
	PepsiCo Inc	174 shares common stock	10,943	11,907
	Perry Ellis Intl Inc	291 shares common stock	6,232	5,805
	Petroleo Brasileiro SA ADR	530 shares common stock	15,339	10,234
	Pfizer Inc	606 shares common stock	10,723	15,198
	P G & E Corporation	65 shares common stock	2,810	2,612
	Philip Morris International Inc.	79 shares common stock	5,391	6,608
	Philip Morris International Inc.	233 shares common stock	20,955	19,488
	PNC Financial Services Group	89 shares common stock	5,630	5,190
	Portugal Telecom SGPS SA	945 shares common stock	10,182	4,706
	Posco ADS	115 shares common stock	9,843	9,447
	Post Properties Inc	132 shares common stock	6,099	6,593
	PPL Corp	93 shares common stock	2,417	2,663
	Proassurance CP	126 sares common stock	-	5,315
	Proctor & Gamble Co	199 shares common stock	12,570	13,510
	Procter & Gamble Co	198 shares common stock	13,224	13,442
	Prudential Financial Inc	117 shares common stock	6,947	6,240
	Qualcomm Inc	372 shares common stock	17,014	23,012
	Balance carried forward		2,716,735	6,564,527

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		2,716,735	6,564,527
	Raymond James Financial Corp	161 shares common stock	5,889	6,203
	Regions Financial Corp	435 shares common stock	3,046	3,102
	Sabra Healthcare REIT Inc	375 shares common stock	6,201	8,145
	Sanofi ADR	323 shares common stock	13,203	15,304
	Schlumberger Ltd	94 shares common stock	5,555	6,514
	Schlumberger Ltd	117 shares common stock	7,756	8,108
	Seagate Technology PLC	285 shares common stock	8,495	8,670
	Seiko Epson Corp	1,070 shares common stock	12,747	4,248
	Seven & I Hldgs Co Ltd	95 shares common stock	4,924	5,353
	SK Telecom Ltd	365 shares common stock	6,609	5,778
	Sony Corp	443 shares common stock	13,217	4,962
	Southern Co	135 shares common stock	5,522	5,779
	Starbucks Corp	239 shares common stock	12,159	12,818
	Stmicroelectronics	1,065 shares common stock	9,287	7,711
	Stryker Corp	213 shares common stock	11,296	11,677
	Suez Environnement Unspon ADR	1,225 shares common stock	6,642	7,411
	Sumitomo Mutsui Finl Group Inc	971 shares common stock	9,529	7,127
	Suncor Energy Inc	107 shares common stock	3,820	3,529
	SunTrust Banks Inc	312 shares common stock	6,760	8,845
	Swiss RE LTD	210 shares common stock	12,442	15,183
	Takeda Pharmaceutical Co	450 shares common stock	11,212	9,990
	Target Corp	55 shares common stock	2,251	3,254
	TDK Corp Amer Deposit Shs	120 shares common stock	7,448	4,386
	TE Connectivity LTD.	425 shares common stock	13,251	15,776
	Telecom Italia	1,545 shares common stock	34,785	13,982
	Telefonica SA	397 shares common stock	8,026	5,355
	Telenav Inc	397 shares common stock	4,274	3,171
	Terex CP	259 shares common stock	6,203	7,280
	Tesco PLC	640 shares common stock	9,772	10,611
	Tesoro Petroleum	249 shares common stock	5,586	10,968
	Teva Pharmaceutical Inds Ltd	78 shares common stock	3,106	2,913
	Texas Instruments Inc	168 shares common stock	5,696	5,190
	The Mosaic Co	29 shares common stock	1,892	1,642
	Tim Participacoes SA	493 shares common stock	12,337	9,771
	Time Warner Cable Inc	30 shares common stock	2,041	2,916
	Timken Co	123 shares common stock	5,585	5,883
	TJX Cos Inc	164 shares common stock	6,071	6,962
	Toki Marine Hldgs Inc	412 shares common stock	11,690	11,470
	Total S.A.	410 shares common stock	22,909	21,324
	Toyota Motor Corp	198 shares common stock	15,202	18,464
	Travelers Companies Inc	70 shares common stock	4,000	5,027
	UBS AG	685 shares common stock	9,767	10,782
	Unilever	297 shares common stock	10,030	11,375
	Unilever	375 shares common stock	9,833	14,363
	Balance carried forward		3,104,801	6,933,849

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST

SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		3,104,801	6,933,849
	United Parcel Service Inc	167 shares common stock	12,837	12,313
	United STS STL CP	79 shares common stock	3,484	1,884
	United Technologies Corp	74 shares common stock	6,127	6,069
	UnitedHealth Group Inc	116 shares common stock	4,061	6,292
	Valero Energy Corp	91 shares common stock	1,796	3,105
	Verizon Communications	155 shares common stock	5,075	6,707
	Visa Inc	101 shares common stock	11,807	15,310
	Vishay Intertechnology Inc	529 shares common stock	3,847	5,623
	Vodafone Group	340 shares common stock	8,610	8,565
	Walt Disney Co	137 shares common stock	5,864	6,821
	Wells Fargo & Co	612 shares common stock	16,219	20,918
	Wells Fargo & Co	484 shares common stock	16,129	16,543
	Whiting Petroleum Corp	102 shares common stock	4,875	4,424
	Wolters Kluwer NV	452 shares common stock	8,757	9,343
	Zions Bancorp	117 shares common stock	2,286	2,504
	Total		$ 3,216,575	$ 7,060,270

* Represents a party-in-interest as defined by ERISA.
** Costs omitted for participant directed investments.
*** Reported at contract value for purposes of this schedule. Fair value at December 31, 2012, was $407,955.

Reference is made to the accompanying Independent Auditor's Report relating to information contained in this schedule.

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

EIN: 36-2091214

Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	American Funds	Mutual fund - American Funds Bond Fund Of Amer A	**	$ 58,116
	American Century Investments	Mutual fund - American Cen Strategic Alloc: Cons Adv	**	396,779
	American Century Investments	Mutual fund - Am Cen Strategic Alloc: Mod Adv	**	389,284
	American Century Investments	Mutual fund - Am Cen Strategic Alloc: Agg Adv	**	128,228
	American Funds	Mutual fund - American Funds EuroPacific Gr A	**	105,785
	American Funds	Mutual fund - American Funds Grth fund of Amer A	**	390,551
	American Funds	Mutual fund - American Funds Invmt Co of Amer A	**	247,910
	American Funds	Mutual fund - American Funds AMCAP A	**	58,885
	American Funds	Mutual fund - American Funds Capital World G/ IA	**	284,605
	American Funds	Mutual fund - American Funds Fundamental Invs A	**	56,756
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2050 A	**	3,210
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2045 A	**	14,108
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2040 A	**	125,278
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2035 A	**	3,122
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2015 A	**	7,994
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2030 A	**	79,657
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2025 A	**	5,491
	Gabelli	Mutual fund - Gabelli Asset AAA	**	267,583
	Lord Abbett	Mutual fund - Lord Abbett Mid-Cap Value P	**	13,665
	Lord Abbett	Mutual fund - Lord Abbett Small -Cap Value P	**	205,921
	Lord Abbett	Mutual fund - Lord Abbett Small-Cap Blend P	**	18,498
	Vanguard	Mutual fund - Vanguard 500 Index	**	224,732
	Vanguard	Mutual fund - Vanguard Small Cap Growth Index	**	198,858
	Reliance	Reliance TR Co Stable Value Fd Collective Invt Tr ***	**	388,415
*	Notes receivable from participants	Interest rate of 4.25%	**	78,811
	Conseco Life Insurance Company	Life Insurance Policy - Policy Numbers: 10L1017990, 10L0568820, 10L0540690	$ 16,024	16,024
*	Mid Atlantic Trust Company	Cash	**	3,372
*	Smith Barney Money Funds	Cash	147,343	147,343
	Federal Government	$8,000 U.S. Treasury Note; maturity date 4/30/2015; 2.500% interest	8,499	8,408
	Federal Government	$14,000 U.S. Treasury Note; maturity date 11/15/2010; 2.625% interest	13,079	15,365
	Federal Government	$14,000 U.S. Treasury Note; maturity date 5/15/2013; 1.375% interest	14,273	14,065
	Federal Government	$26,000 U.S. Treasury Note; maturity date 1/31/2019; 1.25% interest	26,573	26,471
	Federal Government	$15,000 U.S. Treasury Note; maturity date 5/15/2017; 4.500% interest	15,722	17,518
	Balance carried forward		241,513	4,000,808

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		241,513	4,000,808
	Federal Government	$20,000 U.S. Treasury Note; maturity date 9/30/2013; 3.125% interest	20,700	20,437
	Federal Government	$20,000 U.S. Treasury Note; maturity date 5/31/2014; 2.250% interest	21,028	20,569
	Federal Government	$14,000 U.S. Treasury Note; maturity date 2/15/2020; 3.625% interest	15,991	16,358
	Federal Home Loan Mtg Corp	$12,000 Government bond; maturity date 8/25/2016; 2.000% interest	12,647	12,629
	Federal Home Loan Mtg Corp	$20,000 Government bond; maturity date 7/15/2013; 4.500% interest	19,564	20,469
	Federal Natl Mtg Assn Ser	$18,000 Government bond; maturity date 10/15/2014; 4.625% interest	17,419	19,393
	American Express	$30,000 Corporate bond; maturity date 7/15/2013; 4.875% interest	29,208	30,698
	American Express Credit	$10,000 Corporate bond; maturity date 6/12/2015; 1.750% interest	10,223	10,210
	Bank New York Mellon Corp	$30,000 Corporate bond; maturity date 5/15/2014; 4.300% interest	32,355	31,529
	Bank New York Mellon Corp	$20,000 Corporate bond; maturity date 5/15/2014; 4.300% interest	21,736	21,020
	Caterpillar Inc	$30,000 Corporate bond; maturity date 5/27/2021; 3.900% interest	34,451	33,657
	Cisco Systems Inc	$30,000 Corporate bond; maturity date 2/22/2016; 5.500% interest	34,970	34,291
	Coca Cola Co	$20,000 Corporate bond; maturity date 3/15/2019; 4.875% interest	20,122	23,856
	Comcast Corp	$30,000 Corporate bond; maturity date 1/15/2014; 5.300% interest	31,025	31,475
	ConocoPhillips	$20,000 Corporate bond; maturity date 1/15/2015; 4.600% interest	21,318	21,614
	ConocoPhillips	$15,000 Corporate bond; maturity date 1/15/2015; 4.600% interest	16,662	16,211
	Devon Energy Corp	$30,000 Corporate bond; maturity date 1/15/2019; 6.300% interest	36,071	37,228
	Ebay Inc	$20,000 Corporate bond; maturity date 7/15/2022; 2.600% interest	20,424	20,205
	Ei Du Pont Nemour & Co	$30,000 Corporate bond; maturity date 1/15/2015; 3.250% interest	31,710	31,578
	Eli Lilly & Co	$20,000 Corporate bond; maturity date 3/6/2014; 4.200% interest	20,622	20,866
	Eli Lilly & Co	$20,000 Corporate bond; maturity date 3/6/2014; 4.200% interest	20,729	20,866
	General Electric Capital Corp	$25,000 Corporate bond; maturity date 9/15/2017; 5.625% interest	27,993	29,493
	General Electric Capital Corp	$20,000 Corporate bond; maturity date 1/9/2017; 2.900% interest	20,357	21,147
	Hewlett-Packard Co	$20,000 Corporate bond; maturity date 12/9/2021; 4.650% interest	19,733	20,078
	John Deere Capital Corp	$30,000 Corporate bond; maturity date 3/15/2017; 1.400% interest	30,426	30,287
	JP Morgan Chase & Co	$30,000 Corporate bond; maturity date 1/20/2015; 3.700% interest	31,555	31,586
	Kraft Foods Inc	$30,000 Corporate bond; maturity date 8/11/2017; 6.500% interest	33,979	36,641
	McDonalds Corp	$20,000 Corporate bond; maturity date 3/1/2018; 5.350% interest	21,321	24,123
	National Rural Utils Coop Fin	$15,000 Corporate bond; maturity date 3/1/2014; 4.750% interest	14,699	15,721
	Oracle Corp	$15,000 Corporate bond; maturity date 4/15/2013; 4.950% interest	15,019	15,192
	Oracle Corp	$20,000 Corporate bond; maturity date 4/15/2013; 4.950% interest	20,026	20,257
	PepsiCo Inc	$20,000 Corporate bond; maturity date 2/15/2013; 4.650% interest	21,469	20,109
	Procter & Gamble Co	$30,000 Corporate bond; maturity date 2/15/2019; 4.700% interest	30,356	35,444
	Procter & Gamble Co	$10,000 Corporate bond; maturity date 2/15/2019; 4.700% interest	10,048	11,815
	Simon Property Group Inc	$15,000 Corporate bond; maturity date 3/15/2022; 3.375% interest	15,876	15,842
	Sysco Corp	$15,000 Corporate bond; maturity date 2/12/2018; 5.250% interest	15,236	17,881
	Sysco Corp	$10,000 Corporate bond; maturity date 2/12/2018; 5.250% interest	10,157	11,921
	Target Corp	$10,000 Corporate bond; maturity date 1/15/2022; 2.900% interest	10,392	10,599
	Target Corp	$20,000 Corporate bond; maturity date 7/15/2016; 5.875% interest	23,805	23,594
	Texas Instrument Inc	$10,000 Corporate bond; maturity date 5/16/2016; 2.375% interest	10,175	10,466
	United Parcel Service	$20,000 Corporate bond; maturity date 1/15/2018; 5.500% interest	21,395	24,030
	US Bancorp	$15,000 Corporate bond; maturity date 5/15/2014; 4.200% interest	15,835	15,748
	Wal-Mart Stores	$20,000 Corporate bond; maturity date 7/1/2015; 4.500% interest	21,754	21,904
	Walgreen Co	$30,000 Corporate bond; maturity date 1/15/2019; 5.250% interest	32,251	35,187
	Walt Disney Company	$30,000 Corporate bond; maturity date 12/15/2013; 4.500% interest	33,010	31,165
	Wells Fargo & Co	$30,000 Corporate bond; maturity date 12/11/2017; 5.625% interest	33,659	35,781
	3M Co	$15,000 Corporate bond; maturity date 8/15/2013; 4.375% interest	16,299	15,384
	Balance carried forward		1,287,313	5,077,362

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		1,287,313	5,077,362
	Agco Corp	138 shares common stock	5,271	6,779
	Abbott Laboratories	349 shares common stock	19,625	22,860
	Accenture PLC Ireland CL A	123 shares common stock	7,332	8,180
	Aegon NV ADR	2,460 shares common stock	21,352	15,842
	Akzo Nobel NV ADR	415 shares common stock	7,908	9,338
	Albemarle Corp	114 shares common stock	4,626	7,082
	Allergan Inc	191 shares common stock	17,116	17,520
	Alliant Energy Corp	153 shares common stock	6,047	6,718
	American Finl Group Inc	162 shares common stock	4,544	6,402
	America Movil S.A.B.	325 shares common stock	7,671	7,521
	Amerisourcbergen Corp	279 shares common stock	10,675	12,047
	Amerisourcbergen Corp	154 shares common stock	3,234	6,650
	Amsurg Corp	244 shares common stock	5,380	7,322
	Anadarko Petroleum Corp	83 shares common stock	4,806	6,168
	Ann Inc	190 shares common stock	6,336	6,430
	Apache Corp	45 shares common stock	4,677	3,532
	Apple Inc	39 shares common stock	12,745	20,755
	Archer Daniels Midland	156 shares common stock	4,675	4,273
	Astellas Pharma Inc	250 shares common stock	8,845	11,213
	Astrazeneca	325 shares common stock	15,613	15,363
	AT&T Inc	451 shares common stock	13,249	15,203
	Banco Do Brasil SA Spon ADR	465 shares common stock	4,723	5,892
	Banco Santander Brasil SA ADS	675 shares common stock	6,173	4,914
	Bank of America Corp	841 shares common stock	9,357	9,764
	Barclays PLC ADR	591 shares common stock	14,372	10,236
	Bed Bath & Beyond Inc	133 shares common stock	8,027	7,436
	Biogen Idec Inc	38 shares common stock	5,397	5,562
	BMC Software	132 shares common stock	4,594	5,230
	BP PLC ADS	400 shares common stock	17,264	16,656
	Bristol Myers Squibb Co.	157 shares common stock	5,195	5,117
	Broadcom Corp	79 shares common stock	2,771	2,624
	Brocade Commun Systems Inc	1,054 shares common stock	6,148	5,618
	Cameron International Corp	260 shares common stock	12,838	14,680
	Canon Inc	238 shares common stock	8,015	9,332
	Capital Lease Funding Inc	1,177 shares common stock	6,280	6,556
	Carnival Corp	53 shares common stock	1,680	1,949
	Carrefour SA Sponsored ADR	3,820 shares common stock	22,827	19,673
	Caterpillar Inc	54 shares common stock	2,700	4,839
	CBRE Group Inc	263 shares common stock	4,911	5,234
	Cemex SAB De CV	887 shares common stock	7,176	8,755
	Centrais Eletricas Brasileiras	1,040 shares common stock	11,662	3,245
	Chevron Corp	150 shares common stock	11,775	16,221
	Chicos FAS Inc	405 shares common stock	5,621	7,476
	Cigna Corp	85 shares common stock	3,238	4,544
	Cisco Sys Inc	380 shares coommon stock	7,153	7,467
	Balance carried forward		1,668,937	5,483,580

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		1,668,937	5,483,580
	Cliffs Natural Resources	53 shares common stock	2,314	2,044
	Coca-Cola Co	632 shares common stock	22,009	22,910
	Coeur D Alene Mines Corp	231 shares common stock	5,402	5,683
	Colgate Palmolive Co	51 shares common stock	4,004	5,332
	Colgate Palmolive Co	167 shares common stock	15,735	17,458
	Comcast Corp	184 shares common stock	3,449	6,874
	Commrece Bancshares Inc	129 shares common stock	4,158	4,523
	Cooper Tire & Rubber	285 shares common stock	6,323	7,228
	Copart Inc	236 shares common stock	5,446	6,962
	Corning Inc	246 shares common stock	4,781	3,104
	Costco Wholesale Corp	160 shares common stock	10,874	15,797
	CRH PLC ADR	815 shares common stock	15,835	16,577
	CVS Caremark Corp	140 shares common stock	5,055	6,769
	Dai Nippon Prtg Ltd	710 shares common stock	8,315	5,510
	Daiichi Sankyo Co LTD Spon ADR	660 shares common stock	12,723	10,058
	Daimler AG	185 shares common stock	7,990	10,103
	Deutsche Telekom	942 shares common stock	16,591	10,703
	Devon Energy Corp	46 shares common stock	3,385	2,394
	Domino's Pizza Inc	169 shares common stock	2,643	7,360
	Dow Chemical Co	238 shares common stock	6,023	7,694
	Duke Energy Corp	108 shares common stock	6,284	6,890
	Eaton Corp	80 shares common stock	4,132	4,334
	Ebay Inc	227 shares common stock	8,564	11,576
	Eli Lilly & Co	80 shares common stock	3,332	3,946
	EMC Corp-Mass	135 shares common stock	2,898	3,416
	EMC Corp-Mass	189 shares common stock	5,352	4,782
	Emerson Electric Co	102 shares common stock	5,195	5,402
	Eni SPA Amer Dep Rcpt	415 shares common stock	18,788	20,393
	Ericsson L M Tel Co	1,099 shares common stock	10,841	10,191
	Express Scripts Hldg Co	292 shares common stock	16,524	15,768
	Exxon Mobil Corp	249 shares common stock	19,122	21,551
	First American Finl Corp	297 shares common stock	6,376	7,155
	First Pac Ltc Sp ADR	320 shares common stock	1,581	1,770
	Flextronics Intl Ltd	1,190 shares common stock	7,914	7,390
	FMC Corp	160 shares common stock	5,775	9,363
	Foot Locker Inc	174 shares common stock	6,461	5,589
	Ford Motor Company	393 shares common stock	4,160	5,090
	France Telecom	1,127 shares common stock	23,147	12,453
	Fresh Del Monte Produce	230 shares common stock	5,937	6,061
	Fujifilm Hldgs Corp	465 shares common stock	13,953	9,314
	Gannett Company Inc	387 shares common stock	6,084	6,970
	GDF Suez Spon ADR	920 shares common stock	21,254	19,357
	General Electric Co	689 shares common stock	13,899	14,462
	General Electric Co	946 shares common stock	18,485	19,857
	Balance carried forward		2,068,050	5,891,743

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		2,068,050	5,891,743
	Glaxosmithkline	267 shares common stock	12,459	11,606
	Goldman Sachs Group Inc	69 shares common stock	7,848	8,802
	Google Inc	16 shares common stock	9,055	11,318
	H Lundbeck A/S	455 shares common stock	10,645	6,620
	Halliburton Co Holdings Co	95 shares common stock	2,899	3,295
	Helmerich & Payne Inc	135 shares common stock	7,013	7,561
	Hertz Global Holdings Inc	460 shares common stock	3,317	7,484
	Hess Corp	60 shares common stock	3,716	3,178
	Hewlett Packard Co.	147 shares common stock	4,744	2,095
	Home Depot Inc	97 shares common stock	4,855	5,999
	Honda Motor Co Ltd	360 shares common stock	12,441	13,298
	HSBC Holding Place	220 shares common stock	10,998	11,675
	HSN Inc	80 shares common stock	2,190	4,406
	Hyatt Hotels Corp	72 shares common stock	2,544	2,777
	Interactive Corp	182 shares common stock	4,878	8,598
	Idacorp Inc	144 shares common stock	6,329	6,242
	Ingredion Inc	114 shares common stock	6,361	7,345
	Intel Corp	170 shares common stock	4,025	3,505
	Interdigital Inc	157 shares common stock	4,453	6,451
	International Paper Co	158 shares common stock	3,423	6,295
	Intesa Sanpaola S.P.A. ADR	855 shares common stock	19,228	9,097
	Italcementi Fabrich Riunte	935 shares common stock	9,668	5,180
	J Sainsbury PLC Spon ADR	376 shares common stock	8,371	8,531
	Johnson & Johnson	165 shares common stock	10,480	11,566
	Johnson Controls Incorporated	149 shares common stock	4,016	4,570
	JP Morgan Chase & Co	430 shares common stock	16,473	18,907
	Juniper Networks	638 shares common stock	11,729	12,549
	KBR Inc	205 shares common stock	6,351	6,134
	Kinder Morgan Incorp	140 shares common stock	3,949	4,946
	Kingfisher PLC Spons ADR	740 shares common stock	5,269	6,837
	Koninklijke Ahold ADR	869 shares common stock	6,072	11,818
	Kraft Foods Group Inc	46 shares common stock	1,866	2,092
	Kroger Co	117 shares common stock	2,591	3,044
	Laboratory Corp Amer Holdgs	54 shares common stock	3,914	4,677
	Las Vegas Sands Corporation	101 shares common stock	5,730	4,662
	LSI Corp	847 shares common stock	6,313	5,988
	Magellan Health Svcs	105 shares common stock	4,850	5,145
	Marathon Oil Corp	119 shares common stock	2,678	3,649
	Marathon Petroleum Corp	54 shares common stock	1,563	3,402
	Marks & Spencer Group	930 shares common stock	11,365	11,588
	Marriot International Inc	59 shares common stock	1,415	2,199
	McDonalds Corp	90 shares common stock	8,653	7,939
	McKesson Corp	44 shares common stock	3,635	4,266
	Medtronic Inc	129 shares common stock	5,365	5,292
	Balance carried forward		2,353,787	6,194,371

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		2,353,787	6,194,371
	Merck & Co Inc	227 shares common stock	7,710	9,293
	MetLife Inc	92 shares common stock	3,396	3,030
	Microsoft Copr	112 shares common stock	2,841	2,991
	Mitsubishi UFJ Financial Group	1,610 shares common stock	11,048	8,726
	Mondelez Intl Inc	140 shares common stock	3,502	3,563
	Mondelez Intl Inc	699 shares common stock	17,534	17,792
	Monsanto Co	220 shares common stock	17,320	20,823
	Morgan Stanley	169 shares common stock	4,019	3,231
	MS&AD Insurance	950 shares common stock	14,249	9,405
	MYR Group Inc	290 shares common stock	6,259	6,453
	Myriad Genetic Inc	241 shares common stock	5,663	6,567
	Nasdaq OMX Group Inc	248 shares common stock	7,350	6,198
	Netscout Systems Inc	255 shares common stock	6,248	6,627
	Nextera Engery Inc	44 shares common stock	2,414	3,044
	Nike Inc	140 shares common stock	5,312	7,224
	Nippon Tel & Tel	786 shares common stock	17,672	16,530
	Occidental Petroleum Corp	72 shares common stock	6,746	5,516
	Occidental Petroleum Corp	135 shares common stock	13,236	10,342
	Ocwen Finl Corp	190 shares common stock	2,492	6,572
	Oil Co Lukoil SPN ADR	180 shares common stock	11,267	12,150
	Oil States Intl Inc	76 shares common stock	6,276	5,437
	Omnicom Group Inc	181 shares common stock	5,546	6,534
	Omnicom Group Inc	43 shares common stock	2,065	2,148
	Oracle Corp	68 shares common stock	1,764	2,266
	Oracle Corp	554 shares common stock	15,779	18,459
	Patterson UTI Energy Inc	221 shares common stock	5,979	4,117
	PepsiCo Inc	46 shares common stock	2,942	3,148
	PepsiCo Inc	174 shares common stock	10,943	11,907
	Perry Ellis Intl Inc	291 shares common stock	6,232	5,805
	Petroleo Brasileiro SA ADR	530 shares common stock	15,339	10,234
	Pfizer Inc	606 shares common stock	10,723	15,198
	P G & E Corporation	65 shares common stock	2,810	2,612
	Philip Morris International Inc.	79 shares common stock	5,391	6,608
	Philip Morris International Inc.	233 shares common stock	20,955	19,488
	PNC Financial Services Group	89 shares common stock	5,630	5,190
	Portugal Telecom SGPS SA	945 shares common stock	10,182	4,706
	Posco ADS	115 shares common stock	9,843	9,447
	Post Properties Inc	132 shares common stock	6,099	6,593
	PPL Corp	93 shares common stock	2,417	2,663
	Proassurance CP	126 sares common stock	-	5,315
	Proctor & Gamble Co	199 shares common stock	12,570	13,510
	Procter & Gamble Co	198 shares common stock	13,224	13,442
	Prudential Financial Inc	117 shares common stock	6,947	6,240
	Qualcomm Inc	372 shares common stock	17,014	23,012
	Balance carried forward		2,716,735	6,564,527

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		2,716,735	6,564,527
	Raymond James Financial Corp	161 shares common stock	5,889	6,203
	Regions Financial Corp	435 shares common stock	3,046	3,102
	Sabra Healthcare REIT Inc	375 shares common stock	6,201	8,145
	Sanofi ADR	323 shares common stock	13,203	15,304
	Schlumberger Ltd	94 shares common stock	5,555	6,514
	Schlumberger Ltd	117 shares common stock	7,756	8,108
	Seagate Technology PLC	285 shares common stock	8,495	8,670
	Seiko Epson Corp	1,070 shares common stock	12,747	4,248
	Seven & I Hldgs Co Ltd	95 shares common stock	4,924	5,353
	SK Telecom Ltd	365 shares common stock	6,609	5,778
	Sony Corp	443 shares common stock	13,217	4,962
	Southern Co	135 shares common stock	5,522	5,779
	Starbucks Corp	239 shares common stock	12,159	12,818
	Stmicroelectronics	1,065 shares common stock	9,287	7,711
	Stryker Corp	213 shares common stock	11,296	11,677
	Suez Environnement Unspon ADR	1,225 shares common stock	6,642	7,411
	Sumitomo Mutsui Finl Group Inc	971 shares common stock	9,529	7,127
	Suncor Energy Inc	107 shares common stock	3,820	3,529
	SunTrust Banks Inc	312 shares common stock	6,760	8,845
	Swiss RE LTD	210 shares common stock	12,442	15,183
	Takeda Pharmaceutical Co	450 shares common stock	11,212	9,990
	Target Corp	55 shares common stock	2,251	3,254
	TDK Corp Amer Deposit Shs	120 shares common stock	7,448	4,386
	TE Connectivity LTD.	425 shares common stock	13,251	15,776
	Telecom Italia	1,545 shares common stock	34,785	13,982
	Telefonica SA	397 shares common stock	8,026	5,355
	Telenav Inc	397 shares common stock	4,274	3,171
	Terex CP	259 shares common stock	6,203	7,280
	Tesco PLC	640 shares common stock	9,772	10,611
	Tesoro Petroleum	249 shares common stock	5,586	10,968
	Teva Pharmaceutical Inds Ltd	78 shares common stock	3,106	2,913
	Texas Instruments Inc	168 shares common stock	5,696	5,190
	The Mosaic Co	29 shares common stock	1,892	1,642
	Tim Participacoes SA	493 shares common stock	12,337	9,771
	Time Warner Cable Inc	30 shares common stock	2,041	2,916
	Timken Co	123 shares common stock	5,585	5,883
	TJX Cos Inc	164 shares common stock	6,071	6,962
	Toki Marine Hldgs Inc	412 shares common stock	11,690	11,470
	Total S.A.	410 shares common stock	22,909	21,324
	Toyota Motor Corp	198 shares common stock	15,202	18,464
	Travelers Companies Inc	70 shares common stock	4,000	5,027
	UBS AG	685 shares common stock	9,767	10,782
	Unilever	297 shares common stock	10,030	11,375
	Unilever	375 shares common stock	9,833	14,363
	Balance carried forward		3,104,801	6,933,849

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST

SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		3,104,801	6,933,849
	United Parcel Service Inc	167 shares common stock	12,837	12,313
	United STS STL CP	79 shares common stock	3,484	1,884
	United Technologies Corp	74 shares common stock	6,127	6,069
	UnitedHealth Group Inc	116 shares common stock	4,061	6,292
	Valero Energy Corp	91 shares common stock	1,796	3,105
	Verizon Communications	155 shares common stock	5,075	6,707
	Visa Inc	101 shares common stock	11,807	15,310
	Vishay Intertechnology Inc	529 shares common stock	3,847	5,623
	Vodafone Group	340 shares common stock	8,610	8,565
	Walt Disney Co	137 shares common stock	5,864	6,821
	Wells Fargo & Co	612 shares common stock	16,219	20,918
	Wells Fargo & Co	484 shares common stock	16,129	16,543
	Whiting Petroleum Corp	102 shares common stock	4,875	4,424
	Wolters Kluwer NV	452 shares common stock	8,757	9,343
	Zions Bancorp	117 shares common stock	2,286	2,504
	Total		$ 3,216,575	$ 7,060,270

* Represents a party-in-interest as defined by ERISA.
** Costs omitted for participant directed investments.
*** Reported at contract value for purposes of this schedule. Fair value at December 31, 2012, was $407,955.

Reference is made to the accompanying Independent Auditor's Report relating to information contained in this schedule.