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;
- [X] special extension (enter description) NOT FILED BY DUE DATE

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE HABITAT COMPANY EMPLOYEES' RETIREMENT & SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1998

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

THE HABITAT CO.

350 WEST HUBBARD ST
SUITE 500
CHICAGO, IL 60654

350 WEST HUBBARD ST
SUITE 500
CHICAGO, IL 60654

2b Employer Identification Number (EIN)
30-0023745

2c Sponsor's telephone number

2d Business code (see instructions)
531110

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.	12/05/2013	CYNTHIA DIETZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/05/2013	CYNTHIA DIETZ
	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**	507
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**	463
b Retired or separated participants receiving benefits	**6b**	3
c Other retired or separated participants entitled to future benefits	**6c**	71
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	537
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	537
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	428
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	14
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:
2F 2G 2J 2K 2S 2T 3D 3H

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	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
THE HABITAT COMPANY EMPLOYEES' RETIREMENT & SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE HABITAT CO.

D Employer Identification Number (EIN)
30-0023745

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FID INV INST OPS CO

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTION

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 60	RECORDKEEPER	24174	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PETER SHANNON AND CO

36-3952019

(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	ACCOUNTANT	21500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLUE PRAIRIE GROUP

76-0701903

(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 16	INVESTMENT CONSULTANT	16875	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN MID CAP VAL - BOSTON 330 W 9TH STREET KANSAS CITY, MO 66160	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL SM CAP VALUE I Z - COLUMBIA 04-2838628	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SM CAP GRTH A - BOSTON 330 W 9TH STREET KANSAS CITY, MO 66160	0.50%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP EQUITY INCOME - T ROWE PRICE 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP NEW INCOME - T. ROWE PRICE 52-2269240	0.15%

(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
THE HABITAT COMPANY EMPLOYEES' RETIREMENT & SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE HABITAT CO.

D Employer Identification Number (EIN)
30-0023745

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2146960	1856979
(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)	442479	396955
(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)	11507732	12628014
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	14097171	14881948
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	14097171	14881948

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)	471424	
	(B) Participants	2a(1)(B)	935700	
	(C) Others (including rollovers)	2a(1)(C)	210049	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1617173
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	212	
	(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)	19051	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		19263
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	315153	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		315153
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1288372
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3239961
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2379728	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2379728
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		11819
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1067	
(4) Other	2i(4)	62570	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		63637
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2455184
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		784777
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) [X] 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 [X] No

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

(1) Name: PETER SHANNON AND CO. **(2)** EIN: 36-3952019

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		3182
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		7500000
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			
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

THE HABITAT COMPANY
EMPLOYEES' RETIREMENT AND SAVINGS PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2012 AND 2011

PETER SHANNON & CO.
CERTIFIED PUBLIC ACCOUNTANTS

6412 Joliet Road, Suite 1
Countryside, Illinois 60525

July 26, 2013

The Habitat Company
Employees' Retirement and Savings Plan
350 West Hubbard Street, Suite 500
Chicago, Illinois 60654

Independent Auditor's Report

Gentlemen:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Habitat Company Employees' Retirement and Savings Plan, which comprise the statements of net assests available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

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

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

Independent Auditor's Report July 26, 2013

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

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

Peter Shannon & Co.

Certified Public Accountants

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Exhibit I

The Habitat Company
Employees' Retirement and Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2012 and 2011

Assets	2012	2011
Investments - At Fair Value (Notes 2, 3 and 4)	$ 14,484,993	$ 13,654,692
Receivables		
Employer's Contribution	$ 3,000	$ 10,248
Participant Contributions		27,892
Notes Receivable from Participants	396,955	442,479
	$ 399,955	$ 480,619
Net Assets Available for Benefits	$ 14,884,948	$ 14,135,311

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

PETER SHANNON & CO.
CERTIFIED PUBLIC ACCOUNTANTS

Exhibit II

The Habitat Company
Employees' Retirement and Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2012 and 2011

	2012	2011
Additions to Net Assets Attributed to:		
Investment Income		
Net Appreciation (Depreciation) in Fair Value of Investments (Note 4)	$ 1,288,373	$ (374,553)
Interest and Dividends	315,364	272,450
	$ 1,603,737	$ (102,103)
Interest Income on Notes Receivables from Participants	$ 19,051	$ 19,050
Contributions		
Employers	$ 461,176	$ 470,490
Participants	910,808	904,740
Rollovers and Other	210,049	23,300
	$ 1,582,033	$ 1,398,530
Total Additions	$ 3,204,821	$ 1,315,477
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	$ 2,379,727	$ 2,155,116
Deemed Distributions	11,819	6,585
Corrective Distributions		2,300
Administrative Expenses	63,638	70,692
Total Deductions	$ 2,455,184	$ 2,234,693
Net Increase (Decrease) in Net Assets Available for Benefits	$ 749,637	$ (919,216)
Net Assets Available for Benefits - Beginning of Year	14,135,311	15,054,527
Net Assets Available for Benefits - End of Year	$ 14,884,948	$ 14,135,311

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

The Habitat Company
Employees' Retirement and Savings Plan
Notes to Financial Statements
December 31, 2012 and 2011

Note 1 **Description of the Plan**

The following brief description of The Habitat Company Employees' Retirement and Savings Plan is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General

The Plan adopted effective as of November 1, 1988 has been approved by the Internal Revenue Service. At April 1, 1994, the Plan was converted into the Corporate Plan for Retirement (a Fidelity Prototype Plan). The Plan is a defined contribution plan with a 401(k) plan feature covering nonunion full-time employees of The Habitat Company LLC and its affiliates. It is subject to the provisions of the Employee Retirement Act of 1974 (ERISA). The trustee designated for the Plan is Fidelity Management Trust Company.

Eligibility

Employees are eligible to participate in the Plan upon employment if they have attained the age of 21 and are not covered by a collective bargaining agreement for which retirement benefits have been the subject of good faith negotiations. Employees participation in the Plan for purposes of employer matching contributions requires one year of service for eligibility purposes. The employee shall continue as a participant until normal retirement date or otherwise terminated or become a member of a class of employees excluded from the Plan.

Employee Contributions

A member may elect to save through pay reduction each payroll period the lesser of 60% of eligible compensation or the maximum allowed by law in a calendar year as adjusted by the Secretary of the Treasury. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions and the Company contributions into various investment options offered by the Plan. The Plan currently offers over fifteen mutual funds for participants.

Employer Contributions

The Company may make matching contributions to members' matching contributions accounts. As of January 1, 1997, the Company will match participants' before-tax contributions in the amount of one dollar for every dollar of employee contribution up to a maximum amount equal to the lesser of: (a) $3,000 or (b) 6% of total compensation. The matching formula is subject to annual review by the Board of Directors.

Notes Receivable from Participants

The committee may grant a loan to a member for various reasons. 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 account balance. The loans are evidenced by promissory notes with a reasonable rate of interest as determined by the Plan administrator based on the prevailing interest rates charged by persons in the business of lending money for loans made under similar circumstances. Interest ranges from 4.25% to 5.00%. The loan shall be repaid by the member through payroll deductions no less frequently than quarterly. The loan must be repaid in no more than five years unless it is for the purchases of member's principal residence in which case the loan repayment period may not extend beyond ten years.

Note 1 **Description of the Plan (Continued)**

Notes Receivable from Participants (Continued)

The loans are secured with an irrevocable pledge and assignment of 50% of the nonforfeiture amount of the borrowing participants accrued benefit under the Plan or other security deemed acceptable by the Advisors Committee.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Company's contribution, Plan earnings, and forfeitures of terminated participants' nonvested accounts and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Upon retirement or termination, the participant will be entitled to the amount shown in their account balances determined as follows:

Matching Contribution Accounts

Credited Service	Capital Accumulation
Less Than 1 Full Year	- 0 -
1 Full Year	33%
2 Full Years	67%
3 or More Full Years	100%
Pay Conversion and Rollover Accounts	100%

After becoming eligible, a participant will be credited with additional years of credited service in each subsequent plan year in which the participant earns at least 1,000 hours of service.

Payment of Benefits

A participant's capital accumulation will normally be distributed in a single distribution in the event of retirement, disability or death. Distributions are subject to the discretion of the administrative committee, but in no event, later than 60th day following the last day of the plan year during which the member's normal retirement date occurs.

Forfeited Accounts

Forfeited nonvested accounts will be reallocated to participants in the same manner as employer contributions.

Note 2 **Summary of Significant Accounting Policies**

The following are the significant policies followed by the Plan:

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Under the accrual basis of accounting, revenues are recorded as earned and expenses are recorded at the time liabilities are incurred.

Note 2 **Summary of Significant Accounting Policies (Continued)**

Use of Estimates in the Preparation of Financial Statements

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.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Notes Receiving from Participants

Notes Receivables from Participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2012 and 2011. If a participant ceases to make loan repayments and the Plan administrator claims the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

The Plan currently pays the audit fees associated with the Plan as well as investment management fees associated with the Plan.

Reclassifications

Certain items in the prior year financial statements have been reclassified to conform with current year presentation.

Note 3 **Fair Value Measurements**

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

Note 3 **Fair Value Measurements (Continued)**

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or Level 3 inputs were available to the Plan.

Level 1 Fair Value Measurements

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2012 and 2011:

Fair Value Measurements
As of December 31, 2012 Using:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)
Mutual Funds		
Index Funds	$ 689,591	$ 689,591
Balanced Funds	2,358,517	2,358,517
Growth Funds	6,242,619	6,242,619
Fixed Income Funds	2,221,699	2,221,699
Value Funds	2,972,567	2,972,567
Total Assets at Fair Value	$ 14,484,993	$ 14,484,993

Fair Value Measurements
As of December 31, 2011 Using:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)
Mutual Funds		
Index Funds	$ 670,054	$ 670,054
Balanced Funds	2,001,357	2,001,357
Growth Funds	5,599,559	5,599,559
Fixed Income Funds	2,531,703	2,531,703
Value Funds	2,852,019	2,852,019
Total Assets at Fair Value	$ 13,654,692	$ 13,654,692

Note 4 Investments

The Plan's investments are held or to be held by the trustee. The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

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

	2012	2011
Fidelity Contra Fund 46,099 and 50,217 shares, respectively	$ 3,575,861	$ 3,387,648
Fidelity Diversified International 26,065 and 28,925 shares, respectively	780,392	738,166
Fidelity Retirement Money Market 1,856,979 and 2,146,960 shares, respectively	1,856,979	2,146,960
Spartan U.S. Equity Index 15,019 and 12,679 shares, respectively	1,402,444	1,025,581
TRP New Income 124,376 and 121,636 shares, respectively	1,225,102	1,177,381
TRP Equity Income 46,417 and 51,860 shares, respectively	1,227,738	1,195,897

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

Mutual Funds	$ 1,288,373

Note 5 Related Party Transactions and Party in Interest Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

The Plan currently pays the audit fees associated with the Plan.

The Plan currently pays investment consulting fees associated with the Plan.

All of these party-in-interest trasactions are exempt from the prohibited transaction rules of ERISA.

Note 6 Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

Note 7 Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated August 4, 1995, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Note 7 **Tax Status (Continued)**

Accounting principles generally accepted in the United States of America requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however there are currently no audits for any tax periods in progress.

Management believes the Company's federal and state income tax returns for the previous three years are subject to examination by the applicable taxing authority.

Note 8 **Risks and Uncertainties**

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

Note 9 **Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits as recorded in the financial statements to Form 5500 at December 31, 2012 and 2011, respectively:

	2012	2011
Net Assets Available for Benefits, per the Financial Statements	$ 14,884,948	$ 14,135,311
Contributions Receivable	(3,000)	(38,140)
Net Assets Available for Benefits per Form 5500	$ 14,881,948	$ 4,097,171

The following is a reconciliation of contributions to the Plan per the financial statements to Form 5500 for the years ended December 31, 2012 and 2011, respectively:

	2012	2011
Contributions per the Financial Statements	$ 1,582,033	$ 1,398,530
Contributions Receivable at Beginning of Year	38,140	- 0 -
Contributions Receivable at End of Year	(3,000)	(38,140)
Contributions per Form 5500	$ 1,617,173	$ 1,360,390

Note 9 **Reconciliation of Financial Statements to Form 5500 (Continued)**

The following is a reconciliation of investments - at fair value as recorded in the financial statements to Form 5500 for the years ended December 31, 2012 and 2011, respectively:

	2012	2011
Investments - at Fair Value per the Financial Statements	$ 14,484,993	$ 13,654,692
Participant Loans	396,955	442,479
Investments - at Fair Value per Form 5500	$ 14,881,948	$ 14,097,171

The following is a reconciliation of investment income as recorded in the financial statements to Form 5500 for the years ended December 31, 2012 and 2011, respectively:

	2012	2011
Investment Income (Loss) per the Financial Statements	$ 1,603,737	$ (102,103)
Interest Income on Notes Receivable from Participants	19,051	19,050
Investment Income (Loss) per Form 5500	$ 1,622,788	$ (83,053)

The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H of Form 5500 for the years ended December 31, 2012 and 2011, respectively:

	2012	2011
Benefits Paid to Participants per the Financial Statements	$ 2,379,728	$ 2,155,116
Benefits Paid to Participants per Schedule H of Form 5500	$ 2,379,728	$ 2,155,116

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31st but not yet paid as of that date.

Note 10 **Certified Investments**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at Decemeber 31, 2012 and 2011, and net appreciation in fair value of investments, dividends for the year ended December 31, 2012, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Investments (the trustee of the Plan).

Note 11 **Subsequent Events**

Management has evaluated subsequent events through July 26, 2013, the date on which the financial statements were available to be issued.

Schedule A

The Habitat Company
Employees' Retirement and Savings Plan
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Part IV, 4i
December 31, 2012

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Fidelity Investments	Fidelity Contra Fund	$ 2,739,386	$ 3,575,861
*	Fidelity Investments	Fidelity Growth Co.	1,090,639	1,402,444
*	Fidelity Investments	Fidelity Diversified International	728,484	780,392
*	Fidelity Investments	Fidelity Retirement Money Market	1,856,979	1,856,979
*	Fidelity Investments	Spartan U.S. Equity Index	658,323	689,591
*	Fidelity Investments	Artisan Mid Cap	376,741	390,452
*	Fidelity Investments	TRP New Income	1,147,100	1,225,102
*	Fidelity Investments	TRP Equity Income	1,094,131	1,227,738
*	Fidelity Investments	Columbia Small Cap Value IZ	126,721	129,275
*	Fidelity Investments	JPM Small Capital Growth A	369,143	483,922
*	Fidelity Investments	Fid Freedom Income	75,047	76,969
*	Fidelity Investments	Fid Freedom 2000	8,670	8,914
*	Fidelity Investments	Fid Freedom 2005	2,762	2,884
*	Fidelity Investments	Fid Freedom 2010	375,466	400,322
*	Fidelity Investments	Fid Freedom 2015	226,207	223,525
*	Fidelity Investments	Fid Freedom 2020	283,670	322,224
*	Fidelity Investments	Fid Freedom 2025	355,866	355,046
*	Fidelity Investments	Fid Freedom 2030	257,380	251,369
*	Fidelity Investments	Fid Freedom 2035	240,546	258,155
*	Fidelity Investments	Fid Freedom 2040	174,652	183,461
*	Fidelity Investments	Fid Freedom 2045	184,925	196,679
*	Fidelity Investments	Fid Freedom 2050	72,040	73,539
*	Fidelity Investments	Fid Freedom 2055	5,390	5,431
*	Fidelity Investments	Vanguard Total Bond Market	360,741	364,719
*	Participant Loans Receivable	Participant Loans (Rate 5.00% to 8.75%)	396,955	396,955
			$ 13,207,964	$ 14,881,948

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

PETER SHANNON & CO. CERTIFIED PUBLIC ACCOUNTANTS

Schedule B

The Habitat Company
Employees' Retirement and Savings Plan
Schedule of Reportable Transactions
Form 5500, Schedule H, Part IV, 4j
December 31, 2012

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
		$	$	$	$	$	$	$
		$ None	$ None	$ None	$ None	$ None	$ None	$ None

PETER SHANNON & CO.
CERTIFIED PUBLIC ACCOUNTANTS

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

Schedule C

The Habitat Company
Employees' Retirement and Savings Plan
Schedule of Delinquent Participant Contributions
Form 5500, Schedule H, Part IV, 4a
December 31, 2012

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 3,182	$ - 0 -	$ - 0 -	$ - 0 -	$ 3,182

PETER SHANNON & CO.
CERTIFIED PUBLIC ACCOUNTANTS

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

Schedule A

The Habitat Company
Employees' Retirement and Savings Plan
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Part IV, 4i
December 31, 2012

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Fidelity Investments	Fidelity Contra Fund	$ 2,739,386	$ 3,575,861
*	Fidelity Investments	Fidelity Growth Co.	1,090,639	1,402,444
*	Fidelity Investments	Fidelity Diversified International	728,484	780,392
*	Fidelity Investments	Fidelity Retirement Money Market	1,856,979	1,856,979
*	Fidelity Investments	Spartan U.S. Equity Index	658,323	689,591
*	Fidelity Investments	Artisan Mid Cap	376,741	390,452
*	Fidelity Investments	TRP New Income	1,147,100	1,225,102
*	Fidelity Investments	TRP Equity Income	1,094,131	1,227,738
*	Fidelity Investments	Columbia Small Cap Value IZ	126,721	129,275
*	Fidelity Investments	JPM Small Capital Growth A	369,143	483,922
*	Fidelity Investments	Fid Freedom Income	75,047	76,969
*	Fidelity Investments	Fid Freedom 2000	8,670	8,914
*	Fidelity Investments	Fid Freedom 2005	2,762	2,884
*	Fidelity Investments	Fid Freedom 2010	375,466	400,322
*	Fidelity Investments	Fid Freedom 2015	226,207	223,525
*	Fidelity Investments	Fid Freedom 2020	283,670	322,224
*	Fidelity Investments	Fid Freedom 2025	355,866	355,046
*	Fidelity Investments	Fid Freedom 2030	257,380	251,369
*	Fidelity Investments	Fid Freedom 2035	240,546	258,155
*	Fidelity Investments	Fid Freedom 2040	174,652	183,461
*	Fidelity Investments	Fid Freedom 2045	184,925	196,679
*	Fidelity Investments	Fid Freedom 2050	72,040	73,539
*	Fidelity Investments	Fid Freedom 2055	5,390	5,431
*	Fidelity Investments	Vanguard Total Bond Market	360,741	364,719
*	Participant Loans Receivable	Participant Loans (Rate 5.00% to 8.75%)	396,955	396,955
			$ 13,207,964	$ 14,881,948

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

PETER SHANNON & CO. CERTIFIED PUBLIC ACCOUNTANTS