Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	<u> </u>	• Complete all entries	in accordance with the in	structions to the Form 55	,00-Oi .		
Par	rt I Annual Report	Identification Informat	tion				
For c	alendar plan year 2013 or fi	scal plan year beginning ()1/01/2013	and ending	12/31/2	2013	
A TI	his return/report is for:	X a single-employer plan	a multiple-emplo	yer plan (not multiemployer)	a one-particip	oant plan
B TI	his return/report is:	the first return/report	the final return/re	port			
		an amended return/repo	rt a short plan year	return/report (less than 12 i	months)		
c c	heck box if filing under:	Form 5558	automatic extens	ion	,	DFVC progra	ım
•	ricon box ii iiiing ander.	special extension (enter				□ pg	
Par	t II Rasic Plan Info	rmation—enter all request	· '				
	Name of plan	illiation—enter an request	su illioittiatioti		1h	Three-digit	
	•	FT AND PROFIT SHARING P	PLAN		''	plan number	
						(PN) ▶	002
					1c	Effective date of	f plan
						12/31	/1976
KALM	AN FLOOR COMPANY, INC	dress; include room or suite r	number (employer, if for a si	ngle-employer plan)		Employer Identification (EIN) 13-08	fication Number 98200
KALM	AN FLOOR COMPANY					Sponsor's telep	hone number
1202 E	BERGEN PARKWAY, STE 1	10				303-674	
	GREEN, CO 80439-9559				2d	Business code (see instructions)
						23890	00
3a F	Plan administrator's name a	nd address Same as Plan S	Sponsor Name Same as	Plan Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
		e plan sponsor has changed s	•	led for this plan, enter the	4b	EIN	
	name, EIN, and the pian nu Sponsor's name	mber from the last return/repo	л.		4c	DN	
	•	at the beginning of the plan y			_		100
_		0 0 . ,					
	·	at the end of the plan year account balances as of the er			5b		5
		account balances as of the er		•	5c		5
	•	s during the plan year investe	•	•			X Yes No
		f the annual examination and					X Yes No
		? (See instructions on waiver ither line 6a or line 6b, the p					∧ res ∐ No
		fit plan, is it covered under the] Nat datamain ad
G I	i the plan is a defined benef	ni pian, is it covered under the	insurance program	(SEE ERIOA SECTION 4021)	' ∐	res IIII	Not determined
Cauti	ion: A penalty for the late	or incomplete filing of this r	eturn/report will be asses	sed unless reasonable ca	ause is	established.	
		her penalties set forth in the in					
2B 01	r Schedule MB completed a	nd signed by an enrolled actu	ary, as well as the electroni	c version of this return/repo	ort, and t	o the best of my	knowledge and
	f, it is true, correct, and com	plete.					
	f, it is true, correct, and com						
belief	f, it is true, correct, and com Filed with authorized	plete. /valid electronic signature.	07/23/2014	SCOTT VOGELER			
belief	f, it is true, correct, and com Filed with authorized	/valid electronic signature.	07/23/2014 Date	SCOTT VOGELER Enter name of indiv	idual sig	ning as plan adn	ninistrator
SIGN HERI	Filed with authorized Signature of plan a	/valid electronic signature.			idual sig	ning as plan adn	ninistrator
SIGN HERI	Filed with authorized Signature of plan a	valid electronic signature.	Date	Enter name of indiv		Ŭ .	
SIGN HERI SIGN HERI	Filed with authorized Signature of plan a Signature of emplo	valid electronic signature.	Date Date	Enter name of indiv	idual sig	ning as employe	
SIGN HERI SIGN HERI	Filed with authorized Signature of plan a Signature of emplo	valid electronic signature. dministrator eyer/plan sponsor	Date Date	Enter name of indiv	idual sig	ning as employe	r or plan sponsor
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SIGN HERI SIGN HERI	Filed with authorized Signature of plan a Signature of emplo	valid electronic signature. dministrator eyer/plan sponsor	Date Date	Enter name of indiv	idual sig	ning as employe	r or plan sponsor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Y	'ear		
a	Total plan assets	0.170								4	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	317360	3					4651	4	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) To					
	Contributions received or receivable from:		(4) 7 4110 4111				()				
	(1) Employers	8a(1)	2701	8							
	(2) Participants	8a(2)	4946	5							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	38981	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							466299	9	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	359298	6							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	40	2							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3	59338	8	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-3	12708	9	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	les from the List of Plan Char	acteris	stic Co	des in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions	:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Х		7411	ount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not ir	nclude transactions reported	10b		X					
					X					5000	200
				10c						5000)00
	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•									
	instructions.)		. ,	10e	X					99	905
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd)	10q		Χ					
h		(See instruc	ctions and 29 CFR	10g		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the								
D = ==	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	<u> </u>	1 0 (15 11)			0.1		· / F	_			
<u>11</u>	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X	No
_11a	Enter the unpaid minimum required contribution for current year fr	om Schedu	ıle SB (Form 5500) line 39			11a		1 -			
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	d in this plan year, see instru		, and e	enter th Day	ne date of	the le		uling	
а	If a waiver of the minimum funding standard for a prior year is beir	ng amortize	d in this plan year, see instru Mon		, and e	_	ne date of			uling	

Page	3	-	1	
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			1		
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	to			
1	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust's EIN		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee

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

1210-0089

OMB Nos. 1210-0110

2013

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Pension	Benefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instru	ctions to the Form 550	00-SF.		-F
Part I		lentification Information					
For calen	dar plan year 2013 or fisca		01/01/2013	and ending		12/31/20	13
A This re	eturn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-partici	ipant plan
B This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	m/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
	Ī	special extension (enter descripti	ion)		'		
Part II	Basic Plan Inform	nation—enter all requested inform					
1a Name			TIGHT!		1b	Three-digit	
Kaln	nan Floor Co., I	Inc. Thrift and Profit	t Sharing			plan number	
Plar			, , , , , , , , , , , , , , , , , , ,		-	(PN) ▶	002
						Effective date of 12/31/197	
2a Plan	sponsor's name and addre	ess; include room or suite number (employer if for a single	-employer plan)	 		ification Number
	nan Floor Compan		ompleyor, in for a single	omproyor prairy		(EIN) 13-089	
Kalm	an Floor Compan	V				Sponsor's telep	
	_	_				(303) 674-	
	Bergen Parkway	, Ste IIV			1		(see instructions)
	green			80439-9559		238900	
3a Plana	administrator's name and a	address XSame as Plan Sponsor I	Name Same as Plai	n Sponsor Address	30	Administrator's	EIN
					3c	Administrator's	telephone number
A ten					ļ		
		an sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b	EIN	
name		an sponsor has changed since the er from the last return/report.	last return/report filed fo	or this plan, enter the	4b 4c		
name a Spons	e, EIN, and the plan numbe sor's name		•				100
a Spons 5a Total	e, EIN, and the plan numbe sor's name number of participants at t	er from the last return/report.			4c 5a		100
a Spons 5a Total b Total	e, EIN, and the plan number or's name number of participants at t number of participants at t	er from the last retum/report.			4c 5a 5b		5
name a Spons 5a Total b Total c Numb	e, EIN, and the plan number sor's name number of participants at the number of participants at the per of participants with acculete this item)	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the	plan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	5
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Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year
а	Total plan assets	7a	3,17		03		46,514
	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	3,17	3,6	03		46,514
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:			7 0	10		
	(1) Employers	8a(1)		7,0			
	(2) Participants	8a(2)	4	9,4	0.5		
	(3) Others (including rollovers)	8a(3)	2.0	0 0	1.0		
	Other income (loss)	8b	38	9,8	тю	<u>Autor</u>	466.000
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			3/4	nanga nang	466,299
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3,59	2,98	36		
е	Certain deemed and/or corrective distributions (see instructions)	8e			74.0		
	Administrative service providers (salaries, fees, commissions)	8f		4(02		
a	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				ar a sampai	3,593,388
_	Net income (loss) (subtract line 8h from line 8c)	8i			3		(3,127,089)
-i	Transfers to (from) the plan (see instructions)	8j	Control of the Contro	AND DAY DON'T	90.00 3000	haio.	
- Par	t IV Plan Characteristics	OJ			1:00		
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2T 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cterisi	tic Co	des in	tne instructions;
Parl	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a				10a	1.00	Х	Amount
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not i	nclude transactions reported	10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Х		500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all o instructions.)	f the bene	fits under the plan? (See	10e	Х		9,905
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	
							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as		· · · · · · · · · · · · · · · · · · ·	10g		Х	
h 	2520.101-3.)			10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	dule SE	G (Form Yes X No
11a	Enter the unpaid minimum required contribution for current year fro	om Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.		Mon		and e	enter th Day	ne date of the letter ruling Year
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	n 5500), and skip to line 13.				
<u>b</u>	Enter the minimum required contribution for this plan year					12b	

	Page 3 -			
				<u> </u>
С	Enter the amount contributed by the employer to the plan for this plan year	12c		
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part \	/II Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	es No)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		(
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			Yes X No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
13	c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
Part \	Trust Information (optional)			
14a N	14a Name of trust			